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THE
DOMINION MEDICAL JOURNAL;

A Monthly Record

OF

MEDICAL AND SURGICAL SCIENCE.

DEVOTED TO

CANADIAN AND FOREIGN MEDICINE, LITERATURE, AND NEWS.

EDITED BY

LLEWELLYN BROCK, M.D.,

Member of the College of Physicians and Surgeons of Ontario; and Corresponding Member of the
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THE DOMINION MEDICAL JOURNAL.

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TORONTO, ONT., SEPTEMBER, 1868.

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Original Communications.

TORONTO GENERAL HOSPITAL.

FROM DR. HODDER'S CASE BOOK.

COMPLETE RUPTURE OF THE PERINEUM.

E. W., .ET. 35 YRS.

Jan. 19th.—She is the mother of four children and during her last confinement the perineum was torn completely to the verge of the anus, and the sphincter muscle also torn across. The posterior wall of the vagina now protrudes and the uterus descends in consequence of want of support, and for the same reason, pessaries come down too far to afford much relief or are not retained.

Her general health suffers and she is unable to attend to her duties as cook, which the death of her husband obliges her to resort to for the support of her family.

She is desirous of undergoing an operation for the relief of the distressing symptoms under which she labors, and has been admitted into the hospital accordingly.

21st.—She complains much of weakness, but her pulse is not very feeble, still she looks ill and not in a fit state to undergo any operation at present. Bowels confined.

R. Pilul-Rhei Co.,..... grs. x. O.N.
vel alt nocte.

Quinæ disulph..... grs. xxiv.

Tinct. Ferri Mur..... ℥iv.

Aq. Menth. pip. ad.... ℥xij. M.

℥j. ter die. Beer, 1 pint daily.

24th.—Doing well. Omit the beer.

30th.—Much stronger; improved in every way.

Whiskey ℥ij., milk, 1 pint.

Feb. 11th.—Has a severe cold for the last three days, with bronchial congestion and cough. Omit the beef, potatoes and whiskey. Give bread, milk and rice.

R. Hyd. C. Creta..... grs. xv.

— Submur..... grs. ij.

Pulv. Ipecac. Ust..... grs. ix.

— Ipecac. Co..... grs. xij. M.

Ft. pulv., xij.—One powder every four hours.
Et. R.

Emp. Cantharid., 6x8 inches to be applied to the chest.

13th.—She is much easier; cough gone and respiration easy. Omit the powders and resume the tonic mixture to-morrow.

17th.—Strength improving. Mutton chop and potatoes; rice stopped.

19th.—Improving in every respect.

27th.—She expects the catamenia next week, which must pass away before the operation can be undertaken.

March 18th.—Baker Brown's operation performed. To have pulv. Opii gr. j. and to be repeated every three, four, or six hours, according to her condition.

19th.—She passed a bad night in consequence of the constant vomiting, and complains of severe pain. Pulse 96, soft, tongue whitish. Urine flows freely through the catheter into the urinal. Wound locking very well; no hemorrhage. The Liq. Opii Sed. with Hydrocyanic acid, was given in lieu of the opium to allay vomiting, but the opium in grain doses is to be commenced at once and repeated every two, four and six hours, according to circumstances.

21st.—Going on favourably, the vomiting ceased; urine freely secreted; bowels not moved; tongue clean and moist; no tenderness of abdomen, and the wound looking well, though pale in color. To have Tinct. Ferri mur., m, xx. ex. aq. menth. pip., three times a day; opium pill every six hours; beef tea, 1 lb., or a mutton chop.

22nd.—Much as yesterday, except that she expresses herself as feeling better. Removed two points of suture; union not very strong.

23rd.—On visiting her to-day, I found that the catheter had been removed by the patient.

and the vagina was partly filled with urine. The union appears perfect but feeble, and as she complained much I removed the quills; but left the sutures. A strip of lint in tinct. Benzoin to be applied to the perineum, covered by tepid dressing.

Continue tonic and food. To have whiskey ℥ij. daily.

25th.—Removed all the points of suture to-day; union appears to have taken place everywhere; tongue clean, pulse 80, soft; sago in lieu of corn starch; to have 4 or 5 oz. of wine daily.

April 2nd.—Since last report she has greatly improved; all going on well; yesterday menstruation commenced and continues. Bowels have not acted since operation; passes her urine freely; appetite fair; strength better.

To have a soap and water enema to-night, and repeated to-morrow if required; should that not be sufficient, ol. ricini ℥ij. to be given Sunday morning.

6th.—On examination to-day, I found the union everywhere firm and strong, and a perfect perineum re-established. General health good; appetite improving; bowels moved on Friday last, since then no action. To have an injection to-night, or if that fails, ol. ricini ℥vi. to-morrow.

11th.—Discontinue the quinine and iron.

R. Quinæ disulph..... gr. i.
Zinci sulph..... gr. ʒ.
Ext. Anthemid..... grs. iij. M.

Ft. pil. three times a day.

Et R. Alumin sulph..... ℥ij.
Aq. distil..... Oj. M.

To be used as an injection three times a day.

Bowels require an occasional injection.

22nd.—She has continued to improve since the last report. She can walk without pain or inconvenience, and her general health is restored. The perineum is firm and strong. To leave the hospital when she wishes.

Discharged cured.

CURARE IN TRISMUS AND TETANUS.

Prof. Busch, of Bonn, gives us a record of his experience in the history and treatment of traumatic trismus and tetanus during the Bohemian war of 1812.

The fights in Paris in 1848 brought one thousand

wounded to the hospital, but none were attacked by tetanus. During the Schleswig-Holstein war, 1849, a single case came under the notice of Stromeyer. On the other hand, there were 86 cases during the Italian war of 1859, on the Austrian side, as Demme informs us, and even more—namely, 140—on the Italian side. The expedition to the Crimea occasioned the admission to and treatment of 12,094 wounded in the English hospitals, 19 of whom only suffered from subsequent attacks of tetanus. 363 such cases occurred during the great American war. The per centage of occurrence is largest in hot climates; for instance, Gilbert Blanc states that 30 cases of traumatic trismus and tetanus happened during the West Indian war, when the number of wounded was 810.

Dr. Busch had 21 cases under his observation in his field hospitals. Twelve of them were in the castle of Hradek, where 500 patients were accommodated, 5 in the Lazaretto, of Nechanic, where 600 were confined; 2 in Castle Prim, and 2 in Castle Stracow. Dr. Busch believes that special localities and over-crowding favored the attacks. Almost all the cases were gunshot wounds of the lower extremities; this is partly explained by the timely removal to more distant hospitals of those who had wounds of the upper limbs.

The percentage of recovery is larger in tropical climates—at least Blanc saved 43 per cent; of Demme's cases 7 per cent. recovered; 7.4 was the percentage in the American war; of Busch's 21 cases 7 were saved—i.e. 33½ per cent. The proportion is the more favorable the less acute the cases are. Where the symptoms becomes alarming on the first or second day of the attack, where the pulse rises to 90, to 120 beats, and the temperature exceeds 40° C., no hope is left. The intensity of the single attacks, the rapidity with which the convulsions spread from one group of muscles to the other, are of bad augury. When, shortly after the first warnings, the neck gets stiff, the teeth cannot be separated, when soon after the convulsions reach the trunk and extremities, and the tonic spasms change into clonic, the patients usually die. On the contrary, there is more chance of recovery when the mobility of the neck is only slightly interfered with, when the difficulty of opening the mouth increases slowly, when to the affections of the muscles of deglutition and mastication either no general convulsions supervene, or the muscles of the trunk and extremities suffer only at a late period and moderately. The time the disease lasted varied in Busch's cases from twelve days to a month.

Demme treated 22 cases with curare, 8 of which recovered, Busch 11 cases, 5 of which ended fatally. Of the 6 who recovered, one owed his health more to morphia given subsequently to the curare than to the latter. In very acute attacks Busch thinks it of no use to try curare; he treated his first 9 cases with morphia and inhalations of chloroform. He had one remarkably bad case where a quarter of a grain of morphia was injected every two hours, and the patient recovered, contrary to all expectation. The mode of exhibiting the curare was by subcutaneous injection; 1-50th to 1-36th grain of the pure article will suffice, injected every two hours. The 11 cases are related in which this was done, and the post-mortem appearance given in some.

Bromide of Potassium.

C. V. BERRYMAN, M. A., M. D.

*Prof. Materia Medica and Therapeutics, Victoria Medical College,
Physician Toronto General Hospital.*

To the Editor of the Dominion Medical Journal.

Experience has sufficiently proved, and enough has been written, to place Bromide of Potassium in a very prominent position in the list of our medicinal agents. In my own experience, it has been most valuable in Epilepsy and Delirium Tremens. At the time that Brown-Siquard first drew the attention of the profession to its action, I tried it faithfully on some cases of Epilepsy that were at that time under my care at the Toronto General Hospital, and, with one exception only, the results were exceedingly satisfactory; in all, the paroxysms were controlled, both in frequency and violence; and in one case, at present in this city, the paroxysms have been entirely stayed for the last six months, whereas, before the exhibition of the remedy, they were recurrent every fortnight. This surely must be encouraging, as far as this terrible malady is concerned. I see by late correspondence in the English *Lancet* that equal success has been recorded. In Delirium Tremens, in the cases in which I have tried it, my best wishes and anticipations have been realized—quietude and restorative sleep have invariably followed, and the ultimate condition has certainly been totally free from the ordinary disagreeable sequences of the preparations of Opium, heretofore so much lauded in this disease. It has never yet failed in producing refreshing sleep and perfect rest to the exhausted nervous system. So much have I been impressed with its sleep producing qualities, that I feel convinced, that, by practical experience, it will yet be recognized as one of the best agents in cases of Insomniar, arising from nervous exhaustion or irritation, unaccompanied by organic change of cerebral structure. If this be true, what a boon will it prove to be in the Insomnia of continued Fever, in such cases that the stomach can retain it. Again, from its marked sedative action, it cannot but be beneficial in all forms of neuron, due care being had at the same time to the source of the Neuralgic derangement. In a future communication I shall endeavor to give my opinion of its physiological action in these affections. At present I would simply state, that, from what has been written on this subject, the writers may not have been as successful as they otherwise would have been, if the doses were sedative rather than alterative. In Epilepsy, I give grs. x. or xv., three times a day, and continue that for one month, and then increase it, say by grs. v. to each dose, and the treatment cannot be judged fairly on its merits under three or four months. In Delirium

Tremens, gr. 30 should be given at once, and repeated in two hours, if sleep does not supervene, and, after that, continue every four hours, if awake. In spite of anticipations that such large doses might produce irritation of the bowels, I have seen but one case in which this occurred. In the case of Epilepsy, to which I have before alluded, though continued for six months, no deleterious effects from its supposed specific action have occurred. I trust to recur to this subject in the next issue of your journal, which must be hailed as a boon to the medical profession of Upper Canada.

Carbolic Acid in the Treatment of Compound Fractures and Abscesses.

BY T. RUTHERFORD RILEY, M.E.C.S.E.,

Surgeon-Superintendent of the Hospital, and Surgeon to the Gaol and Lunatic Asylum, County of Westland, New Zealand.

The readers of *The Lancet* may be interested to know that Professor Lister's new method of treating compound fractures, &c., has already been tried on this side of the globe, and with a success which will, I think, ensure it a trial at the hands of every practitioner in these colonies who has the advancement of "conservative surgery" and the interests of his patients at heart. I studied under Professor Lister during the first two years of his teaching at the Royal Infirmary, Glasgow, and knew him to be a philosophic surgeon, and one whose researches on the nature of inflammation had already been attended with advantage to conservative surgery:

"Scire potestates herbarum usumque medendi
Maligni, et mutas agitare inglorius artes."

I, therefore, eagerly availed myself of a method of treatment which held out such prospects of success—all the more eagerly, inasmuch as the last two cases* of compound fracture treated by me in the hospital here terminated fatally.

Henry H—, aged thirty-two, miner, admitted January 7th, 1868, when he stated that about five hours before admission, while engaged with his mates felling a tree, the trunk in falling struck him on the right leg, jamming it against the trunk of

Both cases were caused by direct violence: the first by a tree falling on the limb, causing a compound fracture of both bones of the leg immediately above the malleoli. As the upper fragment of the tibia projected through a large wound which involved the ankle joint, and the leg was severely bruised, it was considered in consultation that amputation, after the patient had recovered from the shock, would afford him the only reasonable prospect of recovery. This I accordingly performed through the calf, with the loss of only a few ounces of blood, and everything, as far as the operation itself was concerned, seemed favorable for success. Inflammation, however, ran high, and the anterior flap sloughed away, exposing the bone. A second amputation was performed, below the tuberosity of the tibia, still giving the patient the use of the knee and a sufficient stump to allow of the application of an artificial limb; but the patient, who was a delicate young man, a clerk by profession, having walked several hundred miles, and wrought for one week as a gold miner immediately before the receipt of the injury, and was, therefore, a bad subject for an operation, died of exhaustion. The second was a case of compound fracture of both bones of the leg, with very severe bruising. The tibia protruded through the wound for two inches, but was reduced without removing any portion of the bone, and an attempt was made to save the limb. Inflammation, followed by a healthy suppuration and accompanied by irritative fever, ensued; and although free incisions were made to relieve tension and give exit to sloughs, and the other usual remedies employed to support the strength and allay irritation, local and general, the patient succumbed on the seventeenth day.

another tree. Found a compound fracture of both bones of the leg at its middle third, the wound exposing the fracture being on the anterior aspect and tibial side, not very large externally, and bleeding freely, as patient had been carried five miles over a rough road. After having explored the wound, which was very deep, and removed clots, and squeezed out as much of the fluid blood which had collected in the wound as possible, a piece of lint held in dressing-forceps was dipped in melted carbolic acid of full strength, and introduced into and made to penetrate all its accessible crevices. On being removed, a second piece was introduced in the same way. The pain, not by any means severe, was almost momentary. A piece of lint sufficient to cover the aperture of the wound, and about an inch of the margin, was dipped in the solution of carbolic acid and boiled linseed oil, and applied immediately, and over this the antiseptic paste. The displacement of the fragments was then rectified, and the limb placed in an improved McIntyre splint, after which the patient expressed himself free from pain and quite comfortable. For the first three days there was a discharge of blood and serum from the wound, but not the slightest pain or constitutional disturbance; the tongue being clean, the pulse natural, and the patient ate and slept well.

Jan. 11th.—All oozing from the wound having ceased, the lint placed immediately over it being quite dry, and firmly adherent by a crust of inspissated blood, the use of the paste was discontinued.

Feb. 14th.—The bones are now firmly united, in as short a time as if the case had been from the first a simple fracture, without the least perceptible shortening of the limb or inequality at the site of fracture. The rag over wound, being loose, was removed, when a superficial sore, about the size of a shilling piece, was found, which healed under water-dressing in a few days.

Arthur C—, aged thirty, miner, admitted January 28th, 1868, when he stated that three hours before admission he was working in a sluicing claim at the Kanieri, five miles distant, when a mass of earth and stone slipped and fell twenty feet from the face of a terrace, striking him on the left knee, throwing him backwards, and burying the limb in the debris. There was a compound fracture of both bones of the leg at its middle third, the wound communicating with the fracture being in the calf, and having an external aperture of an inch and a half in length. The wound was bleeding freely, and the limb was much bruised and swollen. The wound was treated freely with the acid, and dressed as in the previous case. Displacement of the fragments was then rectified, and the limb, bent at the knee, to relax the hamstring and gastrocnemius muscles, was placed comfortably on its outer side on a pillow until a suitable apparatus could be made, as I had no McIntyre splint with slides so situated as to allow of exposure of the wound for the purpose of dressing without undoing the whole apparatus. 7:30 P.M.: Leg placed in a splint of wood and iron, after the fashion of a McIntyre splint with a thigh-piece, and a large aperture behind at the site of the wound, with a moveable piece to fit into the aperture. As there was a profuse discharge of blood and serum from the wound, the paste was changed before putting the limb in the splint.

Jan. 29th.—Slept pretty well; complains on

being pressed of a very slight uneasiness occasionally at the site of the fracture.

31st.—No discharge; the lint over the wound saturated with inspissated blood, and adherent; a little swelling in the leg still, but no more uneasiness than if the fracture were a simple one, which, indeed, it now is. Paste discontinued.

Feb. 1st.—The original dressing quite dry, and the wound evidently advanced in the healing process by granulation under it, as under a scab, and as in the previous case, without the formation of a single drop of pus.

March 1st.—Bones now pretty firmly united; leg put in starch bandage, and the patient allowed to go about on crutches.

Patrick D—, aged twenty-eight, miner, admitted Jan. 1st, 1868. The patient, a very healthy muscular man, states that a fortnight ago he was thrown from a tramway truck, with a number of others, and received a blow in the left axilla from the elbow of one of his fellow-travellers. Shortly afterwards he noticed a swelling in the axilla, which rapidly increased in size, accompanied by fever, pain and tenderness, which prevented him using his arm. On admission, there was a large tumor in the axilla, non-fluctuating, and intensely painful on pressure; tongue covered with a white fur; pulse 120; thirst, loss of appetite, sleeplessness, &c. Knowing how unmanageable an abscess in this locality generally is, an attempt was made to put it back, but unsuccessfully, as the tumour continued to increase till the 14th, when fluctuation was distinctly felt; the matter having burrowed not only upwards but backwards beneath the scapula, and forwards beneath the pectoral muscles, owing to the resistance of the fascia of the floor of the axilla to its reaching the surface. A bistoury, having been dipped in the solution of carbolic acid and oil, was plunged into the abscess midway between the anterior and posterior folds of the axilla under an antiseptic curtain, and a free incision made in withdrawing the knife, when the curtain (which was held by an assistant) was dropped upon the parts, and over it was placed the antiseptic paste. The forearm was, as usual, supported in a sling, and the arm secured to the side to prevent motion and exert a gentle pressure on the tumour.

Jan. 15th.—As the aperture showed a tendency to close, a tent, dipped in a solution of acid and oil under a fresh curtain, was introduced. About an ounce of dark-colored putrid pus escaped, and a fresh dressing of paste was applied.

16th.—A considerable quantity of pus escaped since last dressing. The antiseptic paste applied as before, care being taken not to disturb the lint over the opening. Patient slept well during the last two nights, and expresses himself as quite relieved; tongue clean, thirst gone, appetite returning, and no pain in the part.

17th.—Scarcely any pus escaped since the previous dressing, the outer dressing being slightly stained from contact with the inner; cavity of abscess contracting rapidly. Patient free from all constitutional disturbance; slept eight hours; and was put, at his own request, on full diet. The tent was removed.

19th.—Examined the sinus with a probe dipped in the solution of the acid in oil, when it was found nearly closed.

He was discharged on the 29th, the external

aperture having completely healed, and the patient having almost entirely recovered his lost flesh and strength.

I have used carbolic acid in other surgical affections of less importance than those described, and with a success, if less striking, not less satisfactory. As a remedy for burns of the first and second degree, applied as recommended by Professor Pirrie, I have found it to act like a charm.

Hokitika, New Zealand, March 2nd, 1868.

Cases in Medical Jurisprudence.

BY W. BURKE RYAN, M.D. LOND., F.R.C.S.

CASE I. Atelectasis Pulmonum in a child five weeks old.—This case is probably unique in the annals of medical jurisprudence, and will afford a lesson in medical ethics which may deserve attention.

On January 4th, 1859, a child, aged five weeks, died in Ledburyroad. A medical gentleman, visiting another party in the house, was told of the circumstance, and shown a mixture which had been obtained the night before from a surgeon who had not seen the child, and of which a teaspoonful had been given. This gentleman very incautiously examined the bottle, and still more injudiciously expressed an opinion that there was landanum enough in it to have killed the child.

After this of course an inquest was indispensable, and Dr. Chas. Clarke, now of Adelaide, was requested, by Mr. Wakley, to make a post-mortem examination. He wished my assistance, and I now give a short description of the appearances presented, as well as of a microscopical examination kindly made by the late Mr. Quekett, accompanied by two drawings on wood by Mr. Searson, under Mr. Quekett's supervision. The result will show how annoyingly the matter might have turned in ordinary cases against the surgeon prescribing, while the facts adduced can only make it a matter of the utmost surprise how the child could have lived to the time it did. I regret that the space I could expect in the pages of THE LANCET prevents my entering fully into the literature of the subject.

The following is the composition of the mixture, of which scarcely a teaspoonful was given eight hours before death: Syrup of squills, two drachms; compound tincture of camphor, sixteen minims; water, one ounce. It will be seen that two drops of the compound tincture of camphor could hardly be said, even under such circumstances, to have a deleterious influence. Besides, the child had no appearance of having, during life, suffered from an opiate.

Emily P—, aged five weeks, labored under cough on the evening of Jan. 3rd, 1859, and died on the morning of the 4th. The mother, after attending to the child, fell into a short sleep, and when she awoke the child was dead. The post-mortem examination took place on the 11th. The child seemed in good condition of body, rather plump, with a rosy hue on the parts exposed to atmospheric action. The brain was evidently much congested, black dots appearing on slicing it transversely. The blood was dark and clotted in the sinuses and veins. No appreciable effusion into the ventricles. The thymus gland was large, and gorged with a white fluid of a chylous character,

about half a dram of it occupying the central cavities. On opening the thorax the lungs presented a solid appearance, firmly contracted towards the back part of the chest, inelastic, and leaving much of the pericardium exposed; no crepitation in any part, and in cutting into them they showed all the appearance of lung in a fetal state—the usual sanguineous serum being absent; they weighed 18 drachms, or 1080 grains. The pericardium contained two or three drachms of serum, and the heart itself was plump, hard, and enlarged, as if bursting with its contents. The right chambers were filled with perfectly black, clotted blood, which was equally black, but in small quantity, in the left. Each pleural cavity contained about an ounce of serum. The foramen ovale and ductus arteriosus were pervious. The stomach was nearly empty, containing about two drachms of dark gumous fluid. The liver was large and fully congested, as were also the kidneys. On cutting into the abdominal walls a deposit of fat was observed, and the intestines appeared healthy.

With the heart attached the lungs sank rapidly in water; the heart being detached they also sank rapidly in their entirety. They were divided into several pieces, and all sank quickly, so as to cause Mr. Wakley to say to the jury that he had never seen anything approaching it before, and to express his surprise how the child could have lived; adding that it could only have required the slightest impediment to respiration in order to cause death. *Not the smallest piece floated.* On inflating part of the lung it partially floated, but most of the air soon escaped again. Indeed, inflation was quite imperfect, the air entering with great difficulty, as if owing to an inexpandible condition of lung.

I left several pieces of the lung with Mr. Quekett, together with a note saying, "I now send you the pared-off edges of the uninfated lung. You will find two of the pieces, weighing only one-half and three-fourths of a grain respectively, which sink as rapidly as the rest. An examination of these is perhaps all that is necessary in order to render the subject perfect." Some inflated portions were also sent. Mr. Quekett replied as follows:—

"Royal College of Surgeons, May 7th, 1859.

"Dear Sir,—I have made many observations upon the lung of the young child which you put into my hands for that purpose. I find that by far the greater part of the specimens are so much solidified that they not only sink in water, but, on examination with a pocket lens, exhibit little if any trace of cellular structure. A few pieces (and these I have since learnt has been attempted to be inflated) sink much less readily in water; in these a slight trace of air-cells may be seen with a pocket lens, but on making thin slices and examining them with a power of 250 diameters, all the more solid parts appear to be made up of small cells or granules, which, for want of a better name, may be called exudation-cells. These cells adhere very firmly together, so that a section, however thin, when placed in water between glasses for microscopic examination, was so coherent that the operation of tearing with needles would hardly allow of a proper isolation of the individual cells. In some parts there were slight indications of fibrous tissue, which was not disposed in the form of circles, like that employed in the construction of the frame-

work of the air-cells. Those parts of the lung which were above stated to exhibit under a low power the characters of foetal lungs in general, when treated in the same way as the more solid parts, certainly exhibit the fibrous structure of the air-cells very distinctly in some points.*

The fact that the lungs of children who had breathed, and lived even for a considerable time, will sink in water, was noticed by Morgagni, De Haen, Kieffer, Wrisberg, Hoffman, and others; but Dr. Edward Jorg, of Leipzig, was the first fully to investigate and describe the state of things which led to this, under the name of atelectasis, or incomplete expansion or permanence of the foetal condition of the lungs. It may be either an absolute disease, or may arise from great weakness on the part of the child, or mechanical impeding to inspiration preventing full expansion in an otherwise normal lung. Dr. Jorg believed that this unexpanded state of lung might occur in mature or immature children, and that the process of parturition much influenced such a result: for instance, where the head was subjected to great pressure, or where, on the other hand, a very rapid delivery took place, as well as in cases where children lose much blood by the umbilical cord, or are born with powers so feeble that they cannot live without placental circulation. I append a case of this latter description. If the first inspirations, owing to certain conditions of the child, be feeble, part of the lungs may become inflated, while other parts remain wholly unreached by atmospheric air, and will thus remain in an unexpanded state, and may subsequently become consolidated or deteriorated, so that many, or, as in the present case, nearly all traces of vesicular structure may disappear; or it may so happen that vesicular structure may have been undeveloped from the first, commencing with positive disease.*

The subject is involved in much obscurity, and we are wholly at a loss to account for the fact of children living even for a considerable time, and yet after death leaving no traces of respiration, the lungs, in fact, appearing in their foetal condition. Bernt gives three cases, one of which had arrived at the full period of utero-gestation, and lived a day. The lungs sank when tried in their entirety, and on being cut, a few fragments only, of scarlet colour, floated. In another case the child was a seven months one, lived two hours, and its lungs sank in water.

In Henke is given a case by Renner, where a child lived four days, so that the lungs had time to separate naturally. The lungs, whole and in fragments, sank in water. Heister* gives a case where a very feeble infant lived nine hours, whose lungs sank; and Orsi² found every portion of the lungs sink in water in a child that had lived eleven hours; and in three other cases, two being mature, in which the children lived four, six, and ten hours respectively, the lungs sank when divided. Billard³, from meeting some cases of this kind, imagined that it was possible for children to survive their births even days without breathing. Schenk mentions the case of an infant who cried several times during the four days it lived, and yet its lungs sank

in water. § The substance of the lungs was healthy; there was no crepitation. The lungs being separated, and cut each into fifteen pieces, all sank rapidly to the bottom, no bubbles escaping on compression below the surface of the water. The other case was that of a mature child that lived six hours, and whose lungs sank in water. In Dr. Albert's case the child lived thirty-six hours, being occasionally convulsed. On inspection there was no appearance of disease. The whole lung appeared in a foetal condition, and immediately sank in water.

The case here described is the only one I find on record of perfect atelectasis in a child so old. The sinking in water was not, presumably, the result of any disease other than that of non-development or deterioration of the vesicular structure. Appearances resulting from diseases, such as congestion, hepatisation, pneumonia, scirrhus, adenoma or tubercle, would have been very different and distinguishable by care, while the puzzling nature of the present case is still more fully borne out, as well as its interest enhanced, by the careful microscopical examination of Mr. Quckett. Had the state of the lungs been the result of any known form of disease the cell-structure could scarcely have been altered to the form described. Some fragments of lung must have floated in water, and the weight should, at the end of five weeks, have exceeded 1080 grains (2½ oz).

CASE 2, *wherein a fetus arrived at the end of the fifth or beginning of the sixth month of uterine life, and weighing not quite 1½ lbs., after twenty-eight minutes occasional respiration, a small portion of lung floated in water.*—I attended Mrs. H.—in a case of typhoid fever. She was in her fourth pregnancy. My attendance commenced on May 6th, 1879, and on June 4th, at which time she considered she was about five months pregnant, she was delivered of a very diminutive fetus. The child was alive, moved, and breathed very feebly occasionally, but emitted no sound, and the chief evidence of life was given by the heart's action, and by the placental circulation, which was strongly kept up. I folded the infant in flannel, and watched the result with much interest. The placental circulation was carried on for about twenty-eight minutes, gradually getting weaker, and the moment it ceased life seemed extinct.

The weight was 1½ lbs. less 1 Grachm. The heart, lungs, and thymus gland weighed 1 oz. 75 grs. avoirdupois, and sank in water, as they did when the thymus, which weighed 32 grs., was separated. || Both lungs sank rapidly when separated. The left lung, cut into fragments, sank. The upper and middle lobes of the right lung were cut into twenty pieces, and all sank; the lower lobe was cut into fifteen pieces, and all sank but two, weighing 3½ grs. and 3½ grs. The heart weighed 102 grs., thus leaving the weight of the lungs 42½ grs. Foramen ovale quite open, and ductus Botalli pervious. Right auricle and ventricle full of black blood. Left auricle contained about two or three grains' weight of black blood, and the left ventricle was quite empty.

* Méd. Lég., i. 375.

† Maladies des Enfants, Viabilité.

‡ Journal der Pratischen Heilkunde, Band xxvii., Sect. 3.

§ Mr. Davies mentions a case (*Med. Gaz.*, vol. xl., p. 1027) of a child 1½ lb. in weight that lived ten minutes, but no post-mortem was made.

* Read in abstract before the Royal Medical and Chirurgical Society.

† De Pulmon, Vitis Organico, Lipsiæ, 1832, Die Fetuslunge, Grinna, 1835.

‡ Morgagni's Works, vol. i.

Westminster Hospital.

TWO CASES IN WHICH FLEXIBLE BOUGIES WERE
BROKEN IN THE URETHRA AND BLADDER DURING
THE TREATMENT OF STRICTURE OF THE URETHRA.

(Under the care of Mr. Barneil Holt.)

In reference to the following cases, Mr. Holt remarked that similar ones were not at all uncommon: the same results had been frequently recorded where it had been necessary to resort to one or other kind of operation for the extraction of fragments of elastic catheters or bougies which were broken either in the urethra or bladder. He deprecated the use of such instruments, not only because of their danger, but because they were much less effective, gave more pain, and were passed with much greater difficulty than the highly polished solid bougie. All his patients who had been subjected to the operation by rupture were taught to pass solid bougies—an evidence of the facility with which the proceeding could be effected after the stricture had been properly treated. He admitted that the instruments now made were certainly an improvement upon those manufactured fifty years ago, but even these were liable to break if they had been used too often, or had become in the least degree cracked. He particularly deprecated the use of such instruments for the cure of organic stricture, and showed the students the impossibility of passing a small flexible bougie through an indurated stricture which would only admit a No. 1 silver catheter. Such bougies were so flexible that they bent upon themselves the instant any real obstruction was offered, and the increase in the size of the body of the bougie prevented its onward progress through the stricture. He particularly referred to two cases then under treatment: one a bad, organic, old, tight stricture, where the flexible bougie utterly failed, but where a No. 1 silver catheter could be introduced; and a second, where the patient was suffering from retention of urine, and where prolonged attempts had been made to pass a catheter immediately prior to Mr. Holt seeing him, the failure being more due to the want of skill on the part of the surgeon than to the density of the stricture, for Mr. Holt passed a No. 2 silver catheter without difficulty, and, after removing a considerable quantity of urine, he showed the students the ease with which a No. 1 gum bougie could be passed. He urged that in all such cases the elastic instrument gives no evidence of the calibre of the stricture; for it must be one or even two sizes less than the diameter of the narrowed canal to allow it to pass through, and this simply from the fact that it has not sufficient resisting power to overcome a dense obstruction. He was of opinion also, that whereas the introduction of a No. 1 silver instrument required the skill of an experienced surgeon, the passage of an elastic instrument required no experience whatever, and might be committed to the hands of the merest tyro in our profession. Mr. Holt stated that there were only two classes of cases where an elastic catheter was used with advantage—viz., one where the stricture was tortuous, the result of thickening at different sides of the urethra, and the other where it was advisable to retain the catheter for the purpose of temporarily enlarging the canal for the

after-passage of another and more effective instrument. He pointed out the utter inutility of retaining a catheter in the bladder for the cure of organic stricture. No instrument, Mr. Holt said, is capable of enlarging a true organic stricture except by its distending power. A real stricture would never become enlarged by passing an instrument smaller than the diameter of the contraction, except as a temporary expedient. A retained catheter first excites and afterwards exhausts muscular irritability, and it is in this manner that it acts in apparently enlarging the canal; but so soon as the catheter is removed, and the muscular contractility is reduced, so soon does the stricture return.

CASE 1. *Stricture of eighteen years' duration; fistula in perineo; calculus impacted around broken bougie; operation for removal of calculus; subsequent operation for stricture by rupture; recovery.*—George G—, aged forty-one, a labourer, was admitted January 27th, 1868, suffering from stricture of the urethra and urinary fistula. He stated that fourteen years since, while undergoing gradual dilatation at a provincial hospital, a bougie was broken in his urethra, and about half of it was left remaining. Three days after the accident an operation was performed for his relief, and a fragment of the bougie, measuring three inches in length, was removed. On the following day another fragment, about an inch in length, was rejected while he was making water. The perineal incision readily healed up, and in six weeks after the operation he was enabled to leave the infirmary, passing his urine in a small stream. A fortnight after he had left another portion of bougie, about half an inch in length, came away from his urethra, and at this time he first became sensible that a fragment of it which still remained had slipped from its original position to a point nearer the glans. He was now unable to pass his catheter beyond this obstruction, against which he could distinctly hear the instrument grate. The stricture speedily returned, and during the last fourteen years he has had great difficulty in passing his water, and frequent attacks of retention of urine. A fortnight previous to his admission into the Westminster Hospital he first noticed a small lump in his perineum, and a week afterwards a fistulous opening was established, through which almost all the urine was passed, a few drops only escaping by the penis. On introducing a catheter an obstruction is met with about five inches from the metus, but exploration with a probe through the fistula fails to give positive evidence of a foreign body being located within the urethra. As the man, however, persisted that "there was a piece left behind," Mr. Holt determined to operate.

The patient being placed in the lithotomy position, a grooved staff was passed as far as it would go, and an incision was made upon its point; but although the urethra was freely opened, no fragment of bougie could be felt. A further examination, however, detected a hard body outside the urethra, and close to the ascending ramus of the ischium of the right side. This Mr. Holt cut into, and removed a calculus an inch and a half in length, in the centre of which was the fragment of the bougie. A small catheter could now be passed through the pouch in which the stone had been impacted into the bladder, but no instrument could be made to

enter through the strictured portion of the canal. A small piece of oiled lint was placed in the wound and the patient was sent to bed.

Feb. 12th.—Has not passed a good night, although his pain was not intense. Pulse 84; skin rather hot.

13th.—Better night. Pulse 80. Bowels relieved. Skin hot and dry. Urine passes entirely through the wound. Ordered effervescent mixture; ten grains of Dover's powder at bedtime.

14th.—Slept very well. Pulse 96. The perineal wound being agglutinated, the patient suffered great pain in his efforts to pass water. Separation of the wound, and an opiate, relieved him.

15th.—Better. A very small quantity of urine has passed by the penis.

March 12th.—After having made, at different intervals of time, three ineffectual attempts to introduce a catheter, Mr. Holt succeeded to-day in passing a No. 1 silver catheter, which was retained for nineteen hours, and then replaced by one of a size larger, so that Mr. Holt could afterwards introduce his dilator.

On March 19th Mr. Holt split the stricture, and immediately afterwards passed No. 10 catheter with the greatest ease. The urine having been removed, the catheter was withdrawn; and the patient can now pass his water in a full stream, and but little comes through the fistula.

April 2nd.—The quantity of urine which escaped through the fistula has gradually diminished, and to-day for the first time he has made water without any portion of it passing through the perineal opening.

7th.—Passes his water in a full stream, and entirely through the penis. He leaves the hospital to-day, not having had a single unfavorable symptom since the stricture was ruptured by the dilator.

CASE 2. *Stricture of the urethra of twelve years' duration, in which an elastic bougie was broken in the bladder. Extraction per urethram by the lithotrite.*—H. R.—consulted Mr. Holt, suffering from symptoms of stone in the bladder. He stated that three years' since, while undergoing gradual dilatation for the relief of his stricture, the flexible bougie broke in the bladder while during the attempt of the surgeon to remove it. Since that period he had suffered greatly from irritation of the bladder, and pain at the end of the penis. The introduction of a sound detected a rough body, not giving the exact sensation of a calculus, but evidently movable, and somewhat hard. Mr. Holt introduced a lithotrite, and succeeded in catching the fragment within the blades, and removed it from the bladder. It was found to be a portion of gutta-percha bougie, an inch and a half in length, and thoroughly coated with phosphatic calcareous deposit. The patient suffered but little from the operation, the irritation of the bladder almost immediately subsided, and in a fortnight he was perfectly well.

The Season and Disease.

BY JAMES GREY CLOVER, M.D.

We are passing through a season so singular, both in itself and its effects upon the human body, as to be worthy of remark. The more so as the

strictly medical bearing of it seem, to me at least, of much interest. Without going into minute details of the weather, for the last two or three months, it is enough to mention the unusual qualities of it—the great amount of heat and the little amount of rain. We have had—and we are now only at the beginning of July—about three months of continuous sunshine, tempered sometimes by easterly breezes, but often not so. In other words, we have already had more summer than generally falls to our lot during the whole season in this "fickle" climate of ours. What, then, are the effects or the apparent effects of this exceptional state of matters on the human body? Though I profess to speak principally from personal observation of prevalent disease, it is interesting to consider the evidence of the Receiver General, which shows that, with all its inconveniences, the season is not unfriendly to life. London and many of our large towns are for the time being, enjoying the salubrity of villages, and killing their inhabitants at a rate of only something like 19 in 1000 per annum. Cold is the greatest killer we have now-a-days, and at present he is conspicuous by his absence. So also there is a conspicuous absence of any fatal zymotic disease. By the way, it is very curious to observe the coincidence of low mortality and a very low condition of trade. This coincidence has been noticed before on a more limited scale, as in the cotton districts during the American war, Liverpool excepted, where exports had full play. Whatever the dependence of the comforts of the people on full trade, it would seem that their mortality is not increased by dull trade. "A man's life" is not dependent on "abundance of things."

But though the weather has diminished mortality, it must have been very apparent to medical men that the community has not been unaffected by it. Not a few people feel in their very best health during this heat. People whose liver and kidneys are not perfectly competent to the work that they have to do, and who feel all the better for a free action of the skin, or whose bronchial apparatus is liable to disease, or who, in some unexplained way, are depressed in their vitality by cold—all these are getting a pleasure out of life just now which they rarely experience in this country, where, as somebody has said, there is "no climate, only weather."

But a large number of people have been unpleasantly affected by the continued heat. The more common effects, or what I have taken for effects of heat, and with which I have been much impressed, are weakness, amounting in some cases to prostration, various degrees of loss of appetite, sickness, or weight at the stomach, and uneasy sensations in the bowels. Up to this time there has been no great amount of diarrhoea, although it is now setting in, and in some cases is very sharp. In many of the cases I am describing there has been a great tendency to exhausting perspiration. Patients of all ages have been affected, including young boys and young men of fair general health. But on some more delicate people the effect has been striking, such as those of a tuberculous constitution, rachitic children, menorrhagic women. It is distressing to see a rachitic child, lying prostrate, sweating so as to drench the pillow upon which its big head rests. The vital depression, in

some cases amounting only to languor, incapacitates in others for any work, muscular or mental; there is a slow pulse, with tendency to intermission, or actual syncope. This vital condition has not only been observable by itself in numerous cases, but has complicated other states of actual disease proper to classes of patients I have specified.

The remedies are simple, and I think very effective. The principal of these are—cool air; the avoidance of fasting too long, especially from drinks, also of much walking or other muscular work; and some medicines. One great difficulty, of course, is to escape from the pervasive heat of hot days. But this can be done to some extent by seeking the coolest rooms, and avoiding exposure during the heat of the day. I am sure a little tropical leisure of life is wise on the hot days, especially for those who are conscious of any feeling of exhaustion. It is a great error to fast too long. Food must be convenient, and such as the smaller appetite suggests. And despite the theories of Liebig, I am convinced of the value of a light stimulant in drinks, such as a little sherry, either alone or with seltzer. For common use the light wines are best. One little patient of mine, a boy about eight years old, became deadly pale almost every morning, so as to be sent home from school. There was no diarrhoea, and little else to observe. Half a glass of sherry midway between breakfast and dinner, and some acid medicine, have completely cured him. As to medicines—these are extremely useful. The one which I have most frequently prescribed has been dilute sulphuric acid, with or without, and very often without, quinine. It may be difficult to say how it acts, whether as a mere astringent, restraining perspiration and, when it exists, diarrhoea, or whether it supplies some chemical element to the blood and tissues. But it is a most valuable medicine. And in no cases is it more valuable than in those of young children of the rachitic class. The way in which sulphuric acid has superseded chalk in common summer diarrhoea is one of the most curious revolutions in practice. But, apart from diarrhoea, it is often extreme in its effects. Where diarrhoea does not exist, the acid is well associated with quinine, where it does exist, with opium, which gives further help and relief.

London, June, 1868.

CLINICAL LECTURES

On Diseases of the Genito-Urinary Organs.

BY PROF. W. H. VAN BUREN, M.D., CHARITY HOSPITAL, LONDON, APRIL 22, 1866.

There are three cases of syphilitic nodes, the subjects of our lecture last week, which the House Surgeon has in waiting, to illustrate the effects of the iodide of potassium upon this form of disease. In one of them, who was suffering excruciating nocturnal pains, and whose haggard aspect showed his loss of sleep, one of the nodes upon his tibia was red, hot, and exquisitely sensitive to the touch; and I told you that suppuration was imminent, and that after it had broken, or been opened, a probe introduced into the opening would come into contact with dead bone, and that a "carious ulcer," as it is called in the text books, would exist. This man now looks cheerful and happy, and tells you

that his "pains are all gone," and that he "sleeps well." When I make pressure upon the node which was so tender last week, it gives him no pain; in fact it has diminished by one half in size, and the gratitude of the patient is pleasant to witness. He had just commenced the use of the remedy when you saw him last, taking 10 grains three times a day. The dose was increased to 15 grains, and in "two or three days" the pains ceased; *ex uno disce omnes*.

This remarkable influence of iodine upon syphilitic periostitis hardly paralled in certainty and promptness of effect, in the whole range of the rapapeutics. The remedy is spoken of by some authors as an "anodyne." I have been watching its effects, on a large scale, for a good many years; and I cannot call to mind an instance of this sort in which it has failed to give relief. The somewhat enthusiastic expressions of the patient before you, as to his "feeling so much better," are in no degree exaggerated. He does feel a great deal better; not only through the relief of his aching pains, and his ability to sleep, but in consequence of a decided and peculiar influence upon the spirits and feelings which this drug is capable of exercising, and which is hardly sufficiently noticed in the books, and which resembles the "happifying" of opium—only that it is more permanent. Brown-Séguard uses the remedy in view of this effect, in conjunction with the bromides, in cases of nervous depression, in the combination which has been called his "brain-tickler," and with undoubted good results. In syphilis, this peculiar influence of iodine is probably due to improvement in quality and increase in number of the red corpuscles of the blood, which are sensibly deteriorated by the syphilitic poison, as proved by the famous experiments of the apothecary of the Hotel Dieu. You see this most strikingly in the chloro-anæmia of syphilitic women, of which I have exhibited to you so many examples in this room. Thus, you perceive that the doctrines of the "cellular pathology" rule the hour. Syphilis injures the organism, as I have endeavored to teach you, by unfavorably modifying and impeding cell growth. Iodine seems to possess the power of neutralizing certain phases of this poisonous effect, by stimulating cell development—very much, I suppose, as an appropriate fertilizer stimulates the growth of plants by ministering to their peculiar vital requirements.

The next case, as you learn from the notes of it just read, is one of the classical syphilis, presenting those features which characterize a grave case of the disease. Chancre in October last small, insignificant, soon getting well; no bubo; in November, a roseolar eruption, complicated with sore throat and iritis—gradually passing away in six weeks or two months with little or no treatment; in February, a second crop of eruption, pustular in its character, and accompanied by a return of the iritis, more severe and profound. At the present time, two months later, no treatment, as far as we can learn, having modified the succession of symptoms, you have an opportunity of studying the case. The eruption which, as you see, covers pretty much the whole body, consists, in the main, of small elevated papules of a dusky red tint. A large proportion of the elevated papule have slowly taken on the process of suppuration, presenting themselves as small pustules, conical in shape, with hardened bases. Some of them have discharged their contents, and

present small crusts upon their summits, resembling, as they dry up and fade, spots of scaly eruption, which they are not. Some few have passed away, leaving minute, depressed cicatrices, dusky in color. Still later these little cicatrices will lose their dusky tint and become whiter than the surrounding skin; but they are indelible. The left eye, the sight of which is almost extinguished, presents the uniform redness of superficial conjunctivitis, but on pressure, the deeper straight vessels radiating from the corner are brought into view, showing that the iris is involved. This latter shows the wasted, dingy appearance and the irregularly shaped, immovable outline of the pupil, which characterize the disease; and the patient describes the severe aching pain over the brow, worse at night—peculiar to it. With these objective symptoms, exist also the peri-articular pains, and general deterioration of health, which are so rarely absent.

I call this case *classical*, because it affords an example of the successive eruptions of syphilis, which I have elsewhere described to you as belonging to the disease when the development of its successive phases has not been interrupted by the modifying influence of mercury or iodine: the first superficial, ephemeral, tending to spontaneous and early disappearance; the second more profound, more permanent, showing less disposition to spontaneous cure, and leaving permanent traces of its presence. If treatment were still to be withheld, would probably see, in time, a third crop of eruption, tubercular perhaps in character, tending to ulcerate more deeply, and complicated with gummy tumors, or periostitis and death of bone.

I call this case *grave*, because it is marked by a tendency to supuration and destruction of tissue. The existence of iritis and pustular eruption always indicate a more serious prognosis as regards rapid and early cure than when these symptoms are absent.

This man would be properly treated by mercury. Iodine is hardly indicated, except as an adjuvant, to keep the mercury in a soluble and active state whilst circulating in his blood, and perhaps to prevent its chemical union with the earthy constituents of the bones.

You know, probably, that mercury can be obtained by destructive distillation from the heavy bones, altered by syphilis and mercury, specimens of which are to be found in all of our surgical museums. In giving mercury in a grave case like this, if the nutrition were already impaired, I should prefer to administer it by means of the moist mercurial vapor, or by the old established plan of rubbing in the mercurial ointment, thus leaving the stomach, free from any possible irritation from drugs, to the unimpeded performance of the functions for which nature designed; and I should not neglect to supply it with wholesome and easily digestible food.

The next case, as you hear from the House-Surgeon's case-book, is a woman of middle age, supposed to have contracted disease from her husband. She shows you badly ulcerated legs—the ulcers being circular in outline, aggregated in clusters, and yielding a copious and fetid discharge. She has also depressed cicatrices on the forehead, one of these covered by a scab, and she says some fragments of bone have been discharged from it. She looks feeble and cachectic, but has no other evidence of disease.

This is undoubtedly syphilis, and you may regard this patient as showing the third stage of the disease, of which the last patient exhibited to you the second, with a history of the first.

Women contract disease from their husbands generally in one or two modes: either by inoculation through the genitals—and this I trust, for the credit of humanity, is the least common mode; or by impregnation, through the medium of the embryo in utero. A man with no obvious symptom of syphilis, and with apparent reasons for considering himself in perfect health, but having suffered at some former period from the disease, may communicate it through the medium of impregnation to his wife, and at the same time continue, himself, to enjoy uninterrupted health. This is more likely to occur where the constitution of the wife possesses a degree of susceptibility to the venereal poison greater than that of the husband. And this degree of susceptibility, *quoad* syphilis, is exceedingly variable; and, unfortunately, we have no means in our power of determining its existence before exposure to danger.

I have had a family under observation for twelve years, where the wife has passed through various phases of severe syphilis, having given birth to several syphilitic children, and the husband has throughout this time enjoyed uninterrupted health. He had disease of undoubted character several years before marriage. She is now in excellent health, as a result of well-directed treatment, and has had a healthy child.

A very common result of this mode of communication of the constitutional disease from husband to wife is a succession of abortions or miscarriages. The woman before you aborted two and a half months after her marriage, and her symptoms of syphilis dated from this event. She has never since conceived.

To what extent the syphilitic poison is thus destructive to fetal life we have no means of certainly determining; but I feel that I am safe in advising you to keep it always in view as a not unfruitful source of sterility in the female, as well as of abortion and miscarriage. There are well authenticated cases in which a well-directed anti-syphilitic treatment has rendered a barren union fruitful. But such a course is not to be adopted hastily; only after careful study and judicious consideration. Cell growth culminating in the production of healthy spermatozoa is liable to be arrested by the syphilitic poison, as well as the development of a germ already impregnated in the uterus of the female.

Prof. Lister's Treatment of Wounds and Ulcers by Carbolic Acid.

BY J. R. WYLIE, M.B., M.C., M.D.,

Formerly Physician and Surgeon to the Ironmonger Hospital, and Staff-Surgeon, Peninsular and Oriental Company, Alexandria, Egypt.

ALTHOUGH separated by a great distance from the mother country, yet being a constant reader of THE LANCET and other medical journals, I see what is going on in the changes of and additions to our former theories and practice. Amongst other startling novelties my attention has been called to

that introduced by Professor Lister, of the University of Glasgow, and, as one of his former pupils, I have taken some care in noting the effects of carbolic acid in cases to which it is applicable.

In September, 1867, I was called by a gentleman who had been suffering for about two months from abscess in the calf of his right leg, and his former medical attendant had adopted various plans of treatment, now using cold lotions to put it back, and then poulticing to bring the abscess to a head. When I saw it, the patient suffered much pain night and day, and wished to have an end put to his sufferings. I had just read in a number of THE LANCET of Mr. Lister's new treatment of abscess, so I determined to use the carbolic acid according to the plan laid down by my late professor. I laid a piece of lint, soaked in a solution of one part of carbolic acid to four parts of boiled linseed oil, above the abscess, dipped the bistoury in the same solution, slightly raised the lower margin of the lint, and opened the abscess. Immediately dropping the lint, I allowed the pus to ooze out, and then pushed in a plug soaked in the liquid between the lips of the wound, removed the dirty lint just as I slipped over it a fresh piece, and covered all with a piece of gutta-percha tissue. Next day I withdrew the plug, replaced it by a clean one, and on September 26th, five days after the incision, the leg was quite well. I noticed that after the second day a very slight amount of clear serous fluid came out.

CASE 2.—On Oct. 9th, a gentleman, aged twenty-eight, married, lately arrived in Batavia, sent for me to see his foot. I found the right foot puffy in appearance, and it was very stiff, so much so that he could not move it in the smallest degree; and so great was the pain he suffered, both night and day, that he told me he had to swallow as much as two or three hundred drops of laudanum daily. He described his case as follows:—Two years ago necessity compelled him to jump out at a window to the ground; he fancied the height from the ground would be about five feet, but he afterwards measured, and found it to be nearly eight feet. At all events, the result of the fall was that his right foot turned inwards, and got a severe wrench; his foot became painful and swelled up very much at the ankle-joint. He has visited England since, where it did not annoy him much; but on his voyage out to the East again, the pain, swelling, and stiffness returned, and he has passed through all kinds of treatment. Such was the information he gave me. I at first recommended perfect rest, with the foot elevated, and relieved the bowels by an active purgative. I ordered a generous diet; and, to relieve immediate pain, applied a combination of camphor liniment, soap liniment, and tincture of arnica.

Oct. 10th.—The pain still there, but not so severe; describes the pain as shooting right through the ankle, from the external to the internal malleoli, and down to the sole of the foot.

12th.—Great pain and puffiness of the whole foot. I then ordered a poultice to the external malleolus.

13th.—Pain referred to a spot just below the external malleolus; apply poultice.

14th.—A small swelling of dark colour to be seen at the spot above mentioned. I felt that it contained fluid, and ordered further application of a poultice.

15th.—There being to appearance an abscess, I felt that considerable mischief must have been going on for a long time past in the joint. I then, with the patient's consent, called in consultation a gentleman of much experience in the Dutch Indian Army, who, after manipulation and hearing the history of the case, recommended the actual cautery or amputation of the foot. And then I was left to act on my judgment; and as my patient would not submit to either treatment, it suddenly occurred to me to try the carbolic acid treatment of Professor Lister. On the 18th I laid open the abscess, in the same manner described in the last case, and a large quantity of fetid blood and pus came out. I passed a probe in the direction of a straight line from the external to the internal malleoli, to the extent of one and a half inches (the probe having been previously dipped in the carbolic acid and oil). I could feel no dead bone. I pushed a probe saturated in the mixture as far into the cavity as I could, and dressed the feet externally, as before.

21st.—On the following day a quantity of pus came away. The pain almost gone. Put in the opening a fresh plug, and the second day after a little clear fluid came out, the cavity evidently closing from within outwards. Could only put in a very small plug; and to-day the plug is almost as clean, or free from anything but the carbolic acid, as when I put it in. Have dressed it simply.

22nd.—The wound is completely healed; the foot has resumed much of its natural shape, and can be moved in every direction without pain, but he can only bear his weight on his foot to a limited extent. To-day I succeeded in getting an answer to a question which I had put previously. The patient stated he had "only a very slight touch of veneria." I at once acted on this, thinking it might confirm the improvement of the foot. I applied forthwith externally the common mercurial ointment, and ordered sarsaparilla and iodide of potassium internally, and the result has been most satisfactory.

November 28th.—He can walk with freedom, has no pain whatever, wears a boot of the same size as that on the left foot, and says his foot is "all right now."

I feel satisfied at the above results of my treatment. True, sufficient time has not elapsed to enable me pronounce the cure permanent, but I have done that which has thoroughly pleased my late patient, and which I trust may be offered to my professional brethren for their consideration. There is a question which suggests itself to me after the above case, and which might easily be entertained and experimented on by the operators in our large hospitals at home—viz., May the carbolic acid treatment not yet prove to be the best agent for the treatment of extensive joint disease?

Batavia, Java, Nov. 1857.—Lancet.

POISONING BY BROMIDE OF POTASSIUM.—Dr. J. O. Taylor (*Boston Medical and Surgical Journal*) relates a case of poisoning from the use of bromide of potassium. A colored soldier, laboring under a severe attack of asthma, was admitted into the hospital, and on the morning after admission potassium bromide, gr. xx., was prescribed, to be given at 9 A.M., and at intervals of six hours through the day in the same dose. The doctor having occasion to visit the hospital at 10 A.M., found the patient

suffering much agony in the region of the stomach, with repeated retchings and emesis. On inspecting the mouth, the mucous membrane of the fauces was found to be highly infected, while the tongue presented every appearance of the effects of a corrosive poison. Diarrhoea was also present, and on using cloths they were found to be stained violet color. Two fluid drachms of aromatic spts. of ammonia, in half a tumbler of water, were at once given, to the great relief of the sufferer.

This was twice repeated at half hour intervals, and mucilaginous drinks were prescribed for the rest of the day. The patient was finally relieved. No food had been taken for twenty hours previously, which accounts for the rapid disintegration of the salt in the stomach and liberation of bromine.

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, SEPTEMBER 1st, 1868.

INTRODUCTORY.

Special journals have become as much the necessity of modern sciences, arts and mechanical pursuits, as newspapers of politics, commerce and general intelligence. In England, on the Continent, and in the United States, nearly every speculation or practical pursuit has its special organ. Among these, medical periodicals, for style, scientific learning, and philosophical investigation, hold a high and prominent place. In other countries special journals have become the necessity of special pursuits, and have unquestionably proved material agents in their advancement, and in the general work of human learning. A medical journal has long been a desideratum, and its absence something of an opprobrium to the profession of Upper Canada. We enter on this publication neither as a financial speculation, nor in a spirit of presumption of our especial fitness and ability for the undertaking, but with zeal to supply, even if imperfectly, a great professional want, apologising for our diffidence and inexperience. While the necessity and scope for a periodical of this character is undeniable, the production of one in all respects meeting the general requirements is no easy task; but one of labour, discrimination and difficulty, requiring for its successful accomplishment time, and above all, the generous aid and co-operation of our medical brethren. We respectfully appeal for the kindly criticism, counsel and contributions of our *confreres*, not on personal grounds, but in the interest of

medical science, and of the general welfare of the profession in Ontario. We shall bring to the task we have undertaken, honesty of purpose and untiring zeal, and if backed by the profession, confidently hope to make this journal a success, and of recognized value and usefulness to medical interests, education and progress, in this Province.

The many purposes of professional and public importance, which must be promoted by a journal of this character, if properly conducted and sustained, are so apparent as to require scarcely a passing notice or enumeration. Its general utility is established, by the uniform existence of similar periodicals in other countries, of less importance than this province, and with a profession less numerous and devoted than ours. It will serve as the foundation of a provincial medical literature, and should call into life and activity ability now latent, because lacking the medium of expression. It will afford a channel of communication between medical men, which can scarcely fail to draw them into closer sympathy and more homogeneous organization, leading to more honourable relations and intercourse—an *esprit du corps*, which will put an end to those petty rivalries and jealousies, discreditable to members of a learned and humane profession, and the subject of frequent and deserved lay censure and ridicule. If the profession, following the practice in other countries, furnish this journal with reports of important cases, new or modified plans of treatment, the qualities and uses of remedies in which our flora must be rich, the history and peculiarities of epidemics, and with their observations on local and climatic influences, we shall acquire in time a mass of facts and experience of the highest value, and from which some general conclusions and principles may be drawn, perhaps special to this climate and country, and therefore to us of the greater utility. The practice of reporting in this way, will call for more accurate observation and investigations, which will stimulate thought and inquiry, and constantly lead to a higher and broader education of the profession. At present we have no cumulative experience or knowledge in the Province. The observations and experience of each medical man, are confined within his own circle, die with him, and are lost to the general profession. We therefore earnestly solicit from our medical brethren reports and papers, which will constitute a general fund of information, and greatly add to the efficiency and progress of the profession, and medical learning in this Province.

Without arrogating to ourselves the position of censor, we shall freely criticise all unprofessional practices brought under our notice, and fearlessly expose to public censure any act derogatory to the profession, or a violation of the confidence, morals

or laws of society. We shall be ever ready to explain and enforce according to the best authority, the proper observance of the ethics and amenities of the profession, believing that their proper observance will elevate the tone and standing of the profession, and secure more general respect. We shall unsparingly expose and flagellate quackery in any form, and will strive to guard the public against the dangers of ignorant or mercenary charlatans, who are ever ready to traffic in the credulity and suffering of their fellow beings. We will also from time to time respectfully direct the attention of medical men, to subjects deserving of more special attention, we only notice *en passant* the question of medical evidence. Cases have occurred in our courts during the last few years, tending to bring medical evidence into disrepute, and only to be excused by the admission of individual ignorance or carelessness. Between the several medical schools or teaching bodies of the Province or the Dominion, we shall act impartially, and while awarding credit where credit is due, shall freely expose any evasion of the uniform matriculation and curriculum established by law. The attention of the profession and the public will be loudly called, to any institution practising the forcing system, or the sending of young men into the profession, whose legal qualifications is unwarranted by the general standard and their course of study. We shall seek to place before the public the evils of overcrowding the profession, by contrasting its material advantages with those of other pursuits. In connexion with these subjects, our careful consideration will be given to desirable amendments of the Medical Act, especially such as will rigidly enforce a uniform standard of primary and professional education by those qualifying in this Province. And the enactment of a general law, requiring from those practising other forms of treatment, a competent acquaintance with anatomy, physiology, chemistry, obstetrics, the nature and symptoms of disease, all of which are essential to the practise of the healing art by any fashion or mode. We shall seek to unite the profession with the Medical Council in procuring such farther legislation, as will give the profession proper protection without monopoly, and conjointly greater security to the lives and health of the public. As already generally indicated, we shall give the first place to original contributions, but shall make such selections from British and foreign publications, as commend themselves for their practical utility. We shall place before our readers the merits of new works, and shall give briefly but intelligently the pith of all new physiological, chemical and pharmaceutical discoveries, and all new operations, or modes of treatment.

MEDICAL EDUCATION.

That the medical profession in Canada is under the cold shade of the aristocracy, that its members, with few exceptions, do not hold the same relative rank in society, as those of the other learned professions, are facts which are gradually but surely becoming patent to the general public. It is unpleasant to look such a delicate matter in the face, the fear of offending personal friends, the natural dislike of the proverb concerning "ill birds" being applied to ourselves, that unfortunate Micawberlike propensity we all possess in a greater or less degree, of shirking present responsibility by indulging in the hope of the future bringing forward some panacea to obviate the evil, all those feelings combined, prevent us from boldly grappling with such a fact.

That our statement is true, many, if not all of us, admit, yet we are each inclined to think that it is a secret locked up in our own individual bosom, and so we will continue to believe it to be until we awaken to find our skeleton in the closet the subject of our neighbour's criticism: the sting of our friend's remarks would, however, be deprived of one half their bitterness were we to acknowledge the existence of such a belief, and we think the pages of the *Dominion Medical Journal* are the most fitting place to discuss such a subject. However we may be met on the threshold with an indignant denial of the truth of our proposition, *i. e.* our position socially is lower than that of any other of the learned professions, it ought not to be we admit, but it is none the less true, and what makes it worse is, that it is our own fault. It would be very difficult in the columns of a newspaper to prove such a statement in its entirety. Let us, however, give an example of the many in our profession, on behalf of the truth of our assertion.

In a village not sixty miles from Toronto, a young medical man issued a card informing the inhabitants of N. and the surrounding country, that he had taken up his abode in their midst for the purpose of practising medicine, at the conclusion of the notice was his name thus:

M. D.,

Physician, Surgeon, &c.

N. B. All diseases of the Lungs receive special attention.
GOD SAVE THE QUEEN!

The above was evidently considered a production of such value as to call forth another "card" from his professional antagonist, who wound up his address to his patrons as follows:

"Sincerely thanking his friends for their support, and soliciting a continuance of the same, Dr. _____ begs to intimate to them and the

public generally, that he is determined to devote himself *more untiringly* to the exploration of disease, &c." The italics are the Doctor's.

Now the above is not singular, it could easily be multiplied, and although we cannot refrain from smiling at the absurdity, we blush for very shame's sake to think that members of such a profession as ours should condescend to issue such clap trap as the above.

Even our controversies are made the subject of much good natured banter amongst our friends, while they afford a never ending amount of petty ridicule to the general public. Is there any reason why such should be the case? We fear that the answer is simple, and can be given in a very few words; our educational standard is lower than that of the other professions, legal or theological. Take the Calendars of the various Medical Schools in Canada, let us move our eyes over the lists of their Medical Graduates, and we defy any one to point out the names of twelve Doctors of Medicine in any one Canadian University who hold an Arts degree from their alma mater. The fact is our matriculation examination is lower than the standard requisite for a first year's student in Arts. So well was this known, that it was deemed necessary to make some change, and the result was Dr. Parker's Medical Act; an Act which so far as regards bettering our position, has as yet proved totally inoperative.

The Council elected under the provisions of this Act, appointed an examiner, and drew up a schedule for matriculatory examination; we believe about twelve students have received these examiner's certificates. Their standard, low though it is, is higher than the School's examination.

The subjects that intending students require to know are in themselves highly respectable; they are, with two exceptions, much of the same character as the books, which no gentleman's library should be without; they look well on shelves, but which no one in their wildest dreams ever think of reading.

Take for example Latin and Greek, it is of course the correct thing to be on bowing (not speaking) terms with those heroes of antiquity. For our own part we should much prefer the man who could read Virchow in the vernacular, to him who, by dint of a few month's coaching, might be able to blunder through a few lines of Celsus. None of us believe in him or ever open the book afterwards: none of us would dream of quoting Hippocrates as his authority in a Court of Justice; why not then reverse the order of affairs in the Matriculation examinations as they now exist. Let French and German be compulsory, Latin and Greek be op-

tional. It is an extraordinary, and by some may be looked upon as rather a significant, fact that a knowledge of French is not considered obligatory on their students by the Senate of one University, and that not the poorest in the Province of twelve. But whatever we do, pluck ruthlessly him who cannot spell: the flurry and excitement consequent on an examination might cause one to commit errors in composition, but never orthography. It is all we ask.

At the last meeting of the Council we noticed that the members were unanimous in appointing a Central Board of Examiners, and should that object be attained we are sure that it would meet the views of nine-tenths of the profession. There need be no necessity to interfere with any vested rights, let the Universities continue to confer their degrees, let the Colleges grant their certificates of membership, but the majority of our profession require to be satisfied, and not the profession alone: the public would desire to know that the ex-candidate for University Honors is competent to practise. *Almæ Matres* may be too fecund, and it is as well that the elder children should look after their birth-right.

Now the appointment of a Central Medical Board, whose election shall be in the hands of the profession, will do away with much professional jealousy. It would grant no degrees, it would solely certify that the holder is entitled to practise in Canada, and we believe that this Board would ultimately do away with the evil which makes us as a profession so socially disunited, viz., the habit we have of comparing our several and respective honors to the disparagement of our neighbor's qualifications.

The Central Medical Boards' certificate would only show that the candidate had passed the minimum examination necessary to practise, it would not prove that a student had attained proficiency in his profession, all who passed would receive the one certificate, and the various colleges in Canada would of necessity be obliged to vie with each other in a more noble rivalry than abusing each other's students, or depreciating each other's curriculum of education, namely, in raising their examinations to a higher standard than that of the Board, and of necessity raising their alumni to that position in society which of right belongs to all those who are members of so noble a profession as our own. D.

BENEFITS TO MEMBERS OF PROFESSION.

It has long been a subject of regret to thinking men of the medical profession in Canada that there has been no bond of union, stronger than mere professional courtesy, able to unite them as a body

with common interests, so that the union might be made use of to elevate the character and advance the scientific knowledge of this, the most important of the learned professions. We flattered ourselves, on the passing of the Medical Act, in 1865, that this want would be supplied. Under the auspices and direction of the Medical Council, we hoped that the crying evils that had disgraced the practice of medicine in Canada would receive a check—that the ranks of the profession would be filled by those only whose preliminary education fitted them for scientific studies—and that, mutual respect being established, the one for the other, a code of Medical Ethics might obtain that would bind the profession together for mutual protection and assistance. But evils of so many years duration are not so easily remedied. Additional power is wanted to accomplish the wished-for end. In some sections this power is in a degree supplied by those organizations that have sprung from the working of the Medical Act. The District Medical Associations of Canada, and, last year, following the Confederation of the British North American Provinces, the formation of the Canadian Medical Association, established a power that promises to do still more in advancing the wished-for end. But these organizations will of themselves be able to accomplish little; their influence, though extensive, is not universal, and is in direct proportion to the number of their members attending at the meetings. The hard-worked medical man can seldom spare the time to absent himself from his practice, and thus the efforts of the Association, being but the efforts of a minority, are of little effect. But there is a power before which the Medical Council itself must bow, and which, if once excited, would accomplish all we desire; this is—the *force of public opinion*. It is through the columns of the public journals that public opinion is most easily formed and influenced; therefore we would congratulate ourselves, and the medical profession in Canada at large, on the establishment in Ontario of so excellent a means of directing public opinion as we now have in the *DOMINION MEDICAL JOURNAL*. In these pages we can exchange ideas with our most distant brethren, and gain from their experience what we lack in our own; here abuses can be exposed—unprofessional conduct can be censured—and the hands of those can be strengthened who seek to maintain the dignity of our profession, and to advance as quickly as the rest of the world in all branches of scientific knowledge.

EXCHANGES.—We would thank other journals intending to exchange, to forward their numbers to the Editor, Box 234, Toronto.

RE-OPENING OF THE TORONTO GENERAL HOSPITAL.

This Hospital has again been thrown open to the public, although its usefulness has been greatly impaired from the want of the necessary funds to carry on so large an institution. The number of pauper patients (indoor) is limited to twenty-five, but a large number can be accommodated at the rate of 40 cents per diem. We hope that the Government of Ontario, recognizing the usefulness of this noble institution, will, at their next meeting, endeavour to place it on such a footing that its doors may never again be closed to those who, unfortunately, may require medical attendance. We also hope that the medical men who are appointed to attend will make use of our columns, letting our professional friends throughout the country know what they are doing—what cases of interest are inside its walls—and also inform them of the new methods of treatment, and how those methods answer. It is well known that medical men in the country have not those opportunities or that variety in practice which will enable them to judge satisfactorily of those new modes of treating disease, or surgical inquiries which are proposed from time to time through the columns of the different journals; and it is but fair that an institution, supported by the Province, and in whose wards all forms of disease are massed, should be made to give that information to those who are interested in obtaining it. We hope that those medical gentlemen recognizing this fact will do all in their power to give that information.

In consequence of the illness of one medical gentleman, and the business engagements of others who had promised to contribute for this number, our original articles are less numerous than we expected, but we have been promised some interesting communications for our next number, which we hope will fully make up for any deficiency in this.

EDITORIAL NOTICES.

NOTICE TO READERS, CORRESPONDENTS, &c.—The Editor having been requested by a number of medical men to act as agent for the purchase of Medical Works, Instruments, Drugs, &c., has made arrangements with the leading houses here and in New York, and will be enabled to obtain those articles in such a manner as he is confident will give satisfaction to the profession.

PROF. STORER, of Boston, announces through our advertising columns the lectures to medical men and students, which he has been in the habit of delivering for a number of years.

PROMPT PAYMENT.—Intending subscribers will oblige by remitting without delay, and those who have already subscribed will please forward, registered, to the proprietor. We cannot send future numbers to other than subscribers who conform to our terms, *payment in advance*.

CONTRIBUTORS will oblige by writing as legibly as possible, and only on one side of the paper. By the new post office law, manuscript for publication can be sent marked newspaper manuscript and unsealed, for one cent an ounce.

OUR readers will notice in connection with the Philadelphia University, the well known name of Dr. Lizars, late of Toronto.

MEDICAL SCHOOLS.—We call the attention of our readers to the announcement of the Bellevue Hospital Medical College, an institution well known for the excellence of its professors, and its general high standing. Also, to that of the University of Philadelphia Medical School, and to those of our own well known institutions in this city.

It is hoped that those medical gentlemen to whom this first issue is sent, will, if determined to become subscribers, forward the amount of subscription, registered, to our address. We send this issue to the address of every medical man which we could obtain, and we earnestly request the support of the profession in this undertaking, so that we may be enabled, month by month, to make it more worthy, by enlarging and obtaining those cases, and that reading matter, which will make it a first class journal in every respect.

THE efforts to obtain a pardon for Dr. Mudd, the assassination conspirator, have been received. The Medical Society of Howard County, Md., have sent a petition to the President for his release, in which they will be joined by other associations of that State. All the petitions presented, assert that Dr. Mudd has served three year's imprisonment for alleged, but unproved, complicity in the assassination of President Lincoln.

THE *Lancet* thus refers to the continental tour of the Queen:—"Her Majesty has undertaken her visit to Switzerland, where she intends to stay for about a month, on the recommendation of Sir W. Jenner. We stated some months since that the Queen has been subject to fainting fits, accompanied by distressing attacks of sickness. Though these to a great extent have abated, she has felt very much the hot weather of late prevalent, and this, with the unusual fatigue she has recently undergone, have produced a degree of weakness which the proposed change, it is expected, will remove. On her return from Switzerland, the Queen will spend some time at Balmoral."

On a Case of Femoral Aneurism, Treated by Incision of the Sac and Ligatures on the vessel above and below.

BY JOHN GRAY, F.R.C.S.,

Surgeon to the Great Northern Hospital, &c.

In the course of the last summer two patients were admitted into the Great Northern Hospital, within a week of each other, aneurism of the femoral artery on the proximal side of the tricipetal foramen. In both cases pressure by the tourniquet was tried for a week, with such intermissions as were necessary in order to spare skin from ulceration. Both patients stood the pressure well, and did what they could to ensure its success. Both, however, gave in at the end of that time, expressing their earnest desire that any other treatment should be substituted, inasmuch as pressure—even digital pressure—could no longer be borne. I tied the femoral in each case, and without a bad symptom. One, however, subsequently died of heart disease. There has been some bruit, discernible at the time of the operation, from disease of the aortic valve cusps. The other came to the hospital last week. The operation had been entirely successful.

On the 7th of April I was consulted by a gentleman aged twenty-eight, a finely grown, robust person, on account of a tumour in the middle and inner side of the thigh, corresponding with the situation of the artery above the tricipetal foramen. He had complained of pain in that region, more or less, for a period of two years, and had consulted some medical gentlemen respecting it. There was no swelling, however, so far as he was aware of, until within a few days of his seeing me. On examination, it had all the signs of being aneurismal. It was about the size of a large walnut? pulsated; was, to a certain extent, squeezable; became evidently less on obstructing the femoral above; and had a loud bruit; but it was painful and tender on manipulation. I at once decided that it was aneurismal, and recommended compression on the artery above. The patient could not, however, conveniently lay up for some few days. I therefore had a firm broad elastic band placed on the thigh in the interim, with one or two pads, as additional compress on the tumour, to be used as either could, singly or both together, be borne. Both pads were borne, and gave great relief. On examining the tumour on the third day, I was surprised to find that the pulsation had entirely ceased, and that the bruit had changed from a clear blowing to a rougher sound. The tumour was somewhat harder, but was still, apparently, to a certain extent lessened, by obstructing the femoral in the groin.

He continued to wear the bandage until the 13th, when, notwithstanding the change in the condition of the tumour, I advised him to lay up and have a tourniquet applied. He bore the instrument well for nearly six days; and apparently with the best results. A slight rough bruit, however, remained, with a small, hard, and almost incompressible tumour, and entire absence of pain. I advised rest for some days, and then gradual return to his duties, keeping up pressure at the same time on the tumour by the bandage.

On the third day after the removal of the tourni-

quet, on turning very cautiously in bed, he was attacked with severe pain in the tumour, as though something had given way; and he became very faint and sick. From that time the swelling gradually increased, the pain became more severe, and there was still a bruit; but there was no pulsation, neither did pressure on the artery exercise any material influence upon it in regard to size or compressibility.

The character of the tumour now appeared to be more questionable; and a doubt occurred to my mind whether it might not be some outgrowth from the bone or periosteum, which, by extension at its base, had changed sides, as it were, with the artery; thus accounting for the pulsation at first and its cessation. I could trace the artery to the tumour above, and although beyond that it was no longer distinguishable, yet it seemed to mount over it, or at least to pass beneath its upper surface. Pressure of no kind could be borne. The swelling increased, until, by the 2nd of May, it occupied a large space on the inner aspect of the limb, being seven inches in diameter; and it was excessively painful. The patient's strength began to fail. Mr. Paget saw the case with me, and, after careful examination, could not satisfy himself as to the real nature of the swelling. We, however, determined to explore the tumour, prepared for any emergency.

On the 5th, after being placed under the influence of chloroform, with the kind and able assistance of Mr. Paget, Mr. Henry Smith and Dr. World, I punctured the swelling; when it became obvious at once that, after all, it was aneurismal. I enlarged the wound in the sac through its full length in the course of the artery to the extent of seven inches, turned out a large quantity of clot, and not without difficulty (on encountering which I need hardly say how much I was aided by Mr. Paget and Mr. Smith—Dr. World was most ably administering the chloroform), succeeded in tying the vessel above and below its communication with the sac. The tourniquet kept the bleeding in check, and was only occasionally loosened to indicate the seat of the vessel, and its open mouth. The wound was brought together by sutures and bandage; and the limb, enveloped in wool, was placed on a sling.

The patient passed a restless night, and wandered occasionally; his tongue was dry and furred in the morning; his pulse quick; and he complained of sickness—apparently from the chloroform. After three days these symptoms began to ameliorate, the wound to discharge thin bloody fluid, and the thigh, hitherto much swollen, to subside. From this period everything went on well; portions of the cyst came away from time to time with the discharge, which was very profuse, bloody, and mixed with clots of blood; the tongue began to clean, and the appetite to return. The under ligature was removed on the fourteenth, the upper on the twenty-first day; and, whilst I am writing, the wound has all but entirely closed, and the patient is taking more or less walking exercise daily on the South Coast.

The case is one of considerable interest. The pain preceding the appearance of the swelling was supposed to be rheumatic or peristosteal. Its history during treatment appears to be that the pressure on the sac, by bandage and pad, had cured the aneurism, as far as it was curable by clot obliteration—

in all probability of the portion of artery with which the sac immediately communicated; whilst the employment of the tourniquet tended to its further consolidation, and the consequently increased probability of the cure being permanent.

The active return of the disease, without pulsation, probably arose from the giving way of the plug in the lower end of the artery; and this was, as Mr. Paget surmised, followed by rupture of the sac, and the aneurism becoming diffused. I could not, however, satisfy my mind that this had been the case. On discovering the nature of the case by puncturing the tumour, there appeared to be no alternative but the procedure that was carried out.

It is the old operation for aneurism in the limbs recommended by Antyllus in lieu of amputation. It appears, however, to have been so frequently followed by gangrene of the limb, secondary hæmorrhage, and death, that Pott discarded it, still preferring amputation. And I believe I am correct in saying that, in the annals of very modern surgery, a popliteal aneurism has been cut into by mistake for abscess, and the limb amputated in consequence with the utmost dispatch. Pelletan, however, I find from "Hobbes's Dictionary," recorded notes of ten cases—four of his own, and six in Italy; of which seven cases were successful. Whilst two others, on the femoral and popliteal artery, are to be found in Roux's *Quarante Années*, both of which were successful. Mr. Syme has succeeded in treating axillary and gluteal aneurism in this manner, and recommends it in those particular kinds of aneurism.

I do not regard the case described as an encouragement to such a plan of treatment, excepting under unavoidable circumstances—such as this case, perhaps, presented,—or, preferentially, in cases of axillary and gluteal, on account of the danger attendant upon ligature of these vessels on their proximal side. The operation is somewhat difficult on account of the liability to include other important parts besides the artery within the ligature when operating at such a depth, as well as from the inconvenience which results from displacement of the vessel by the sac.

If in this case I had placed a ligature on the femoral at first, I believe the operation would not have been required; and I must confess, from experience and observation, to a preference for the ligature over the tourniquet in cases of femoral and popliteal aneurism. The time absolutely required for the consolidation of the sac and the arterial plug is longer than that during which pressure can be continually tolerated, but not longer than that which is necessary for the removal of the ligature and repair of the wound after deligation.

May I be allowed here to pay a tribute of gratitude to the excellent sister, from the Rev. Mr. Dale's Institution for Deaconesses, who assiduously attended upon this case throughout. I could only contrast the comfort of the patient under such care with the indifference and often serious neglect that I have witnessed under the ordinary system of nursing. To the practical surgeon the institutions for the training of these excellent and self-denying ladies cannot be overestimated; they offer a guarantee for the recovery of the patient so far as this can possibly be promoted by the advantage of perfect nursing.

Finsbury-place South, June, 1868.

Clinical Records of the Paris Hospitals.

DISEASES OBSERVED IN THE VARIOUS HOSPITALS OF PARIS DURING THE MONTH OF MAY LAST.

The Société Médicale Hôpitaux, exclusively composed of the nosocomial physicians of Paris, has adopted the useful practice of drawing up a general monthly report on the diseases which occur in the various hospitals of Paris. At the end of every month the physicians send in their respective reports on the cases observed in their wards, and M. Besnier, the talented secretary of the Society, sums up the whole in a general manner. The principal features presented by each class of diseases, the facts relating to their etiology, and the effects of the mode of treatment adopted, are carefully noted. We need not insist on the interest which attaches to this comparative study of the aspects of diseases in the various hospitals of Paris, and of the characters which they assume under the influence of individual peculiarities or of general circumstances, such as the weather, the season, &c. The practical results of such an enquiry, with regard to both the knowledge and the treatment of disease are obvious. Besides this *coup d'œil d'ensemble* on the general aspects of the diseases observed, many rare and interesting cases are related in the reports. We shall not let such a rich fund of information accumulate without turning it to some account for the benefit of this department; and we therefore propose, whenever M. Besnier's valuable reports are read at the Society, to cull all the interesting facts which they may contain.

During the month of May last the sanitary condition of Paris was comparatively excellent. This was observed, not only in the hospitals, but in general practice. Influenza almost entirely disappeared; and the only diseases of the respiratory organs mentioned in the reports of the nosocomial physicians are bronchitis, and, particularly, pneumonia and pleurisy. M. Luys, who has charge of the large infirmary of Bicêtre, also makes the interesting remark that cerebral diseases, congestion, and hæmorrhage, which has created such great havoc among the aged in the winter season, disappeared entirely during the month of May.

Diseases of the Respiratory Organs: Pneumonia. (Hotel Dieu).—A report from M. Bucquoy mentions eleven cases of pneumonia as having been under his care in May. Only one case ended in death. Appended to the report are the following interesting remarks, which show the general character assumed by the disease, and the progress that the restorative treatment is gradually making among the French physicians:—"If we except the patient who died on the third day after having been admitted for pneumonia in its third stage, all our cases of pneumonia have been remarkable for their hybrid character. In some, incipient rigor was wanting; others were accompanied by repeated shivering; in others, again, there was no pain in the side. All were attended by more or less marked bronchitis, with a catarrhal condition of the other mucous membranes. Some were complicated by pleurisy. All the cases progressed rapidly towards a favourable termination; some, however, were followed by a relapse. In the majority of instances the course of the malady was shortened by the use of evacuating remedies, and particularly emetics. In some instances, the

employment of a blister was necessary in order to obtain complete resolution. In all of the cases the administration of wine, and even alcohol, and food, was attended by beneficial results."

At the Hôpital Ste. Eugénie (exclusively devoted to the diseases of children) cases of pneumonia of the apex were noted in the wards of M. Barthez. In two of the cases convulsions, which lasted from three to four days, marked the outset of the disease. The nature of the malady became apparent on the fifth day only, and on the seventh resolution had already taken place. In another child the disease assumed the form of typhoid fever, the symptoms of which disappeared when pneumonia manifested its proper character on the fifth day. The peculiar interest of these cases in the study of infantile pneumonia is justly insisted upon by M. Besnier.

Acute Phthisis. (Hôpital Val de Grâce).—M. Colin records several cases of galloping consumption, one of which ended in death, after having assumed in a striking manner the symptoms of typhoid fever. M. Colin insists on the beneficial action of digitalis, administered in small doses, as a means of combating the fever and dyspnoea, and of suspending the fatal course of the disease, at least during a certain period of time.

Pseudo-membranous Affections: Croup.—The returns for the last month are not much in favour of tracheotomy. At the Hôpital des Enfants Malades, three cases were operated upon in M. Roger's wards. One, complicated with scarlatina and paralysis of the pharynx, was successful; the other two were cases of croup consecutive on measles, and terminated in death, brought on by broncho-pneumonia.

Same hospital, under the care of M. Labrie: Two cases, in one of which the operation was successful.

Ste. Eugénie (M. Bergeton): Four cases; operation performed in three. Two terminated in death; one cured. In the fourth case, which terminated successfully without tracheotomy having been performed, the oleo-resinous extract of cubeb had been administered.

Same hospital (M. Barthez): Ten cases of croup. In eight the operation was performed. Success in one case only.

Rheumatic Affections.—Still numerous. Two cases only deserve to be mentioned. In one, under the care of M. Cadet de Gassicourt, at Lariboisière, the patient, aged twenty-eight, died on the tenth day of the disease. The course of the malady had been marked by extreme anxiety, constant agitation, a feeling of general distress, intense fever, dyspnoea, with dryness of the skin and profuse perspiration alternately. On auscultation, no signs of alteration were discovered either in the lungs or heart. The intellectual powers were unimpaired. On a sudden delirium came on, with much agitation, and violent and disorderly movements of the limbs. Three hours afterwards the patient died. The autopsy revealed no change in the brain, but there was marked inflammation of the heart.

The other case was observed at the Hôtel Dieu, in M. Bacquoy's ward. It was one of blennorrhagic rheumatism, extending to the knees and instep. The discharge had existed four months, and rheumatism one month only.

Eruptive Affections: Variola.—The epidemic of small-pox, which had been so widespread and intense during the preceding month, manifestly abated in May. M. Cadet de Gassicourt mentions one

case in which the patient, who was addicted to drinking, presented delirium and considerable agitation during the eruptive stage. These symptoms disappeared rapidly under the use of opium.

Measles, which had created such terrible havoc among the unfortunate inmates of the children's hospitals, though still prevalent, had lost much of its intensity. The complications were less frequent and serious, and, consequently, the disease was less fatal. As a mark of the influence of the season, the complications had mostly ceased to be respiratory, and had become abdominal.

Scarlatina.—A severe though short epidemic of scarlatina was observed at the Val de Grâce by M. Colin among a number of soldiers who had all come from the same barracks. One case deserves to be related. The disease was attended by hæmaturia from its very outset. The urine then became more and more albuminous. Notwithstanding the employment of cold affusions, the pulse, the heat of the skin, and the stupor increased gradually till death supervened on the fifth day. On examination of the body after death the spleen was seen to be soft, and to have attained four times its ordinary size. There was intense hyperæmia of the kidneys, and the small intestines showed the appearance of psorenteria.

Affections of the Digestive Organs.—During the last month the influence of the warm season had already begun to make itself felt. With the disappearance of the disease of the respiratory organs the affections of the alimentary canal were becoming of frequent occurrence. Cases of indigestion and diarrhœa formed a notable portion of the reports sent in; the frequency and intensity of these diseases being attributed to the premature appearance of the warm season. The month of May was unusually hot.

Cholera and Choleric Affections.—A few cases of cholera are mentioned in my report for May. Two occurred at Lariboisière; one ended favourably, while the other terminated in death, having the well-marked symptoms of the disease. At the Hôtel Dieu one case also was observed; but the patient was an aged woman, exhausted by care and misery. These cases, we may mention, are purely sporadic.

Puerperal Affections.—A report from M. Bourdon, of the Hôpital la Charité, mentions thirty-four accouchements without any serious sequelæ. In one case, however, angioloentitis of the breast supervened in a female who had slight ulceration of the nipple. Notwithstanding the treatment, the skin became affected with white gangrene, which involved successively all the inflamed parts and at the end of three days the skin of the whole breast had peeled off, except around the situation of the nipple. The large wound resulting from the fall of the slough healed speedily, through the remarkable vitality with which the breast is endowed, and through the tonic and restorative treatment adopted.

A GRATEFUL PATIENT.—The following is an extract from a letter addressed to an hospital physician by a patient who had formerly enjoyed his skilful and gratuitous attention during many months:—"Some time ago I was under your skill, and by God's blessing upon the means employed I

have been restored to health, and now again raised up as from the dead. I am anxious to employ what time and opportunity for Him I can. I have been asked to try and procure contributions for the Church described in the circular. Could you spare anything towards it I should be very thankful," &c. It is sometimes suggested that gratuitous patients are deficient in their appreciation of services rendered to them. In the present case there is evidently no cause for such a charge. Gratitude has been defined as "a lively sense of benefits to come," and judged by such a standard this patient is very grateful.

Foreign Bodies in Oesophagus and their Mode of Extraction.

At a stated meeting of the New York Pathological Society, May 27, 1868, Dr. Sands exhibited a clasp plate $2\frac{1}{2}$ inches in circumference, $\frac{1}{2}$ in width, $\frac{1}{4}$ inch in height, and with the middle incisor attached, $\frac{3}{8}$ inch in length, which he had removed from the oesophagus of a gentleman who had swallowed it during sleep. The specimen was of interest more particularly in connection with the instrument used in its removal, which consisted of an ordinary gum elastic catheter through which a whalebone rod passed, the free extremity of which was armed with a sponge. Between the extremity of the catheter and the staff a layer of hog's bristles longitudinally arranged around the circumference of the tube was attached, so that when an attempt was made to withdraw the staff by grasping upon its handle, the ends of the bristles would be so approximate as to spread out in the form of an umbrella. The patient from whom the specimen was removed had applied to several surgeons, who had failed by the passage of instruments to ascertain the existence of any foreign body in the oesophagus. This was due to the position of the plate, the circumference of which corresponded to that of the gullet so perfectly that all the probangs would pass through the centre of its concave surface. Dr. Sayre on examining the case was at first struck with the ease with which the bougie could be passed, the oesophagus being held open at one point by the arch of the foreign body. Being guided by the sensations of the patient, which were referred to a particular spot, and learning from him that the tooth pressed in front, and the claps on either side, he introduced the bristled probang, passed it beyond the point indicated, expanded its extremity in the manner already described, and withdrew the plate with the greatest ease.

He contended that the instrument was superior to all others, in that it completely filled up the gullet below the obstruction, and did not give any liability to laceration so commonly endangered when the ordinary oesophageal hooks were used.

He also, in connection with the foregoing case, referred to that of a young lady, from whose throat he extracted a portion of the scapula of a codfish with the same kind of instrument.

Dr. Sands mentioned an important modification in the instrument in question, which consisted in furnishing two shoulders to the tube, and a ring for the handle of the staff. By these means it could be used with one hand.

Notes of Hospital Practice.

BY H. D. BULKLEY, M.D.,
Physician of New York Hospital.

The Medical Department of the New York Hospital has furnished during the month of October a variety of interesting and instructive cases, some of which are thought worthy of record.

The different forms and varieties of malarial disease have formed a large share of the whole number of cases, though not so numerous nor so severe as during some past years. There have been fewer of those severe cases of congestive fever which are always so alarming, and a much smaller number of cases of that form of cachexia produced by the malarial poison, so characteristic of the effects of its protracted influence, and fewer cases of visceral enlargements from this cause than were so common in past years. Whether this is to be attributed to the smaller number of sailors engaged in the Southern trade than formerly, or whether they remain a shorter time on shore, or whether prophylactic means are more generally used, it is difficult to say.

But two cases of the congestive form of malarial fever have occurred during the month, and these not of the most severe form. Both yielded to quinine, at first by hypodermic injection, and afterward by mouth. This mode of using quinine is now the rule of the house, not only in such cases, but in simple intermittents, both quotidian and tertian; and it is seldom that it fails to prevent a paroxysm after entering the hospital, if there is sufficient time for its action. Two injections of four grains each, with an interval of two hours between them, are usually sufficient for this purpose. Quinine is then given by the mouth to prevent their return. This mode of treating different forms of malarial diseases has proved both effective and economical. Not the slightest unpleasant result has occurred in its use, except in one instance, when an abscess formed, which caused but little trouble.

Not a single case of uncomplicated malarial disease has proved fatal during the month, and it is rare that patients with intermittents have had more than the second paroxysm after entering the hospital; and while it is true that the cases, as a whole, have been less severe than during former years, it is no less true that much of this success during this as well as the past season may fairly be attributed to the hypodermic use of quinine, first introduced into use in this hospital by my colleague, Dr. G. M. Smith. Instances have occurred in which it was necessary to administer these before the patient was taken from the carriage, to enable him to be brought safely into the ward, and perhaps again on his way into the ward. Preparations are made to administer quinia in solution in sulphuric ether, as lately recommended, but no trial of this form of giving it was made before the close of the month.

Atropia and morphia are also constantly introduced in the same way in appropriate cases, and without any inconvenience during the present month.

CHRONIC DYSENTERY.

Three cases of chronic dysentery and two of acute were treated with large doses of ipecac, and with

good results. The first case was that of a man thirty-nine years of age, who had contracted the disease in the East Indies about two years previously, and who had been in the hospital over eight months. He averaged about eight or nine bloody stools in twenty-four hours. He took seven boluses of ipecac, consisting of ten grains each, taking three daily, and at the end of eight or ten days had one or two evacuations each day, fecal and without blood. The second, a man thirty years of age, first had dysentery in India about fourteen months ago, and when treated in this way, was having twelve to fifteen dysenteric stools a day. He took ten grains of ipecac three times a day, for ten days, and soon had only one or two fecal and natural passages every twenty-four hours. This man had at the same time albuminuria. There was some oedema of the lower extremities. His urine contained no albumen at the time, though some had previously been found in it; but the microscope showed hyaline casts and kidney epithelium, and oxalates. After passing stools of this character some days, he had a characteristic clay-colored stool. He then took two more boluses, which had the effect the first twenty-four hours of producing a free bilious stool, and a few days afterward he was only passing one natural stool daily. The third case of this group was a man thirty-six years of age, who contracted the disease in China eighteen months before, and who was having twelve or more bloody and mucous stools in twenty-four hours. He took four doses of ipecac of ten grains each, and in a few days was passing one or two healthy stools in twenty-four hours. All these cases had been some time under treatment, and had taken a variety of remedies without any permanent benefit.

The first of the patients with acute dysentery was a man of thirty years of age, pale and somewhat cachectic, who had been suffering with the disease about three weeks before admission, and had about five or six passages daily, either mucous or bloody, or fecal, more or less mingled with blood. He had taken calomel and opium at first, followed by opium alone, but with only temporary benefit. After several relapses he took four of the doses, containing ten grains each, of ipecac, and was completely relieved in a few days, and left the hospital at the end of sixteen days, entirely well.

The second case of acute dysentery was that of a man who had bloody stools, mingled with fecal matter, who took two of the boluses, with the effect of producing free bilious discharges, and with entire relief.

The sixth patient, who took large doses of ipecac, was a man who had been in the hospital nearly four months, who was suffering under rather copious liquid stools, nearly natural in color, three or four in twenty hours, which were suspected to be tubercular in their character. In this case the result was negative, as might perhaps have been anticipated from the nature of the case. He took three boluses in the course of one day, and two on the following day. He vomited a little the first night, but not afterward. The first effect was an increase of the quantity and frequency of the discharges, with a decided bilious tinge, amounting to ten or twelve stools in the twenty-four hours. The stools then resumed their previous character, and their

usual frequency. This mode of treatment was then discontinued, on the supposition that this was not a case in which it promised success.

It is perhaps worthy of notice, in passing, that the first of these patients on the list, the man who had contracted dysentery in India two years previously, had distinct attacks of rheumatism whenever the dysentery was alleviated, and that this alternation between these diseases had attracted his own attention, and led him to speak of it. This corresponds with the observations of some of the older writers, who considered them as analogous diseases, and both owing to a similar disordered state of the blood. This was the view entertained by Akenside, in his *Commentary on Dysentery*, who called the disease a rheumatism of the intestines, and said that rheumatism and dysentery made frequent transitions from one to the other. I cannot recall, however, any other instance of such a relation between them, nor is it mentioned by writers generally.

Ipecac given in these doses usually vomits two or three times very freely, after which it is tolerated by the stomach. The first of the patients only vomited after the first bolus; the second, the one with Bright's disease, vomited for two or three days after the last bolus was taken; the third vomited but very little, and only after first bolus. The fourth patient (the first with subacute dysentery) vomited only after the first bolus; no note of the second (acute) case was taken on this point.

A mustard poultice was generally applied over the epigastric region for about fifteen minutes each time before a bolus was given, but not always. Laudanum was not given in any case before the exhibition of the ipecac, as recommended by Surgeon Docker, of Bengal, who was the first to bring this practice into notice, more especially in acute dysentery. This gentleman gave much larger doses of ipecac, sometimes as much as a drachm and a half at a time.

No sweating was produced by this mode of treatment in either of these cases.

The action of ipecac given in this way is decidedly cholagogue, its exhibition being soon followed by an abundant discharge of bile from the bowels, generally with a considerable quantity of fecal matter, and relief of the tenesmus and of all irritation; and it is doubtless to this action on the liver, and the free flow of bile which results from it, that its beneficial effects on the disease are to be attributed.

During the month of September and October, 1861, I treated three cases of chronic dysentery and one case of chronic diarrhoea with large doses of ipecac, and with such good results that I was induced to bring them before the New York County Medical Society, in a paper which was afterward published in the fourth volume of the *American Medical Times*. Of these cases, the disease had lasted in one three months, in a second five months, in a third four months, and in a fourth some months, without stating the exact time. The first of these patients was having fifteen to twenty stools in twenty-four hours at times; the second, eleven or twelve stools during the same period; and the third, sometimes as many as twenty, and seldom less than eight or ten. The number of stools in the fourth not noted. The stools became nearly or quite natural, in the first case, at the end of eight or ten days; in the second, at the end of eight days; the

third was in full convalescence in the course of a week. In the fourth case, so great a change was caused by a single dose of ten grains of ipecac, which produced neither nausea nor vomiting, that the patient left the hospital in a few days, after having been there under treatment for some months.

Dr. McKid reports a case in the *Edinburgh Medical Journal* for July, 1861, in which a diarrhoea which had lasted ten years was almost entirely checked by the end of the first week by doses of twenty grains of ipecac (reduced in a few days to ten grains) every twelve hours; and it was this report which led to the trial of it in the preceding cases.

Three cases of albuminuria were treated during the month with the bichloride of mercury, and with satisfactory results. One of these was a boy about sixteen years of age, who had been suffering from the disease two or three years, who had never had scarlet fever, and whose disease could only be traced to exposure to alternations of temperature, and to damp and wet weather. He had granular and hyaline casts in his urine, and his body and limbs were much distended with fluid. The dropsical effusion had subsided very much, his general condition was much improved, and when the urine was examined near the end of the month, no casts were found in it. In a second case, in which granular casts were found, this remedy was also found useful. The third case was that of a stout, well-developed man, who entered the hospital about the middle of the month, who was very much swollen, and whose urine contained a great abundance of albumen, and microscopical signs of an acute attack, and whose attack was directly produced by exposure to cold and wet. He was decidedly improving under the use of this remedy when he was discharged by request. The hot vapor bath had also been used in his case, but without marked effect. The dose of bichloride used in all the cases was one thirty-second part of a grain, in the compound tincture of gentian.

One case of cholera, of a rather mild form, in a boy about 14 years of age, which had existed about two years, was treated with the bromide of potassium, in doses first of ten, and afterward of fifteen, increased to twenty grains, three times a day, but with little if any perceptible effect on the disease.

Rheumatism in its different varieties and forms was fully represented in the wards during the month, and there were a few cases of typhoid fever; and, as usual, some cases of delirium tremens—but we do not propose to extend our paper by remarks on these. The whole number of patients under treatment during the month was 219, and the total number of deaths, 8, or a little less than 4 per cent.

New York, November, 1867.

Dislocation of the Knee.

Recovery of the use of the Joint.

BY JAMES CARMICHAEL, M.D.

The comparative rarity of dislocation of the knee seems to justify the record of the following case. Practically it is of interest, on account of the recovery of perfect use of the joint.

On the 15th of last July, James W—, in the employment of the North British Railway Company, while endeavouring, by means of an iron crowbar, to put the brake upon one of two trucks, which were being prepared to run down an incline into the goods steamer, unfortunately allowed the bar to get between his legs, whereby he was at once thrown down when the trucks got in motion. He was lifted aside, and I saw him shortly after. He lay flat on his back, with both limbs fully extended. He complained of great pain in the right leg and knee, down to the toes. On examining the limb, I found that in front the knee had lost its natural shape, there being a depression below the patella, while behind the head of the tibia could be felt pressing backwards in the popliteal space. There was no rotation of the leg whatever. Everything was quite rigid about the joint, and no crepitus could be felt. In order to effect reduction, while the thigh and pelvis were kept firm by an assistant, I grasped the leg, and made steady traction. After pulling for a little without reduction being effected, I was induced to flex the knee slightly, and, in doing so, I was speedily gratified by seeing the head of the tibia glide slowly forwards over the condyles of the femur, into position, showing thus very clearly the extent and nature of the injury. The patient was afterwards placed in bed, and the limb maintained at perfect rest. Considerable ecchymosis occurred, as evidenced by great swelling and discoloration of the skin on the posterior part of the joint. The joint itself at first remained free from any effusion; but subsequently, when the swelling resulting from the bruise began to subside, a good deal of passive effusion occurred. By a continuance of rest, aided by friction and a bandage, this soon became quite absorbed, and, by the 20th of August, about five weeks after the receipt of the injury, the patient could progress with the aid of a crutch. Now he walks, although slightly lame, with perfect freedom, and without any mechanical assistance.

Placenta Prævia.

In the last number of THE LANCET, Mr. Richardson communicates a case in which Simpson's method was successful. He describes the method pursued as follows: "I plugged the vagina, applied a T bandage, and gave a drachm of tincture of opium Next day the flooding was renewed as soon as the plug was removed; os uteri dilated to the size of a florin. I introduced my hand into the vagina, and with index finger passed through the os uteri, I fully detached the placenta all round from the uterine surface. The bleeding ceased, and the os uteri gradually dilated."

Upon this I beg permission to observe that the "method" pursued was not that of the illustrious Professor of Edinburgh, but mine. The practice inculcated by Sir J. Simpson was (see "Obstetric Works," vol. i., p. 683) "the complete separation and, if necessary, extraction of the placenta before the child."

Now, I presume Mr. Richardson does not wish it to be understood that he "completely separated" the placenta by the index finger passed through the os uteri. In my Lettsonian Lectures on Placenta Prævia (see THE LANCET, 1857), I have shown, first, the fallacies upon which the practice of com-

pletely detaching the placenta was based; secondly, the error of supposing that the placenta can be completely detached by one or two fingers passed through the os uteri. Let Mr. Richardson measure the length of his index finger; then let him measure the diameter, or even half the diameter, of a placenta. In placenta prævia it is very common for the placenta to descend to the edge of, and a little across, the os uteri, whilst the main bulk rises, perhaps, nearly to the fundus. His index finger would have to reach five, six, seven, eight, or more inches. It is therefore physically impossible to completely detach the placenta without passing the hand into the uterus.

But it is very possible to practice what I recommend,—namely, the detachment of the placenta from the cervical zone of the uterus, by one or two fingers passed through the os. This is what Mr. Richardson did; and his success is another testimony to the truth of my theory of the physiology of placenta prævia, and to the value of the practice based upon that theory, to be added to the many proofs which have been accumulating from the practice of professional brethren in every part of the globe.

I am, Sir, your obedient servant,

ROBERT BARNES, M.D.

Finsbury-square, June 16th, 1858.—*Lancet*.

A CASE OF CÆSAREAN OPERATION, SUCCESSFUL TO MOTHER AND CHILD.—John Taylor, M.D., M.R.C.P., London (*Lancet*), gives the following history of the operation, which was performed by Mr. Baker Brown, assisted by himself and other medical men.

Mrs. H—, wife of a porter to a confectioner, aged 23, at the full period of her first pregnancy. On examination per vaginam, the promontory of the sacrum was found arching forward to within one inch and a quarter of the pubes. The os uteri was found hanging over the contracted pelvis-brim like a nipple. The abdomen, viewed externally, showed that the uterus occupied an oblique position, and the child's head could be felt hanging over the left groin, in the intervals of pain. She was removed to the "London Surgical Home," and with the patient's concurrence, the Cæsaean operation was performed. A healthy female child, weighing seven and a half pounds, was quickly removed. The uterus and abdomen were closed by silver sutures.

The whole operation was done in five minutes. A low form of general peritonitis followed, and until the fourth day vomiting occurred incessantly, when a severe attack of sickness caused one of the abdominal sutures to give away, which allowed a knuckle of intestine to protrude. The inflammatory symptoms ceased forthwith, and the patient is now convalescent.

The child is fed on milk and water, and seems none the worse for the novel manner of birth.

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	\$ c.	\$ c.		\$ s.	\$ c.		\$ c.	\$ c.
Acid, Acetic, fort.	0 12	@ 0 15	" Euphorb. pulv.	0 32	0 40	Ointment, blue	0 65	0 70
" Benzoic, pure	0 30	0 35	" Gr. nboze	2 50	2 75	Opium, Turkey	6 70	7 00
" Citric	0 80	0 85	" Guaiacum	0 32	0 50	" " pulv.	8 50	9 00
" Muriatric	0 04	0 07	" Myrrh.	0 48	0 60	Pill, Blue, Mass.	0 70	0 75
" Nitric	0 11 1/2	0 15	" Sang Dracon	0 60	0 70	Potash, Bi-chrom.	0 15	0 20
" Oxalic do.	0 28	0 35	" Scammony, pow'd.	5 60	—	" Bi-art.	0 25	0 28
" Sulphuric	0 63 1/2	0 07	" " Virg.	14 50	—	" Carbonate	0 16	0 20
" Tartaric, pulv.	0 40	0 45	" Storax	0 40	0 70	" Chlorate	0 40	0 45
Ammon., carb. casks.	0 16	0 18	" Tragacanth, flake	0 70	1 00	" Nitrate	7 50	9 00
" " jars	0 18	0 20	" " com.	6 20	0 25	Potassium, Bromide	2 00	2 40
" Liguor, 850.	0 20	0 25	Galls	0 32	0 37	" Cyanide	0 70	0 75
" Muriate	0 12 1/2	0 15	Gelatine, Cox's, Gd.	1 10	1 20.	" Iodide	3 50	4 50
" Nitrate	0 50	0 60	Glycerine, com.	0 35	0 40	" Sulphuret.	0 25	0 35
Ether, Acetic	0 40	0 45	" Vienna	0 40	0 45	Pepsin, Boudault's oz.	1 65	1 80
" Nitrous	0 22	0 25	" Price's	0 65	0 75	" Houghton's, doz.	8 00	9 00
" Sulphuric	0 00	0 55	Iron, Carb. Precip.	0 20	0 25	" Morson's oz.	0 75	1 10
Antim. Crud., pulv	0 10	0 12	" Sacchar.	0 40	0 45	Phosphorus	0 75	0 85
" Tart.	0 55	0 69	" Citrate Ammon.	0 90	1 00	Podophyllin	0 60	0 75
Alcohol, 95%	1 77 1/2	2 00	" " & Quinine oz.	0 42	0 48	Quinine, Pelletier's.	1 33	1 45
Alum.	0 02 1/2	0 03	" " & Strychn'e "	0 17	0 25	" Howard's.	1 50	1 70
Balsam, Canada	0 35	0 45	" Sulphate, pure	0 08	0 10	" " 100 oz. case.	1 40	—
" Copaiba	0 65	0 75	Iodine, good.	4 50	5 00	" " 25 " tin.	1 33	—
" Peru	2 90	3 00	" Resublimed	5 50	6 60	Root, Colombia	0 20	0 25
" Tolu	1 30	1 50	Jalapin	1 50	2 00	" Currenna, grd.	0 12 1/2	0 17
Bark, Bayberry, pulv.	0 20	0 25	Kreosote	1 60	2 50	" Dandelion	0 25	0 35
" Canellr.	0 17	0 20	Leaves, Buchu	0 30	0 50	" Elecampane	0 14	0 17
" Peruvian, yel. pulv.	0 40	0 45	" Foxglove	0 25	0 30	" Gentian	0 08	0 12 1/2
" " red	1 80	1 90	" Henbane	0 35	0 40	" " pulv.	0 17	0 25
" " flour, pkt's.	0 30	0 35	" Senna, Alex.	0 30	0 60	" Hellebore, pulv.	0 10	0 25
" " Sassafras	0 18	0 22	" " E. I.	0 12 1/2	0 20	" Ipecac	3 00	3 25
Berries, Cubeb, ground.	0 30	0 40	" " Tinnevilley	0 20	0 30	" Jalap, Vera Cruz	1 65	2 —
" Juniper	0 06	0 10	" Uva Ursi	0 15	0 20	" Tampico	0 80	1 —
Bismuth, Alb.	5 75	6 00	Lique, Carbolate	brl. 5 50	—	" Liguorice, select.	0 14	0 17
" Carb.	5 75	6 00	" Chloride	0 04 1/2	0 06 1/2	" " pow'd	0 15	0 20
Camphor, Crude	0 46	0 50	" Sulphate	0 08	0 12 1/2	" Mandrake,	0 20	0 25
" Refined	0 65	0 70	Lint, Taylor's best	1 12 1/2	1 25	" Orris	0 20	0 25
Cantharides	0 90	1 00	Lead, Acetate	0 14	0 17	" Rhubarb, Turkey	7 00	7 50
" Powdered	1 08	1 25	Leptandrin	oz. 0 65	—	" " E. I., China	2 00	2 25
Charcoal, Animal	0 04	0 06	Liq. Bismuthi	0 50	0 75	" " pulv.	1 40	2 50
" Wood, pow'd.	0 15	0 20	" " Opii, Battley's	6 40	7 75	" " " 2nd.	1 50	1 60
Chiretta	0 90	1 00	Magnesia, Carb.	1 oz. 0 22	0 25	" " French	0 75	—
Chloroform	1 40	1 56	" " " 4 "	0 17	0 20	" Sarsap, Hond.	0 42	0 50
Cochineal, S. G.	0 90	1 00	" Calcined	0 65	0 75	" " Jamaica	0 75	0 80
" Black	1 30	1 75	" Citrate	gran: 0 40	0 50	" Squills	0 10	0 15 1/2
Colocynth, pulv.	0 50	0 80	Mercury	0 65	0 75	" Senega	0 40	0 50
Colodion	0 55	0 60	" Bichlor	0 70	0 80	" Spigelia	0 35	0 40
Elaeterium	oz. 4 50	5 90	" Biniodid	oz. 0 30	0 35	Sal, Epsom	3 00	4 00
Ergot	0 65	0 75	" Chloride	0 90	1 00	" Rochelle	0 30	0 35
Extract, Belladonna	2 00	2 20	" C. Chalk	0 45	0 60	" Soda	0 02	0 03
" Colocynth, Co.	1 25	1 75	" Nit. Oxyd.	0 90	1 00	Seed, Anise	0 16	0 30
" Gentian	0 50	0 60	Morphia, Acet.	3 65	3 90	" Cardamon	2 00	2 50
" Hemlock, Ang.	1 12	1 25	" Mur	3 65	3 90	" Fenugreek, gr'd	0 10	0 15
" Henbane,	2 40	2 60	" Sulph	3 65	3 90	" Hemp	0 06	0 07
" Jalap	5 00	5 50	Oil, Almonds, sweet	0 65	0 75	" Mustard, white	0 14	0 16
" Mandrake	1 75	2 00	" " bitter	14 00	15 00	Saffron, Amer.	0 90	1 00
" Nux Vomica, oz.	0 60	0 70	" Anniseed	4 40	5 00	" Spanish	14 00	16 00
" Opium	0 90	—	" Bergamot, super	7 50	8 00	Santonine	10 50	12 50
" Rhubarb	7 50	—	" Carraway	3 75	4 00	Sago	0 07	0 09
" Sarsap. Hon. Co.	1 00	1 20	" Cassia	3 00	3 20	Silver, Nitrate, cash	14 90	16 50
" " Jan. Co.	3 25	3 70	" Castor, E. I.	0 18	0 20	Soap, Castile, mottled	0 12	0 14
" Taraxicum, Ang.	0 70	0 80	" Crystal	0 22	0 25	Soda Ash	0 02 1/2	0 04
Flowers, Arnica	0 26	0 35	" Italian	0 26	0 28	" Bicarb. Newcastle	4 00	5 00
" Chamomile	0 40	0 45	" Citronella	1 67	2 00	" " Howard's	0 16	0 18
Gum, Aloes, Barb. extra.	1 00	1 10	" Col Liver	1 25	1 50	" Caustic	0 04 1/2	0 05
" " good.	0 50	0 55	" Croton	2 80	3 00	Spirits Ammon., arom	0 25	0 35
" " Cape	0 12 1/2	0 16	" Juniper Wood	6 00	7 00	Strychnine, Crystals	2 75	3 00
" " pow'd.	0 25	0 30	" Berries	6 00	7 00	Sulphur, Precip.	0 10	0 12 1/2
" " Socot	0 85	0 90	" Lavand, Ang.	20 00	22 00	" Sublimed	0 03 1/2	0 05
" " pulv.	0 95	1 10	" Exot.	1 40	1 60	" Roll	0 03	0 04 1/2
" Arabic, white	0 45	0 65	" Lemon, super.	3 20	3 60	Tamarinds	0 15	0 20
" " pow'd	0 60	0 75	" " ord.	2 70	2 80	Veratria	oz. 0 25	0 30
" " sorts.	0 30	0 35	" Orange	3 00	3 20	Vinegar, Wine, pure	0 55	0 60
" " pow'd.	0 50	0 60	" Origanum	0 65	0 75	Verdigris	0 35	0 40
" " com. Gedda	0 13	0 16	" Peppermint, Ang.	16 00	17 00	" Pow'd	0 45	0 50
" Assafetida	0 25	0 40	" " Auer	4 80	5 50	Wax, White, pure	0 80	0 85
" Benzoin	0 45	0 55	" Sassafras	1 00	1 10	Zinc, Chloride	oz. 0 25	0 30
" Catechu	0 15	0 20	" Wintergreen	6 00	6 50	" Sulphate, pure	0 10	0 25
" " pow'd	0 25	0 30	" Wormwood, pure	5 80	6 50	" " com.	0 06	0 10

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