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A Monthly Journal of Medical and Surgical Science,
Criticism and News.

Vol. VIII }
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TORONTO, JANUARY 1, 1876.

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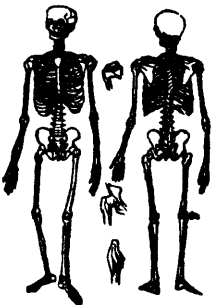
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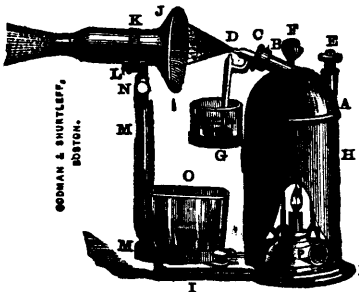


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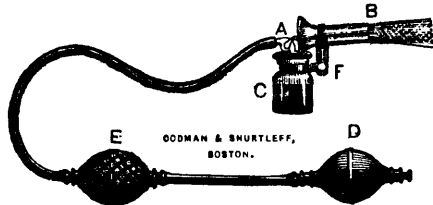


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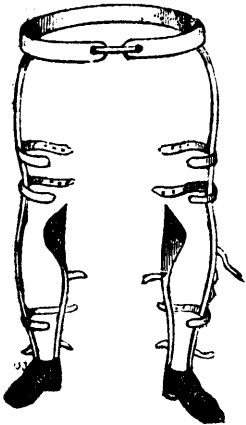
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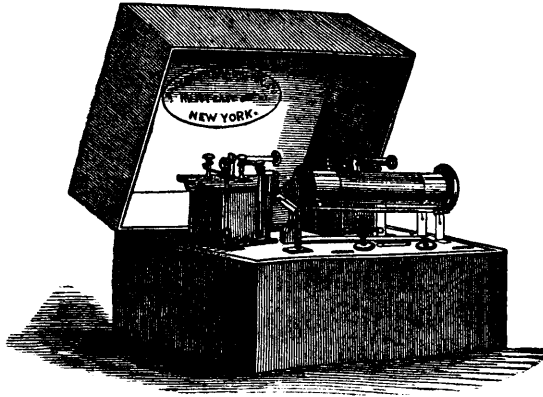
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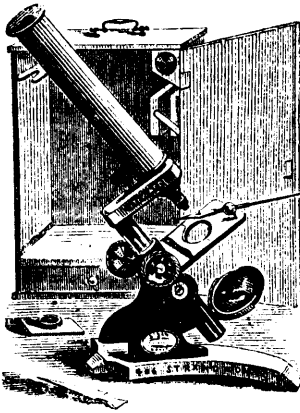
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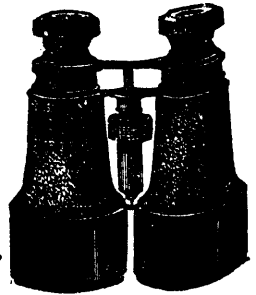


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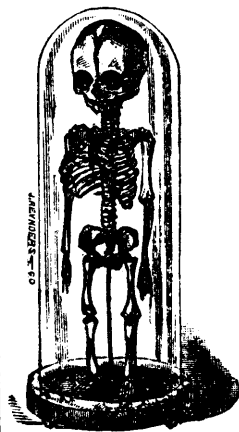
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Original Communications.

ON SOME PRACTICAL POINTS IN THE MANAGEMENT OF DISEASE OF THE EYE COMMONLY MET WITH BY THE GENERAL PRACTITIONER.*

BY A. M. ROSEBURGH, M.D., SURGEON TO THE TORONTO EYE AND EAR INFIRMARY.

(Continued from page 96.)

II. "Granular Lids."—With the exception of herpes or phlyctenular diseases of the cornea, there is no affection of the eye more prevalent in Ontario than that of so called "granular lids." Out of a total of 1,957 eye cases tabulated at the Toronto Eye and Ear Infirmary, 193 or about 10 per cent. were recorded as cases of trachoma or "granular lids." In my private practice the percentage is a little less than 10 per cent.

Pathologically, the disease is a hypertrophied condition of the papillæ and sub-conjunctival tissue of the palpebral conjunctiva and is the sequel of, and probably caused only by catarrhal conjunctivitis. Cases of "sago-grain," or follicular granulations, said to be the most common cause of granular ophthalmia among the military and in the crowded poor-houses of the Old World, have not come under my observation in this country. To avoid circumlocution I will continue the use of the term "granular lids,"—it is at least suggestive of the appearance, if not of the pathological condition of the palpebral conjunctiva. In order to treat these cases successfully, I find it of the utmost importance to secure, at the outset, perfect control over the patient. I never take charge of a case unless it is distinctly understood that the patient must not only be regular in his daily or semi-daily attendance, but that he must continue the attendance four, eight, or twelve weeks according to the probable length of time that the treatment will require punctually to be carried out. In cases where

the surgeon fails to secure this control over the patient, the treatment usually ends in disappointment to both.

The principle involved in the local treatment is that of *stimulation*. Absorption is most active when the palpebral conjunctiva is kept in a constant state of hyperæmia. We stimulate without cauterizing, and take care not to irritate the sensitive ocular conjunctiva. Moist heat, applied externally to the eye-lids is a very good method of indirectly stimulating the palpebral conjunctiva. I have never been able to carry out the experiment, but I doubt not that some of these cases might be cured by the stimulus of hot water alone. In one case that I had under treatment, in which there was also a penetrating ulcer of the cornea, I used the hot water treatment exclusively for two weeks, at the end of which time, the ulcer was nearly healed, and the condition of the palpebral conjunctiva very much improved. We endeavor to keep up a pretty uniform condition of hyperæmia of the palpebral, without irritating or stimulating the ocular conjunctiva.

In my private practice I have two appointments daily, namely, at 9 a.m., and 4 p.m., when I receive this or any other class of regular patients that require to be seen semi daily. Morning and evening the lid is well everted, and a stimulating (not a cauterizing) application made to the palpebral conjunctiva. The exposed palpebral conjunctiva is immediately bathed with warm water, using either a soft brush or a small syringe. This bathing removes any excess of the stimulating application, and thus saves the cornea and ocular conjunctiva from irritation. Between the applications, the eye-lids are bathed once or twice with warm, almost hot, water. In recent cases, immediately following the catarrhal inflammation, and in the absence of the contra-indication to be referred to presently, the treatment is commenced with a 10-grain solution of nitrate of silver, and the strength is gradually increased to 20 grains. In chronic cases, where the lid is thick, and the "granulations" prominent, and where the patient is in robust health, with no phlyctenular or ulcerative inflammation of the cornea, I use either a solution of nitrate of silver, 30 grains to the ounce, the solid sulphate of copper, or the mitigated stick of nitrate of silver and nitrate of potash. In cases, however, either recent or chronic, where there is present, or where there

*Read before the Canadian Medical Association at Halifax.

is a tendency to phlyctenular or ulcerative inflammation of the cornea, the nitrate of silver or sulphate of copper treatment is inadmissible. Again and again have I seen cases put back for weeks by an attack of phlyctenular keratitis, evidently caused by the use of the "blue stone" or nitrate of silver. In these cases I use instead the plasma of the red oxide of mercury of the strength of gr. j—3j, and apply it morning and evening, without, however, brushing or syringing with water, the everted lid being returned with the oxide adhering to the palpebral conjunctiva. The eye-lids are bathed occasionally during the interval with very warm water. The application of the red oxide is not so stimulating as the sulphate of copper or nitrate of silver, and consequently the treatment extends over a longer period; but in my experience, there is no local application that is so well adapted to the corneal complications, and none that will more certainly prevent their recurrence. Of course the general condition of the patient must not be neglected. A generous diet should be allowed, and, when necessary, tonics prescribed. The local treatment is continued until the palpebral conjunctiva is restored to its wonted smooth healthy appearance, and the fibrous structure of the subconjunctival tissue distinctly seen beneath.

I have endeavoured to give in outline the general plan of treatment I have pursued with very satisfactory results for the last 15 years. The most chronic cases usually recover in from 8 to 12 weeks; and in recent cases the treatment does not usually last more than three or four weeks. Any phlyctenular disease of the cornea present at the commencement, invariably disappears during the treatment, and relapses seldom or never occur.

Whether the same satisfactory results with the same treatment could be attained anywhere except in the salubrious climate of the Province of Ontario, I am not prepared to state.

Unfortunately, it is very difficult to procure a reliable sample of this plasma of the red oxide of mercury, and a carelessly prepared sample is worse than useless. The apothecary objects to the trouble and length of time involved in its preparation, unless it is ordered in large quantities. For many years the only reliable preparation that I could use was that of the late firm of Moore & Brierly, Hamilton; but of late Mr. H. J. Rose, of Toronto, has been supplying the preparation used

both at the Eye Infirmary and in my private practice. Mr. Rose's formula is as follows:—

"To make simple plasma or *Glycerinum Amyli B.P.*, take 1 oz. starch and 8 fluid oz. pure glycerine, (I find corn starch to make the best product though it seems to require a greater degree of heat), rub the starch with an ounce of distilled water till quite blended, then add the glycerine and apply heat, gradually increased, till a thick jelly is produced. The preparation must be constantly and thoroughly stirred while making, and if an appearance of granular lumps is shown, squeeze the product before it is cold through cheese-cloth, or doubled muslin, previously well washed to remove any loose fibres.

"To make the mercurial plasma, it is necessary to have a perfectly smooth and even-surfaced mortar and pestle, in order to obtain the oxide in an impalpable powder. While triturating, keep it moist by the addition of rectified spirit from time to time. Care is also required to keep the powder, which may adhere to the pestle, scraped off very frequently. When thoroughly triturated the simple plasma is added in the desired proportion, and mixed thoroughly.

The efficiency of the trituration may be best tested, by rubbing a few grains of the plasma on a piece of fine white paper, on holding this up to the light, there should be no appearance whatever of any specks."

(To be continued.)

QUININE IN PNEUMONIA.

BY E. GRIFFIN, M.D., BRANTFORD, ONT.*

It is not proposed in this paper to speak of the history of the use of quinine in pneumonia at any length, nor to discuss any of the theories which have been offered to explain its beneficial action, but merely to give here a brief record of a number of cases treated by the writer, chiefly with quinine, in the spring of the present year, 1875.

Pneumonia, with malarial complications, has been extensively treated by quinine from an early period, and with satisfactory results, and the use of this medicine in tedious cases, attended with much debility, has long been common with many physicians.

*Read before the Brant County Medical Association.

Dr. Corrigan, and subsequently Dr. Gordon, of Dublin, about eighteen or twenty years ago, strongly urged the use of quinine in asthenic pneumonia, believing that it exerted great power in contracting the venous capillaries and so relieving the great congestion of the lung tissues, its action in this respect resembling the action of the same remedy on the spleen in intermittent fevers. They also maintained that like ammonia, quinine exerted a defibrinating power on the blood.

Many other physicians, and notably, Todd, of London, subsequently endorsed the views of Corrigan and Gordon, and eventually quinine has come to be very generally regarded in the profession as an important aid in the treatment of such cases.

Within the last few years it has been claimed that this remedy has a higher value in pneumonia, and that it exerts a notable power in the disease in all its stages and types, and quite recently extensive trials have been made of it, excluding almost all other remedies, in hospital practice, particularly in Bellevue and the Pennsylvania Hospitals, the results being regarded as in the highest degree satisfactory.

For many years the writer has been accustomed to resort to the aid of quinine in treating many of his cases of pneumonia, in connection more or less with other remedies, such as Ammonia, Antimonials, Expectorants, Veratrum Viride, Aconite, Gelseminum, Opium, Alcohol, &c., &c., and the impression has never been strong on his mind that any of these remedies, with the exception of alcohol, opium—usually in the form of small doses of Dover's powder, and the quinine, exerted any beneficial influence.

In the beginning of February, of the present year, it was resolved to give the quinine treatment a more extended trial, using it only as the regular medicine, using small doses of opium and external applications to prevent excessive pain, and resorting to alcohol in cases of depression.

With a view more clearly to estimate the value of quinine, no treatment was used in the first stage except perhaps a little opium, and those cases which did not pass to the second stage had no other treatment. On it becoming evident that hepatization of some portion of the lung had taken place, each case was placed on quinine in average daily doses of twenty four to thirty-two grains.

The number of cases treated in the four months of February, March, April, and May, was thirty,

exclusive of three or four doubtful or complicated cases; of these thirty cases eight did not pass beyond the first stage, having shewn only moderate dullness, with fine crepitation and the usual rational symptoms. There remain twenty-two cases in which decided hepatization took place, occurring mostly in from two to five days after the advent of the attack. A table of these twenty-two cases showing some of the more important features accompanies this paper; they may all be regarded as well marked cases of pure pneumonia, which advanced to the stage of hepatization, the leading signs, besides the constitutional symptoms, being great dullness, and pure bronchial breathing over some portion of one or both lungs. Whether, had quinine been used at the outset, some of these cases might not have been cut short at the first stage, or whether the severity and duration of the subsequent stages might not have been lessened, is an important question.

In view of the fact that a large proportion of cases of pneumonia, with all varieties of treatment or even with no treatment at all, do not pass beyond the first stage, it must obviously always be difficult if not impossible to form any conclusion as to the value of any medicine in the treatment of that stage, except on theoretical grounds. The largest hospital experience can hardly have much value in determining this point, because patients rarely enter a hospital in the first stage of the milder attacks of pneumonia.

If quinine is a remedy exercising a decided power in controlling well developed pneumonia in its more advanced stages; the presumption would seem to be strong that if given in the beginning of the disease, it would act beneficially in promoting its advance, or in lessening its severity and duration. The average duration of the disease in these cases was thirteen days, but had the whole thirty cases been included in the table, it would have been less than nine days. There were two fatal cases, which in thirty cases would be six and two-thirds per cent., the range in number of cases is not wide enough however to admit of any important inference being drawn from the percentage of fatal results.

Alcohol in the shape of whiskey or brandy was used in nine cases, in quantities varying from four to twenty-four ounces for the adult. The use of this powerful agent in a majority of the worst cases

certainly lessons the value of any conclusions as to the efficacy of the treatment by quinine; but there still remains abundant evidence in the history of these cases, especially to one who could watch their progress, to show its great value, and the conviction is strong that the practitioner who thoroughly tries the plan of trusting largely to the aid of this medicine, will come to have a feeling of satisfaction and security in managing pneumonia which he has not realized in trusting to other means.

It is believed that it is just in those critical cases where other remedies fail to satisfy him of their value, that he will realize the exceeding value of quinine.

DIPHTHERITIC INFLAMMATION OF THE THROAT.

BY EDWARD E. KITCHEN, M.B., ST. GEORGE, ONT.*

I wish to bring before the notice of the members of this Association a disease which has been very prevalent for the past few months in my practice, as well as in several other places in Ontario. What I may say, will be based altogether on personal experience, having avoided as much as possible the opinions held by writers and practitioners in the matter. Ever since I have been in practice I have occasionally come across a case, but no great number until last March, since which time, I have not passed a day without one or more, so that up to the present I have treated (*mitior* and *gravior*) over 200 cases, 175 of which have taken place since 1st of August. Of this number, 7 have died of the disease *pure et simple*, while 3 have died by other diseases supervening on their convalescence. Of these 200, only 6 were under 1 year of age, 18 above 12, while the vast majority has occurred between the ages of 1 and 12. Of those below 1 year all recovered; of those above 12, one died by pneumonia, supervening during convalescence by contracting cold after being able to walk about the house.

As regards the etiology of the disease, these cases have occurred on high gravelly hills remote from swamps with good spring water, as well as on low clay ground without living water. Some have been affected while living in houses surrounded or nearly so by woods, having had no intercourse with those that were sick or even with those who were well. Sometimes I would meet with a family of

large size in which only one would be stricken down, while others equally large, would all become sick. Some children, whose parents were ever watchful of them, keeping them aloof from all others, and allowing them plenty of recreation and food, have fallen a prey, while others, regardless of consequences, have been about those who were affected at all times, and have come out unscathed. I have seen children sick and dying, while others but little older than themselves have been by their sides day after day, breathing their very breath, rocking them to sleep, and watching by them while in slumber, while overwrought mothers catch a little rest before they awake, and still have never taken it. How, then, can we speak of it as being contagious, except on the principle that no one will take any disease while in a state of perfect health? Or is it the more rational idea that combined with this condition of body and mind must be a certain condition of the atmosphere? My own impression is, that a peculiar atmospherical condition is necessary to engender this peculiar trouble, in certain conditions of the body. As regards symptoms, if the patient is quite young, the first thing that is noticed is the refusal of food, and when the throat is examined, a membrane is already formed, or in rapid process of formation, or an ash-colored exudation is found on one or both tonsils. In others, and the majority of those I met with, the disease was ushered in with nausea and vomiting and a certain amount of stiffness of the neck, followed by soreness of the throat. In about 20 per cent. of the cases, only an ash-colored exudation was discovered on the tonsils, which disappeared in the course of two or three days, ending in recovery. In the other cases a membrane was formed, in some instances of moderate proportions, while in others the amount formed was perfectly formidable. Oftentimes when the patient became nauseated, a large membrane would be cast off, from two to three inches in length, and in one case fully five inches long. This would occasion a change from a restless choking condition, to one of easy, quiet slumber, but only lasted for a short time, as the membrane soon returned, sometimes with increased size, and, no doubt, with diminished strength of the child. In some cases when the membrane became partly loosened or altogether expelled, violent hemorrhage was the result, sometimes to such an extent that had it not been arrested, death must

* Read before the Brant County Medical Association.

have resulted very soon. About 15 per cent. of the above cases were thus complicated, and in only two of the fatal cases was there this discharge, the others recovering. In many of them, to such an extent was the throat closed, any attempt at swallowing drinks, was followed by strangulation with an ejection of the fluid through the nostrils. Still, in some of the worst cases, the patients were able to swallow quite well through their sickness, and even up to the fatal termination. Another peculiar feature is the changeableness of the disease. At one visit, the mother would tell you that the child was very much better, even able to play, while the very next brings news the reverse; at one visit the child is bright and laughing, in a few hours, struggling and gasping; at one time a passably good pulse, at another, feeble and flickering; now able to hear and obey, but soon noticing neither mother nor physician. While one case quiets into comparative tranquility long before death ensues, another will apparently suffer greatly until the last; while one will, through part or the whole of its course, show the same temperature, another will change quickly, now too low, then again too high. At one time in violent perspiration, skin cool; at another, the skin will be dry and hot. But the great point in prognosis is the condition of the throat. Upon that symptom, I have nearly altogether based my opinion as regards improvement or the reverse, noticing carefully when the membrane becomes loosened at its edges and expelled whether it has a tendency to return. Sometimes an exudation will appear in its place very much like that seen in the very mild cases, and need cause no alarm. I examined a number of specimens of the membrane under the microscope, but found nothing but interlacing fibres—no peculiar cells, in fact, nothing to distinguish it from the product of some other morbid conditions. I also gave a piece of membrane to my friend, Dr. Bown; he, likewise, was unable to find anything peculiar. Sometimes the soft palate, tonsils, and surrounding parts are covered with one continuous membrane, at other times it appears in two or more separate pieces. In some cases the membrane reached forward to the front teeth, covering the whole of the mouth. In others, the soft palate alone was covered; sometimes only the right tonsil, at other times only the left. At times I found the membrane hard and compact; at other times soft and

spongy. Sometimes it came away in pieces as thick as they were long; at other times in ribbon-shaped parts. At all times the seriousness of the case followed closely upon the deposition of membrane. When the deposition was small, the constitutional disturbance was slight, when the deposition was large, there was a corresponding increase in constitutional symptoms.

In only about 40 per cent. of the above cases was there swelling of the outside of the throat, and some of the mildest ones had as much and even more tumefaction than a few of the graver ones. Sometimes only the sub-maxillary gland or glands were involved, and in other cases the whole of the cervical were increased in size. Not the least interesting part of the disease, is the condition of not a few cases after convalescence is well established. About 20 of my cases were affected with disordered vision, deafness, and defective articulation; 6 with deranged sight; 2 with deafness; and 6 with defective speech, while 4 of the same number had defective sight and speech combined. These conditions generally showed themselves at about the end of the first week after arising from bed, although not a few of them showed themselves immediately after convalescence was established. One case was not noticed until he had commenced school, when to his horror on attempting to read, he was unable to distinguish a word. A few cases were able to read one-fourth inch letters at ten feet, whereas they could not distinguish a letter at six inches; others could not see any letter of any size either near or remote. One patient was able to distinguish me at a distance of a quarter of a mile, and when I came into the room could not select me from her father. The two suffering from impaired hearing could not hear the voice in ordinary conversation, but were able to distinguish the tick of a watch when applied to the mastoid portion of the temporal bone. In those whose speech was amiss I had great difficulty to get them to attempt talking, apparently ashamed of their efforts at repeating a word. But all are recovering these senses or have altogether recovered. In those who have entirely recovered, the period of recovery has ranged from two weeks to three months.

Treatment.—In the mild cases all the treatment I have resorted to, is to unload the bowels and give a saturated solution of chlorate of potassium as a

gargle, and tonic doses of quinia. But if the cases go on to the formation of false membrane, I invariably place the patient under tinct. ferri mur. and quinia sulph. Apply tinct. ferri mur. to the membrane, with the sponge probang, and continue the potas. chlor. gargle. I keep up the inhalation of steam from one quarter to half an hour, and in very grave cases for hours without intermission. I have discontinued the use of the ordinary inhaler, and form an extemporé one for each patient. I take a double sheet of foolscap paper, and having made it into the form of a cone, fasten the apex around the spout of an ordinary teakettle, and when steam is being well generated have the patient's mouth brought to the edge of it, bringing it closer and closer until the base of the cone surrounds the mouth and face. The patient while getting a sufficiency of steam, likewise gets plenty of air. I have seen little ones breathing laboriously, quiet down in fifteen minutes after commencing inhalation. In those cases that do not vomit freely, I give syr. ipecac. with the hope that if the membrane is not dislodged, the throat, stomach, etc. may be emptied of the putrid discharge, continually taking place from the diseased part. Formerly, in the commencement of the epidemic, I used sulphate of iron, but found by using the sulphate in one case and the tinct. in another, that the membrane was loosened and separated more quickly with the latter drug. A number of times when the little one appeared sinking rapidly, I have removed the membrane with the dressing forceps, oft-times to the immediate relief of the sufferer, and if hemorrhage resulted in any large quantity, was soon able to stop it by the application of iron. From the commencement to the close I supported the strength as much as possible by beef tea, broths, and whiskey toddy. It is wonderful what large quantities of stimulant these cases will bear and how well many take it, even up to the moment of dying. The external local application in mild cases, is simply the application of some household rubefacient, while in the grave cases I resort to sinapisms to the throat reaching from ear to ear, followed by hot fomentations of hops, or hops and bread. In all serious cases I keep up the warm baths from twelve to fifteen minutes, repeated several times during the day, while pediluvia and draughts to the feet and hands are used. To sum up: iron. and quinia, with plenty of whiskey, beef

tea, broths, with local applications of iron and gargles of potas. chlor., inhalation of steam, hot baths, hot poultices to the neck, and hot pediluvia. Some may think this is doing too much, but I have oft-times omitted one or more of them, and invariably found my patient not so well. Were I called upon to select a more simple treatment, I would say hot baths, inhalation of steam, and plenty of whiskey. Still with the best treatment that we can command many will die. I will now close this paper by giving a short history of my ten fatal cases, as from the deaths we frequently learn more than from the recoveries.

Case 1.—Child 2 years old; mild case; convalescence commenced on the third day. On the fifth day the mother sat for half an hour in an open door with the child in her arms in the full breeze. It took cold and died in thirty hours from congestion of the lungs.

2.—Child 18 months old; severe case; better by the fifth day; relapse, laryngeal complication; very severe croupous symptoms; died on the tenth day.

3.—Girl 6 years old; had enlarged tonsils from infancy; when attacked with ordinary cold, had great difficulty in breathing; at the end of the second day, the breathing became so difficult, although the membrane did not appear extensive, that I concluded to perform tracheotomy; child died in twelve hours after the operation.

4.—Boy 4 years old; for two years he has had enlarged tonsils; a case very peculiar in all respects to case 3; had such poor success with tracheotomy in the last, that I did not attempt it again; died at the end of the third day.

5.—Boy 5 years old; when first seen the throat was fairly filled with false membrane, extending to larynx; no change for the better; died in five days.

6.—Girl 6 years old; in six hours from the commencement of the attack, the throat and roof of the mouth were completely covered by the membrane; large pieces were removed but quickly returned; went from bad to worse, and died at the end of the fourth day.

7.—Girl 9 years old; sister to last case; enormous quantities of false membrane were formed and dislodged as was the case in the whole of the members of this family; commenced improving on the 7th day, and was discharged cured at the

end of two weeks. Eleven days after my last visit I was sent for, as she had attempted to walk the whole length of a long house to dinner, and had fallen with syncope. I was not able to get there until in the night, when I found the poor girl gasping her last; examined the throat, but there was no return of the disease; no pulse at the wrist, and the heart sounds were inaudible. I concluded that the exhaustion had paralyzed the heart; died in a few minutes after my arrival.

VIII.—Child 3 years old; very unruly and self-willed; could not examine the throat satisfactorily. There was a large formation of membrane; went from bad to worse, and died on the third day.

IX.—Young woman 16 years old; large formation of false membrane; enormous quantities dislodged; convalescence commenced in nine days; was able to walk into the kitchen in two and a half weeks; naturally delicate lungs; contracted cold which ended in the destruction of both lungs in one week afterwards.

X.—Child 3 years old; similar to case VIII.; the slightest nourishment taken into the stomach was immediately rejected. No improvement from the commencement, and died in four days.

All these cases were subjected to the treatment before described. I have still six cases under my care, and all appear to be doing well. Still, as the disease is so changeable, there is no knowing what may yet be the result. No doubt as time rolls on, and the science of medicine advances, we may be better able to cope with this troublesome disease. Yet, with its present fatality, I think the result which we obtain, will compare favourably with the result in many diseases which we generally concede to be curable. When we look back and think of the strides which science has made, it would not surprise us, if even in our day some chemical peer should arise and bring from his laboratory an article to the deposition of this false membrane. Those of us who have not the means and leisure to make these researches, must be content to practice those treatments which have been found to be efficacious, and which our own sense and experience teach us to be good.

A Scotch doctor who never went to Church used to say, he was a parsee i' the mornin', for he adored the rising sun; and a Jew at breakfast, for he fed on unleavened bread; and a Christian a' day, for he gaed about continually doin' good.

A SIMPLE AND EFFICIENT METHOD OF TREATING TRANVERSE FRACTURE OF THE PATELLA.

BY ED. HORNIBROOK, M.D., MITCHELL, ONT.

Case I; June, 15th 1871, G. P., æt 31; received a transverse fracture of the patella, from carrying a heavy weight on his shoulder.

Saw him first on June 19th in consultation with another surgeon. The knee was swollen, and the fragments widely separated; has an old cicatrix over the seat of fracture, the remains of a deep cut which divided the patella when he was a child. I placed the limb on a straight posterior splint, with the heel slightly elevated, and secured the lower fragment in an immovable position with adhesive plaster. I then placed several straps of adhesive plaster lengthwise over the upper fragment extending upwards about three inches over the anterior surface of the thigh, and allowed the free ends to hang over the patella. To these free ends I attached a piece of strong twine to pass over a pulley which I adjusted about two inches higher than the toes, so that the two pound weight which I attached would hang clear of the bed. I then bandaged from the toes upwards, passing the bandage under the free ends of the adhesive plasters and around the straps on the front of the thigh to prevent slipping.

June 23. The swelling has subsided and the fragments are in apposition.

July 24. No swelling nor tenderness. Applied starch bandage, which I removed at the end of two weeks. He was then able to walk, and two months from the date of the accident he was following his usual avocation.

Case II; March 3rd 1872, W. E., æt, 50, received a transverse fracture of the patella by falling on his knee. The same treatment was pursued as in the foregoing case, and at the end of eight weeks he was able to work without any apparatus whatever.

Case III; June 14th 1875, A. S., æt. 5, was injured by a horse striking him on the knee with the front foot. On examination I found the patella fractured transversely; there was also an oblique fracture of the tibia just below the tubercle and the two tuberosities were separated by a longitudinal fracture extending into the joint. I placed the limb on a broad posterior splint, with holes at

each side for the reception of pins and between these pins and the leg I placed firm pads to keep the fragments of the tibia in apposition, and adjusted the patella and kept it in position as before.

June 23. The swelling has subsided; the fragments of the patella do not separate on removing the weight. I placed the leg in starch bandage, taking care by passing the bandages in the form of figure of eight, to keep the fragments in apposition. The bandage was removed in two weeks; the twenty-third day after the accident. I ordered him to remain in bed for two weeks, but I was told that he was walking about within a week.

August 1. He walked into my office without assistance. No swelling nor tenderness.

August 22. Walks as well as ever. In this as in both the other cases there was firm *bony* union. I claim for the foregoing simple method the following points of superiority over other methods which have been practiced. It is neither so painful nor expensive as Malgaigne's hooks. The fragments are not tilted as in Professor Woods' method, by a figure of eight bandage passing through hooks on the under surface of the splint. It is more easily applied, and the plasters are not so liable to slip, as in Professor Sambarn's method in which a pad is placed above and below the broken fragments, and a long slip of plaster along the front of the leg and thigh extending from the hip to the ankle, a loop being left over the knee into which a stick is inserted, and the fragments approximated by twisting the stick. Mr. Callender's method is much more complicated, although it includes the principle of keeping the fragments in apposition by means of a pulley and weight; but he makes the weight draw the lower fragment upwards as well as the upper fragment downwards, which is wholly unnecessary for the ligamentum patellæ is not contractile. For this method a Neville Splint is required, and besides so much depends on the nicety and exactitude of cutting and adjusting the plasters that in country practice it will seldom be attempted. The plasters "may require to be adjusted from time to time;" whereas with my method the plasters will not require readjusting during the whole treatment, and the only apparatus required is a common posterior splint, and an empty spool to make a pulley, which can be suspended either from the ceiling or an upright post with a transverse arm. Teale's expectant method is quite as painful as mine, and has such an element of uncertainty in it that few surgeons will follow it in practice.

NOTES ON HOSPITAL PRACTICE.

Toronto General Hospital.

SERVICE OF DR. AIKINS.

NECROSIS OF BOTH CLAVICLES.—J. B., aged 18, carpenter; parents healthy; was admitted into the hospital on the 1st of December last. While boxing with a comrade in the lumberwoods in July last, he was accidentally struck in the region of the clavicles. On or about the 1st of August, he felt pain in the upper part of the chest, on both sides, and at the points of the shoulders, followed by swellings over the clavicles which were lanced. The openings continued to discharge large quantities of unhealthy pus. Syphilitic taint was strongly suspected. On examination after admission, necrosed bone was distinctly felt in both clavicles, and an operation for its removal was performed on the 13th of Dec. The necrosed portions of both clavicles were removed at the same operation. As there was considerable oozing of blood, the wounds were stuffed with sponges which were left in from 24 to 48 hours, after which they were removed, and linseed poultices applied; patient doing well.

SERVICE OF DR. GRAHAM.

CYSTIC TUMOR BELOW LEFT CLAVICLE.—R. K., aged 24, of healthy parentage; fireman on engine, was admitted into the hospital about a month ago, with a swelling over the pectoralis major, below the left clavicle. He states that he had syphilis about five years ago. He first noticed the swelling about a year ago, after carrying bars of iron on his shoulder. Consulted a medical man who gave him a liniment and some medicine, after which the swelling nearly disappeared. In about three months afterwards it returned, and continued ever since. Fluctuation was distinctly felt; an exploring needle was introduced, and some serous fluid came away. A small trocar was introduced, and about half a pint of yellowish colored serous fluid removed, after which pressure was applied by means of a roller. If this should not succeed, tincture of iodine will be injected, with a view to promote adhesion of the walls of the cyst.

SERVICE OF DR. AIKINS.

CANCER OF THE LOWER JAW—REMOVAL—T. F., æt 47, married; complained of pain for the past

two years in the lower jaw of left side. At first, thought it was tooth-ache. It did not trouble him so much in winter as summer. The jaw became enlarged, and at this time the roots of a decayed tooth were extracted. The swelling still continued and even increased; the pain being steady night and day, rendering sleep almost impossible. It was now thought to be the result of cold after drawing the tooth. About a month ago he consulted Dr. Groves of Fergus, who diagnosed it to be cancer of the jaw. He then came to this city and consulted a dentist, who extracted one of the teeth, and gave him a wash. He got worse, and the dentist extracted two more teeth; but as the jaw became more painful the more it was irritated, he decided to enter the hospital, which he did on the 11th ult., and a portion of the jaw was removed on the 13th. Chloroform was given and an incision made from the angle of the mouth towards the angle of the jaw, and a short vertical incision from the middle of the preceding to the lower border of the jaw. The bone was then exposed, and divided at the symphysis, and also through the horizontal ramus beyond the diseased mass. Hemorrhage was arrested by torsioning the vessels divided in the operation.

SERVICE OF DR. GEIKIE

AMPUTATION OF HAND FOR SEVERE INJURY.—J. W., æt. 25, received a severe injury to his right hand by a dynamite explosion. The hand was reduced to a mere fragmentary mass. He was immediately brought to the Hospital. Dr. Geikie performed the circular operation about two inches above the wrist. The integument was first divided in a circular manner close to the wrist, and reflected back about two inches; the muscles were then divided, and the bones sawed off. The vessels were torsioned, and the integument brought over the end of the stump, and nicely adapted by means of adhesive plaster. No sutures nor ligatures were applied. The case is doing well; only a very slight sanious discharge occurred.

SERVICE OF DR. AIKINS.

TRAUMATIC STRICTURE OF THE URETHRA.—J. H æt 25, in the month of July last was thrown from a building, and fell astride a stick of square timber, the sharp edge of which, wounded the urethra in the perineal region, and fractured the ramus of

the pubis on the right side. There was much contusion of the soft parts. He was attended by Drs. Groves, and Wallace. They were unable to pass the catheter at the time; and drew off the urine with the aspirator the following morning, and repeated it again in twenty-four hours. The following day Dr. Groves performed perineal section, and passed a gum elastic catheter through the urethra into the bladder. About a week afterwards, the wound in the perineum closed; but opened again and continued to discharge the urine. There was also an opening from the seat of the fracture of the os pubis, leading to diseased bone. This was the patient's condition on admission to the Hospital. The posterior portion of the urethra was much contracted, so that it was almost impossible to pass the smallest sized catheter into the bladder, either through the opening in the perineum, or in the ordinary way. After several unsuccessful attempts a catheter was finally passed into the bladder from the opening in the perineum. This will be dilated, and an effort made to connect the anterior with the posterior portion of the urethra.

INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies in Philadelphia, have taken the initiatory steps for the formation of an International Medical Congress, by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given, the delegates has organized the Centennial Medical Commission with Dr. Gross as President. Arrangements have been made for the holding of the Congress in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:—I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical Societies of other countries. II. The officers shall consist of a President, two Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress, at its first session, on the report of a Committee of Nomination.

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine,

Medicine, Biology, including Anatomy, Histology, Physiology, and Microscopy. Surgery, Dermatology and Syphilology, Obstetrics and Diseases of Women and Children, Chemistry, Toxicology, and Medical Jurisprudence, Sanitary Science, Ophthalmology, and Otolaryngology, Mental Diseases. IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme. In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

NOTES OF CASES OCCURRING AT THE SURGICAL CLINIQUE OF THE UNIVERSITY OF MICHIGAN.

CARE OF D. MACLEAN, M.D., L.R.C.S.E., PROF. OF SURGERY.

(Reported by Wm. J. Herdman, M.D.)

HYDROCELE OF THE NECK.—D. S., of Hastings, Feb. 27, 1875. The patient is a clerk in good health and of robust frame. Five years ago he received a sprain in the neck which caused a small swelling to appear at the angle of the jaw on the right side. This swelling has gradually but painlessly increased in size, until now it has become a large oval shaped protuberance, extending from the ear almost to the clavicle.

Having diagnosed hydrocele of the neck, Prof. Maclean at once proceeded to carry out the following treatment with the view of relieving the patient from his annoying and unsightly affection. The contents of the sac (a glairy serous fluid, having been drawn off with a trocar and canula, 3ij. of the strongest tincture of iodine was at once injected and the canula having been withdrawn, the sac was freely manipulated with the view of bringing the iodine into immediate contact with every portion of the interior of the sac.

March 13.—To-day the patient was presented to the class and the tumor had refilled to about half its former dimensions. The operation was repeated and as on the former occasion, without eliciting any expression of pain from the patient. The case was then dismissed with a very confident assurance from the Professor that the best result would be ultimately obtained without further treatment.

P. S. On the 19th of October, in reply to a letter of inquiry the following satisfactory statement was received from this patient: "In reply to yours on the 14th inst., I hope that the same success may attend all your operations as has attended that you performed on the tumor on my neck. For five years I carried it on my neck and shoulder, and in addition to the shame I felt at the sight of the unseemly growth, it caused me great inconvenience. On my return to this city after the operation I resumed my occupation as grocer. My general health has improved very much and no one who had not seen me with the growth could believe I had ever been afflicted with such a deformity—not the slightest trace of its remaining. Please accept my repeated thanks for the service you have done me." This statement is fully corroborated in a note received from Mr. S.'s employer. On the same day that the case of Mr. S. was operated on at Ann Arbor, the following case appeared in the London *Lancet*. The contrast between the two methods of treatment is no less striking and interesting than the essential points of resemblance between the two cases and the coincidence of their occurrence in time:

"ON HYDROCELE OF THE NECK.—A clinical note by Sampson Gamgee, F. R. S. E., Surgeon to the Queen's Hospital, Birmingham. "In March last year, Mrs. D—, from Wolverhampton called on me with her youngest child, a healthy-looking boy two years old, who had a tumor on the left side of the neck. The growth was noticed very soon after birth, and had steadily increased to its present size. When the clothes were removed, I found a round smooth mass occupying the whole left side of the neck, and projecting over the clavicle on to the upper part of the pectoral region. Fluctuation and translucency being very distinct, I introduced a trocar at the most dependent part in front, and drew off nearly a pint of pale, straw-colored, and richly albuminous liquid. After closing the aperture with styptic colloid, and applying a cotton-wool compress, I requested to be informed of the progress of the case. I heard nothing of it for eight months. When the child was again brought to me last December, the tumor was larger than when first seen, and the contents, though still liquid, had undergone a bloody change. The mass was no longer translucent, and the skin was uniformly bluish. I introduced two ordinary-sized drainage tubes from back to front, at a distance of a couple of inches, and applied a tenax compress. A considerable quantity of reddish fluid oozed through the tubes, but as days elapsed the mass did not perceptibly lessen, and it became evident that something must be done to effect a radical cure. Dissection has proved that these congenital cystic growths in the neck are under the fascia; and in this particular case the entire removal would only have been possible after a dissection

attended with risk. With a view to effect a cure with the utmost safety, I removed the two small drainage tubes, and while my friend and colleague, Dr. Mackey, administered chloroform, I made an incision on the anterior aspect, a little below the middle line of the tumour, and pushed into its centre an india-rubber drainage tube, two inches long and a quarter of an inch in diameter; the anterior extremity of the tube projected slightly from the wound, and was kept in position, by a loop of thread on each side secured by adhesive plaster. At the end of a week a great deal of irritation had been set up; the mass was hot and semi-solid; the child was feverish, and the discharge semi-purulent. The tube was now removed, and a linseed poultice applied. Within a week three separate collections of matter were evacuated by the aid of the lancet; fever subsided, a dry pad was applied with daily increasing pressure and the rapid decrease of the enlargement. No trace of it is now perceptible, and the child is perfectly well."

TRAUMATIC STRICTURE OF THE URETHRA WITH FISTULA IN PERINEO—Cured by dilatation.

F. C., Hamilton, Mich., æt. 48, appeared at the clinique, Feb, 6th, 1875, and gave the following history of his case. On the 31st of March, 1874, in getting out of a wagon he fell across the box, striking upon the perineum immediately behind the scrotum causing excruciating pain. In a few minutes after the accident, he attempted to evacuate his bladder, but found it impossible to do so, the current appearing to be suddenly arrested near the commencement of the urethra, and causing sharp and extreme pain. A surgeon was at once called who made an attempt to pass the catheter with no better result than drawing off a quantity of blood from the urethra. Extravasation of urine soon showed itself in the cellular tissue of the scrotum and perineum and for this the doctor made a slight puncture at the most dependent point and a large quantity of bloody fluid drained away. An abscess soon formed in the tissues of the scrotum, and on being opened gave vent to urine as well as pus.

On admission to the clinique it was found that the urine escaped almost entirely by the fistula, although there was a continuous per saltum escape from the urethra as well. The tissues of the scrotum were greatly swelled and thickened, and the skin of the perineum and thighs was much excoriated by the continual irritation of the urine, over which the patient had no control whatever. At the first examination before the class Professor Maclean failed to get even the smallest instrument through the stricture, but he expressed the hope that future attempts would be successful, since when urine is able to find its way out the surgeon can by the exercise of skill and *patience*, in almost every case, sooner or later find his way in, with a

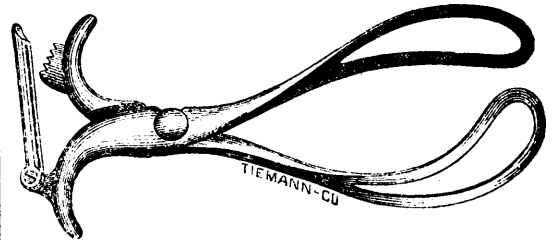
suitable instrument. On the 8th of February the attempt was repeated, and this time with success. A small probe-sized catheter was introduced after a prolonged (though painless and bloodless) effort, and was tied in with the view of effecting persistent dilatation. On the 13th the patient was again before the class and the Professor with perfect ease passed instruments up to No. 5. (metallic.) The urine gradually ceased to flow through the fistula and the latter healed completely. The tissues of the scrotum rapidly returned to their natural condition, the patient regained the control of his urine, and his general health became quite re-established so that he left the hospital in perfect health on the 15th of March, provided with a large sized metallic bougie and with instructions to pass it carefully at intervals of three to four weeks.

From this case Professor Maclean deduced many important lessons as to the diagnosis, pathology and treatment of stricture, especially the vital importance of the earlier steps in the management of such cases; those steps which the practitioner is frequently required to take on his own responsibility and without either time or opportunity for reflection or consultation. In this case the first step taken by the Dr. was the proper one, viz: *to pass the catheter if possible*. If this is accomplished with much difficulty, it had better be retained for twenty-four hours. If the catheter cannot be passed, the next step is to *lay open the perineum*.

This case served to illustrate the consequences of neglecting this rule, and frequently these results will be even more serious than they were in this case, in fact will often end in death.

New Instruments.

HUNTER'S PORTABLE LONG FORCEPS.



They are so portable that they can be carried in the pantaloons pockets of the accoucheur unobserved. "They are exactly 10½ inches in length or just two-thirds the length of the ordinary long forceps. This difference however is *entirely due* to the difference in the length of *handles*, for while these are but half an inch in length, those of most others measure five or more inches.

That this reduction of length does not restrict their range of usefulness, I conclude not only from the fact that they have now served me satisfactorily

in upwards of seventy cases and under most if not all the conditions to which a delivery by forceps is applicable, but also from the experience of some of my medical friends who are using others of like pattern and at whose suggestion they are published.

The pelvic curve is more pronounced in these than in most others, and therefore, while they are equally as serviceable in any of the lower positions of the head, they are specially applicable to those cases in which the head is detained at or above the superior strait.

The handles are at right angles with the blades; hence, to say the least, they afford as good a means as does the other form, with which to make powerful traction. The reduction of the length of the levers, takes from the hands of the inexperienced accoucheur a powerful weapon for evil, when under the anxieties of the situation he forgets, either the qualities of a foetal head, or the correct lines of traction during its passage through the maternal pelvis. The ratchet at the ends of their handles secures the grasp. It is unnecessary to release the ratchet when traction is being suspended, for the compressing force has been mainly that, which is afforded by the straits of the pelvis, as in the case of natural deliveries.

I have found this, and the trifling supplemental force which is added to it by the traction on the short handles, to be all that is needed in the way of compression, even in disproportionately roomy pelvis, and I am convinced after an extended and careful observation, that this is all that can be used *with advantage*, provided however, that the blades have the proper *cephalic curve*, and further that their separation be *securely prevented*.



TUBE FOR INFLATING THE LUNGS.
—The accompanying cut represents Dr. Robinson's tube for inflating the lungs in cases of drowning, where there is hope of resuscitation. The curved end is introduced into the larynx, and air is forced in by the mouth of the surgeon applied to the wide extremity. It will aid very much the efforts of the surgeon to establish artificial respiration. Its simplicity and readiness of application, commends it to favorable consideration. A catheter, which is almost always at hand, though not quite so well adapted, might be made to supply its place in an emergency.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—While reading the CANADA LANCET a few weeks ago, I noticed that you favored the idea of granting a license from the Ontario Board without examination to those *Canadian Graduates* who have furthered their studies in English hospitals and obtained degrees.

Immediately after graduating in Canada I went to England, remained there eighteen months, attended the different hospitals, and took a Royal College diploma.

On my return to Canada I applied for a license expecting to have the benefit of the "optional clause," but to my surprise I was flatly refused, and told that I must pass all the examinations, including those of the Primary subjects, Botany, &c. This to me is a great disappointment, as I was informed on good authority that the optional clause was made expressly for those gentlemen of Canadian schools, whose ambition and love for their profession led them to take advantage of such a field as the English hospital practice affords. The refusal of my application I consider is a great injustice. The expense of four years medical study in Canada, with one or two in England, is a sufficient tax on a young man commencing life, without being forced to expend further, which would be the case if compelled to go up for examination in Toronto.

I do not for one moment wish to depreciate the Medical Council. I think if its rules were properly, honestly, and fairly carried out, no one would complain. My object in writing to you is to ask your advice as to the best mode of procedure. If you will kindly inform me what is best to be done under the circumstances I will consider it a great favor.

Yours truly,

SUBSCRIBER.

TREATMENT OF "FROST BITES."

To the Editor of the CANADA LANCET.

SIR,—My attention has been called to the above subject, by reading in the public papers, several instances of the above character resulting from exposure, especially from storms and wrecks upon our "inland lakes."

I fear that the treatment too generally pursued in these cases results in more harm than good; for instance, when any extreme part of the body is frosted, as the ears, the nose, the hands, or the feet, or all these at the same time, what more natural, or "common sense" like, than to submit the parts to friction, or a sort of "Turkish bath" operation, for the manifestly urgent purpose of restoring warmth and vitality to the parts. When the injury is slight, this may answer our purpose very well, and the reaction thus induced, soon terminates in resolution of the parts affected. But should the injury prove to be more severe or extensive, the danger is, that on account of the irritation, the blood will be invited too profusely and too violently to the injured parts, and we shall have all the phenomena of acute inflammation and its consequences to deal with.

The "great desideratum," in my opinion in frost bites, is to restore the natural temperature to the injured parts, as gradually, yet as quickly as practicable, and with the least disturbance or irritation of the parts themselves; and, no sudden change of temperature should be practised, or on any account allowed at the outset of the treatment. And here the profession might profitably take a lesson from the farmer. When the limbs of his "inferior animals" are frozen (which often happens in severe weather), he simply immerses the frozen limb in cold water, occasionally renewing the water until the frost is entirely withdrawn from the injured limb, and perhaps in a few hours, or a few days at most, the proper function of the frozen part is restored.

This method, I think, should constitute our first step in the treatment of frost bitten parts if called early to their treatment, and before disorganization has taken place; after reaction and inflammation have fully set up in the injured parts we can only treat them "*secundum artem*."

My chief object, in calling the attention of the profession to the treatment of frost bitten parts, is to warn the younger members against the too common practice of chafing and bruising the affected parts by friction, before reaction has had time to set itself up in the injured parts. First apply cold water, and then water a little tepid, until the natural warmth of the part is restored, treating other conditions as they may arise, and I am persuaded we shall not have to witness so many disorganized extremities and maimed limbs as now constantly meet our eyes in the daily papers.

Yours truly,

J. WOOLVERTON, M.D.

Grimsby, Dec. 16th, 1875.

Selected Articles.

THE LUNATIC COLONY OF BELGIUM.

The most novel experiment ever instituted in the management of the insane is to be found at Gheel, in Belgium, where the entire resident population of 11,000 persons, men, women and children, are engaged in taking care of 1,300 lunatics. It is said that Gheel was an asylum for the special treatment of the insane as long as six centuries ago, and that the modern treatment was employed there, long before its general introduction. The lunatics are not kept in an asylum, but board and lodge with the inhabitants. In 1851 the institution was reorganized and placed under the government. The commune of Gheel, with its outlying hamlets, is very extensive; it covers 27,000 acres. The commune is divided into four sections. At the head of each are placed a medical man and an overseer. The patients are from all nations and all ranks of society, and they receive accommodation according to their means. The wealthy are placed with the wealthier class of inhabitants and the poor with the poorer. The more dangerous class of lunatics are placed in the outlying isolated hamlets. They are divided into sections, according to the nature of their disease. The 11,000 inhabitants, are, so to speak, all engaged in the surveillance of the patients, which makes about nine overseers for every patient. The surveillance not being perceived by the patients, of course does not irritate them. The commune earns directly more than 500,000 francs annually through the keeping of the lunatics and indirectly also a great deal through the cheap work of all kinds which the patients perform for the inhabitants. It is the personal interest of the inhabitants to do their duty well by the patients, as these are entrusted only to people whose moral fitness and means of existence are approved. In fact, a family at Gheel, is not considered respectable if lunatics are not entrusted to it, and the withdrawal of them from its care constitutes a heavy punishment. The children of the inhabitants, living from their earliest childhood with lunatics, become attached to them, do not find anything ridiculous in them, learn how they are to be treated, exercise, through their company, very soothing influence on them, and are, of course, not in the least afraid of them. When young people get married they ask from the authorities as a favor and a sort of dowry the care of a patient. On their arrival at Gheel the lunatics are kept at the central asylum for observation as long as the director deems necessary. In case of acute disease they are brought back there. It also serves as the house of correction, the privation of liberty being felt a severe punishment by the patients. In cases of great debility they are also brought there. Many lunatics, when feeling the approach of a paroxysm,

demand, themselves, to be sent to the asylum. When a cure has been effected the caretaker receives as a reward another patient, and if many cures occur at his house he is rewarded with the care of a wealthy patient. The number of cures averages from sixty-five to seventy-five out of the hundred. Patients with radically immoral or highly dangerous tendencies cannot be kept at Gheel, the central asylum being only a depot. The number of lunatics under temporary coercion is generally twelve out of the 1,300.—*Pacific Med. and Surg. Jour.*, Nov., '75.

DISINFECTATION OF HOSPITAL WARDS.

The following is the method of disinfecting the wards of Bellevue Hospital, pursued by Prof. Doremus :

The purification of the surgical wards in Bellevue Hospital was accomplished during the spring and summer of 1875, by the employment of large volumes of *chlorine gas*.

This powerful disinfectant was resorted to because all the poisonous emanations from the human system are decomposed by it, and thus rendered inert (carbonic acid gas excepted); also because of its diffusive power. Strips of paper were pasted over the crevices around the windows and doors, before generating the chlorine.

Two sheets of lead about eight feet long and four feet wide were turned up at their edges and placed on the floor of the ward to be treated.

In these leaden receptacles several hundred pounds of black oxide of manganese and common salt were placed, to which water was added until the mass, when thoroughly stirred with wooden shovels, had the consistency of thick mud.

Bowls, basins, and pitchers of sulphuric acid were placed around the leaden vessels in readiness to be applied to the black mixture. To eliminate all the chlorine, the acid should equal the weight of the salt and manganese combined. Water was then poured over the floor to dampen the wood, and the ward was filled with steam until the moisture condensed on the ceiling and walls. The air of the room was so saturated with partly condensed vapor that we had to grope our way toward the vessels containing the sulphuric acid.

The several assistants then held said vessels over the mixture of manganese and salt, at a signal all poured out the acid at the same time; then hastened to the second leaden trough, applied the acid and rushed out of the door to escape inhaling the chlorine gas which was liberated in immense volumes. Since the amount of poisonous gas was so great that it would have proved fatal to any one entering the apartment, the doors were securely fastened to guard against such an accident.

After the lapse of twenty-four hours, the vessels

were again filled with sulphuric acid and placed around the leaden pans. The mixture was then rapidly stirred, and the second application of acid made as in the first instance.

For these two treatments about a carboy of sulphuric acid (160 lbs.) was employed.

After a second twenty-four hours exposure of the ward to this gas, the windows were thrown open, the residuum of sulphate of manganese and sulphate of soda was removed, with the leaden and other vessels, and the walls and floor scrubbed and dried.

The chlorine was generated by this method, rather than by the addition of hydrochloric acid and manganese, not only because it is cheaper, but because the heat generated by mixing sulphuric acid and water rarefies the gas and facilitates its dissemination through the room and its passage into the porous walls.

Chlorine is comparatively inefficient unless moisture is present, hence steam was employed as described.

After one ward had been thus disinfected and ventilated, the same large leaden vessels were taken to an adjoining ward and the process repeated.

Especial stress is laid on the importance of generating enormous volumes of the chlorine gas, that it may thoroughly permeate the walls. As its odor is very pronounced, persons are liable to err in regard to the quantity, and they merely produce a bad smell and signally fail to destroy the virus with which old or even new walls are at times impregnated.

The *water-closets* were purified by the use of *ozone*.

This active form of oxygen was generated by mixing equal weights of manganate of soda and sulphate of magnesia in a dry state, and sprinkling this mixture in and around the basins at night, so that it might remain for a longer period than if applied in the daytime.

When brought in contact with water, *permanganate* of soda is produced, which decomposes in contact with the impurities of the sink, and evolves ozone, by which agent the disgusting and poisonous substances are decomposed, deodorized, and rendered harmless.

This treatment was repeated to secure purification.

As this is a cheap method for producing a *permanganate*, the reaction may be of interest.

Three equivalents of manganate of soda, and two of sulphate of magnesia, produce one equivalent of permanganate of soda, one of binoxide of manganese, two of sulphate of soda, and two of magnesia.

One hundred pounds of manganate of soda, and the same weight of sulphate of magnesia, were employed. For generating the chlorine in the different wards over five thousand pounds of the

black oxide of manganese, twenty-five sacks of salt, and the equivalent of sulphuric acid were used.

Since this disinfection of the hospital, I am informed by members of the house staff that there has been but one case of pyæmia or other septic disease in the hospital, and this was a very doubtful one. By the methods adopted by Professor Doremus, or some other method improved by the progress of chemical science, who can doubt that in the future we shall find hospitals as securely freed from nosocomial malaria as we are now protected from small-pox by vaccination.—*Dr. Barker Medical Record.*

HOT WATER IN SURGERY.

The New York *Medical Journal* states that, in Bellevue Hospital, hot water has, within the past few months, been used in the treatment of some injuries, with marvelous results. We extract the following examples:

The water in the bath varies from 100° to 105° Fahr., and is changed as soon as it falls below this. An additional advantage is obtained by the change of the water, as any discharge which forms is removed,

Compound Comminuted Fracture of Metacarpal Bones.—The patient was engaged in a machine shop, and while his hand was upon the anvil of a trip hammer, the hammer—weighing seven hundred pounds—fell. It so happened that a file was on the anvil, and in this way the force of the hammer was arrested about half an inch before it reached its bed. When the hand was examined, it was found that the whole of the palm was a mass of pulp. The metacarpal bones were comminuted extensively, and there was apparently but small chance of saving the hand. It was, however, placed in hot water, and kept there for two or three weeks; and, at the end of that time, taken out and dressed. In three months the patient was sufficiently well to leave the hospital, and at present—nine months since the accident—he is able to move the fingers, and has a useful hand.

Compound Dislocation of the Ankle joint.—The second case was one of compound dislocation of the ankle joint, in which the proximal end of the metatarsal bone protruded from the foot. The dislocation was reduced, and the foot placed in hot water. At the end of a week it was taken out and dressed in the ordinary manner. At the present time the foot is doing well, and promises for the patient a good result.

Compound Fracture of the Metatarsal Bones.—In this patient, the second, third, and fourth metatarsal bones of the foot sustained a compound fracture by a mass of rock falling on them. The foot

was kept in the bath for fourteen days, and at the end of that time it was removed, and treated in the usual manner.—*Med. and Surg. Reporter.*

ANEURISM TREATED BY THE WIRE COMPRESS.

William Gardner, aged 50, formerly a man-of-war's man, lately a lighterman, had met with much rough usage in his vocation, and also in the battles Venus. He had aneurism of the left carotid, first observed "about the size of a hazel nut," six weeks ago. It was now somewhat larger than a duck's egg, occupying the anterior triangle of the neck, pushing the larynx from the medium line.

November 29th, 1865. The artery, which was very large, was exposed below the omo-hyoid, and an aneurism-needle passed under it in the usual way. A piece of surgical iron wire was threaded through the eye of the aneurism-needle and conveyed beneath the artery by the withdrawal of the needle, which was then detached from the wire. To each end of the wire a straight needle was next attached, and the two needles were passed through the tissues, on the outer side of the incision, being about half an inch apart at the surface of the skin, and the same distance from the edge of the wound; the wire being drawn through and thus looped over the artery, the needles were detached. The half of a vial-cork was placed, the flat side downwards, between the ends of the wire, and firmly pressed down along the course of the artery; the wire was tightly twisted over the cork, stopping at once the current through the artery and the pulsation of the aneurism. The superfluous ends of the wire were cut off, and the wound was united by wire sutures. The man was then in a state of extreme collapse from chloroform; in fact, he was to all appearance dead, and was only resuscitated by the strenuous and persevering exertions of my assisting friends. With the recovery of the circulation, there was also a recurrence of feeble pulsation in the tumour. This was allowed to go on till the third day, when the compress was thus tightened. The cork being firmly pressed down upon the artery, and the wire drawn outwards by gentle traction on the twisted end, two small wooden wedges—portions of lucifer matches in fact they were—were pushed in between the cork on the wire; and now, for the first time, the circulation was entirely arrested, and all pulsation and *bruit* ceased. Two hours afterwards, there was again a feeble thrill; so next day, the fourth after the operation, another little wedge was inserted. After that, there was no more pulsation.—Fifth day. No pulsation; the tumour was evidently consolidating, and perceptibly diminished in size. One wedge was removed to lessen the tension.—Sixth day. The other two wedges were withdrawn in

the morning, and, in the afternoon, the cork was also removed. The tumour was considerably smaller, and on the seventh day, the wire was withdrawn without difficulty and without blood. Some pus exuded from the track of the wire, and there was moderate suppuration in the wound.—Tenth day. It is noted that “the tumour is nearly gone.” There was pulsation in the artery up to the aneurism beyond the site of the application of the wire, showing that no damage was done to the coats of the vessels. This only continued for a few days, for, as it led to nowhere, the artery was soon obliterated, and, when the man died seven years afterwards, a fibrous cord was all that remained either of the artery or of the disease. In a fortnight the wound was healed and the patient was cured.

On January 24th of the present year, my partner, Mr. Rudd was called in to one John Hull, and, on his return, reported the case to me as one of femoral aneurism. I saw the man with him the next day. He also was a waterman, twenty-five years old, short, florid, and very fat. There was a pulsating tumour of large size at the lower part of the right thigh on its inner aspect, which was first observed about nine weeks before. It now measured quite four inches and a half in length and four inches across, and was clearly an aneurism of the femoral artery protruding from the edge of Hunter's canal. The whole limb was much swollen. Not to weary with minute details, I would briefly state that pressure was tried for four days without benefit; and it was, therefore, determined to secure the artery by the wire compress, which was done on February 2nd, at noon. The superficial femoral was exposed in Scarpa's triangle, by an incision five inches long and at least an inch and a half deep. A wire was carried under it by an aneurism-needle, as in the previous case, brought out to the surface of the skin about half an inch on the outer side of the incision, and there twisted over the cork—which *was firmly pressed down over the track of the vessel*—till the pulsation was arrested. The wound was closed by wire sutures, supported by a large pad of lint on each side, and long strips of plaster over them. The limb was already bandaged with flannel during the application of pressure, and so it was left. At 3 p.m., there was pulsation in the aneurism. At 9 p.m., there was none. The pain, which had been great, had entirely left him. Next day, at 12 a.m., there was again pulsation. Two wedges were inserted between the cork and the wire; and at 9 p.m., there was no pulsation. Third day; at 11 a.m.; the limb was readjusted on the pillows, and his position made less irksome. There was then no pulsation. At 9 p.m., there was a feeble thrill. Fourth day. Slight pulsation; two more wedges were inserted, and the pulsation ceased, to return no more.—Fifth day. The limb was diminishing causing the tumour to seem more prominent. The limb retained its warmth and there was no constitu-

tional disturbance whatever. He complained only of being worried by fleas.—Sixth day. Tumor less, quite solid. Wedges removed.—Seventh day. The cork was taken away, and the wire loosened. It moved in consonance with the pulse.—Eighth day. Wire removed without difficulty, followed by one single drop of pus and one of blood.—Ninth day. Plasters and sutures removed. The wound was entirely and completely healed. From the time it was closed, there was never the least exudation. The tumour was solid, and much diminished; in fact, the patient was cured. It was some weeks before the tumour was entirely absorbed and the limb regained its strength; but it is now some time since he returned to his laborious occupation, and the only difference between this leg and the other is the large cicatrix and a greatly increased growth of long thick hair.

This operation affords the operator a choice of methods—the gradual or the sudden occlusion—according to his judgment. Surely this is an important and material point, one on which it behoves the surgeon to have a definite view. My own opinion—whatever that may be worth—is, that gradual obstruction *at first* is of immense advantage; that it is more favourable to the cure of the aneurism, by leading to the deposition of lymph; and also greatly diminishes the risk of gangrene by allowing time for the establishment of the collateral circulation, which keeps the limb, or may be the brain alive. If the limb were cold, and gangrene threatening, the compression could be relaxed or altogether removed, and so the impending mortification might be prevented and although in such a case, amputation might be the only resource, yet this operation would be done at less disadvantage than in a gangrenous limb.

If, on the other hand, all go on well, and in five or six days the pulsation have ceased, the surgeon has his appliance under his entire control. He first relaxes the pressure by withdrawing the cork, or untwisting the wire; feeling his way, as it were, and still keeping command of the artery in case of need, till, being assured that the desired consolidation has really taken place, he with confidence, aye, with certainty of success, withdraws the wire. Meanwhile, the wound has healed, or, at all events, has had the best chance of doing so, there being no foreign body to excite suppuration. The artery also is still intact, so that hemorrhage is impossible, and the patient is cured.—*Dr. Hill, Brit. Med. Journal.*

GANGLION OF THE WRIST.—The young lady now presented has a bursal or thecal tumor, sometimes called a ganglion, on the back of the left wrist. This has been caused by a deposit of inflammatory new material; a blow, or some like cause, has excited some slight inflammation, in consequence of which the sheath, becoming adher-

ent to its tendon, has formed a pouch, or bag, in which the natural secretion accumulated. The fluid contained is thick and jelly-like, similar to the gum that exudes from a cherry-tree. Possibly, now and then, the affection may exist as a congenital defect, but it generally occurs as I have described.

The treatment is simple. The older surgeons used to rupture this cyst, and disperse it into the cellular tissue by a blow with a weight, or a book; the Bible was the favorite for the purpose, on account of a supposed special virtue in this direction. I will introduce a tenotome under the skin, some distance from the tumor, scarify it and liberate its contents; the scar will subsequently be obliterated by inflammation, encouraged by painting the skin over it with iodine, and applying pressure; an old-fashioned cent, or a silver quarter, makes a good compress. The dressing will remain on for three or four days, and then be temporarily removed to make a fresh application of tincture of iodine. If I were not a modest man I might claim originality for this method of treatment, as I have never seen it described anywhere; it is not in any of the books, and I have used it with great success for many years.—*Prof. Gross Med. and Surg. Reporter*

INFLUENCE OF ANÆSTHETICS UPON THE SEXUAL IMPRESSIONS OF FEMALES.

A physician, called an expert before a United States tribunal, made the following declaration: "A woman under the influence of anæsthesia is more liable to conception than when sexual intercourse has happened by force, and I concur in the opinion of Dr. Beck, expressed in his treatise on medical jurisprudence, that women may conceive during anæsthesia. The relaxation it produces facilitates conception."

This point seems to me established; but I desire to add an observation which I have made in my practice, and one that deeply concerns physicians to know. It is well-known to-day that occasionally, under the influence of ether or chloroform, an excitation of the sexual organs is produced, and a feeling is excited in the mind by this sensation which may make a woman believe that she has been subjected to violence.

The first case of this nature which I witnessed myself occurred during a delivery. The woman, placed under chloroform, experienced sexual sensations so vivid that she accused me of having violated her, and called on her husband for protection. But he had been with her all the time, as well as a dozen women who had never quitted the chamber. In a second case I was administering chloroform to a woman to have a tooth extracted, but the physiognomy of the patient showed an

expression of venereal excitement so pronounced that I hastened to call in her parents. On awakening she seemed astonished to see herself surrounded by her family and clearly exhibited what her impressions had been.

On another occasion a lady of a certain age entered my office in a state of high excitement, and related that she had gone to her surgeon to have a trivial operation performed, to relieve the pain of which she had taken chloroform, and the surgeon had abused her while under its influence. I was persuaded that she had deceived herself, and, on examining all the circumstances, clearly proved to her that she had been subjected to a delusion.

The moral is that physicians should never administer ether or chloroform except in the presence of witnesses.—*Revue Medicale. [Southern Med. Record.]*

A METHOD OF PERFORMING IRIDECTOMY FOR THE IMPROVEMENT OF SIGHT.—Mr. Brudenell Carter read a paper on this subject before the Clinical Society of London. He commenced by referring to the cases in which it was desirable to excise a portion of the iris in order to make an artificial pupil, on account of opacity of the central portion of the cornea or of the crystalline lens; and mentioned the disadvantages attendant upon an iridectomy of the ordinary shape, which extended too far towards the ciliary border of the iris, and uncovered too much of the margin of the crystalline lens, thus diminishing the acuteness of vision by spherical aberration of the rays of light. He described the best attainable artificial pupil in such cases as a V-shaped opening; its base continuous with the natural pupil, and its apex directed towards the ciliary border of the iris; and mentioned the endeavors of Mr. Bowman and of Dr. de Wecker to make such an opening; the former by passing a knife under the iris, and cutting it against the cornea; the latter by thrusting one blade of a pair of scissors between the lens and iris, and the other between the iris and the cornea, and cutting a slit in the membrane by closing them. The slit made by either of these methods would gape to the desired extent; but the author condemned both methods as being dangerous, and very liable to produce traumatic cataract or dislocation of the lens. He pointed out that, if Dr. de Wecker's scissors were introduced closed into the anterior chamber, through a small opening in the corneo-scleral margin, and suffered to expand, the iris would rise in a little plait between the blades, and that this plait would be excised by closing them, leaving the pupil which was wanted. The piece excised remained on the upper surface of the closed blades and was readily withdrawn with them, aided by the final outflow of aqueous humor, or might as readily be removed from the anterior chamber by fine iris-forceps, from which the teeth had been filed

away. The author had operated in this manner upon thirty eyes in sixteen patients, with no mischance except the production of traumatic cataract in the second eye operated upon; and he believed that such an accident would be effectually guarded against by directing the blunt extremities of the scissor-blades forwards towards the centre of the cornea. Four patients, each operated upon in this manner in both eyes were present for exhibition to the Society, but only one of them were introduced into the meeting-room; in this case, the patient (a boy) had blue irises, and the new pupils were well shown. As compared with other methods of making an artificial pupil, the author claimed for this the important merit of simplicity. After the first puncture was made, a single instrument was introduced into the anterior chamber, was opened, closed, and withdrawn. The iris remained *in situ*; was neither seized, twisted, or dragged out of the eye, and had no opportunity of contracting any adhesion with the external incision. After a small amount of practice, it was not difficult to regulate both the breadth of the piece removed and its extent towards the periphery, and thus to obtain an artificial pupil of the shape, of determinate size, and in any position which might be desired, with a minimum of injury or disturbance to other parts of the organ. It need hardly be said that for the relief of tension, the operation would be almost, if not altogether, valueless.—*Brit. Med. Journal*.

GYNÆCOLOGY IN VIENNA.—Under this title Dr. Bozeman, the well-known writer on the surgical diseases of women, communicates, in a letter to the *New York Medical Record*, September 5, his impressions, from a prolonged examination, of the midwifery and gynæcological departments of the Vienna German Hospital. These receive from 8000 to 10,000 patients annually, and consist of three divisions, each having 180 beds, two for physicians and medical students, and one for midwives. To the former are appropriated about thirty beds each, for the diseases of women that are connected with the lying-in period. Of one of these divisions Prof. Carl Braun is at the head, and Prof. Joseph Spaeth of the other. At the head of the division for midwives Prof. Gustav Braun is placed, having Drs. Welponer and Paulik as assistant-physicians. In the Austrian empire there are twelve schools for physicians and twenty-six for midwives, the three principal schools of midwifery being Vienna, Pesth, and Prague. It is hence obvious "how much importance is attached there to the teaching and training of midwives, which is now only beginning, it seems, to awaken an interest in countries other than those of continental Europe, where the system has been for so long a time more or less in vogue." To study the system adopted at Vienna was a chief object of Dr. Bozeman's visit, and he found Prof. G. Braun lecturing to a class of women num-

bering about fifty, a large proportion of whom seemed to possess more than ordinary intelligence, judging from their prompt replies to the questions of the Professor, and when on duty in the wards, where from eight to ten deliveries took place daily. The operations performed by the Professor and his two assistants are very numerous, and great dexterity is naturally acquired. Simpson's forceps, with a slight modification of the blades, is the one preferred. The rule is to give castor-oil on the third day; and peritonitis and perimetritis are usually treated with digitalis, quinine, salicine, and morphia injections, varied according to circumstances, cloths wrung out of water of the temperature of the room being applied every half-hour. For tympanites, the abdomen is spread over with collodion, Prof. Braun attaching much importance to its compressive power. During three years he has had no case of rupture of the uterus or vesico-vaginal fistula, and very few cases of complete rupture of the perineum. Superficial rupture is quite common, for which two or three *serre-fines* are employed. In nearly all the forceps cases, the practice is to make lateral incisions of the vulva, one to two inches on either side of the fourchette.—*Med. Times and Gazette*.

VENESECTIONS AS A HABIT.—An extraordinary case of venesection is reported by Dr. E. Warren Sawyer in the *Chicago Medical Journal* for September 1875. The subject of the narrative is a retired clergyman, aged 80. His firm step and keen intellect show an unusual degree of preservation for his advanced years. He is a farmer's son; and, during his entire life, has been unusually free from sickness. When seventeen years old, according to the custom of the period, and not for ill-health, he was bled for the first time. This habit of spring bleeding was followed for the next six years. He then became a student; and the change from active farm work to a sedentary life caused a constant feeling of heaviness, to relieve which he resorted oftener to the lancet; and, during the next ten years, he was bled from four to six times a year, always losing from ten to fifteen ounces of blood. The frequency of the venesections increased; and, for the past forty years, the patient has suffered the loss of eight or ten ounces of blood regularly every three weeks. He declares that he is always made better by bleeding; that letting a half-bowl of blood acts as a stimulant, and has never been detrimental to his health. Until he retired from the pulpit, ten years ago, he was a hard-working minister, and he is still capable of work. For the past nine months, this man has been under Dr. Sawyer's care, who has every three weeks bled him to the extent of from eight to ten ounces. The demand for blood-letting is shown by a dyspnoea, which obliges the patient to spend the night in his chair, just before his bleeding day,

His lips and finger-nails become purple. Bleeding at once relieves the dyspnoea, and the natural colour is restored to the lips and fingers; the man's spirits become lighter, he grows talkative, his voice is no longer husky, and he seems in every respect better. Repeated auscultatory examinations of the heart and lungs have failed to discover any organic disease of the former, and but slight evidence of vesicular dilatation of the latter. The blood-making function of the body has always been active, and there has never been a demand for a peculiar diet; and the frequent and large losses of blood have never seemed to be hurtful or debilitating. The history shows that, for a time, the bleedings were not actually demanded; but for many years past, in the opinion of Dr. Sawyer, it would have been detrimental, and perhaps attended with a fatal result, to attempt a reformation of the habit.

ADMINISTRATION OF CHLOROFORM.—There is one stage of the anæsthetic process—a stage especially well marked in robust males—during which the inhalation should be slowly carried on for it is a stage of especial danger. I allude to the *struggling stage*. You have all seen it doubtless, and must have marked how respiration is interfered with—slow, jerking, or for a time entirely suspended. Over this stage always go slowly. Remember the *residual air* of respiration—the amount of air always in the lungs, not undergoing tidal movement. It may amount to as much as 250 cubic inches, which, if saturated with chloroform vapor at the temperature of 60° F., would contain the vapor of 30 M., or nearly twice as much as the average quantity present in the blood of an adult when sufficiently insensible for a surgical operation. That the air is not saturated, and generally not half saturated, is the reason why we do not hear of still more accidents. You will readily understand that this vapour of the residual air is being absorbed even if respiration be entirely suspended, and now if you mark that at the close of this stage, the patient usually draws several deep inspirations you can see how easy it may be to give an overdose. Keep in mind, then, the *residual air* of the lungs during the administration of chloroform, and especially during the stage of struggling.—*Dr. Reeve, Cin. Clinic.*

SKIN-GRAFTING.—In the Rudolph Hospital (Vienna) the grafting was tried 1296 times on 62 patients during four years, and 842 attempts (65 per cent.) were successful. The experiment was tried on ulcers only, that showed healthy granulations. The size of the grafts varied from that of a mustard seed to that of a bean; the smaller ones took best. For the first dressing a piece of tin foil was placed between the grafts and the plaster-strips; the limb was kept absolutely quiet. On

changing the first dressing after twenty-four hours, the grafts showed a difference of color; some were pale red and could not be washed off; these had taken, and healed in; others were of a deathly white color and could readily be washed away; others again still showed the original color, and would, later, either heal in or drop off. The epidermis of the grafts was entirely shed off by the third day. The cicatrices formed by grafting had no greater power of residence than those formed without it.—*Chicago Medical Journal.*

DISLOCATION OF THE CLAVICLE UPON THE ACROMION PROCESS.—The treatment of upward dislocations of the clavicle on the acromion has been entirely unsatisfactory, even in the hands of the ablest surgeons. Failure to retain the reduced bone in its socket has been the rule. The successful application of a new and simple method, and at the same time one readily tolerated by the patient, is illustrated by the following case: A blacksmith, aged 42 years, was thrown from a wagon, striking on his right shoulder. The external end of the right clavicle was dislocated from the acromion and resting upon it. The bone was readily reduced, but could not be retained in place by the various applications the doctor tried. He then concluded to try Prof. E. M. Moore's dressing for fracture of the clavicle. "Having again reduced the dislocation and keeping it in place by pressure upon the top of the external end of the clavicle, I carried the arm back and forced the elbow towards the left side, across the back, pressing the arm against the side of the chest. Directing a bystander to hold the arm in this position and to keep up pressure upon the end of the clavicle, I called for a common cotton sheet, which I folded cravat-shape by placing the diagonal corners together, and then folding these corners over and placing them on the middle of the base line of the triangle, and again folding the sheet until the "cravat" is about four or five inches wide. The end of the bandage which is next to the body of the patient is carried by a half-spiral turn up along the front of the arm, in front of and over the injured shoulder, and then down across the back to the axilla of the sound side, carried forward under the arm, then upward in front of the sound shoulder, and over it to the back. The other end of the cravat is now carried around over the front of the elbow-joint and between the arm of the body to the back of the patient, then upward across the back to the top of the sound shoulder, there meeting the other end of the cravat. The ends were then drawn in opposite directions so as to make the bandage as tight as could be conveniently borne by the patient, and were fastened by sewing the lapped ends to each other. The hand of the injured side was supported by a sling fastened round the neck." On the

twenty-first day of the treatment (which consisted in occasionally tightening the dressing) all dressings were removed and the treatment discontinued; there was not the least deformity, nor did the bone move from its place after the first application of this dressing.—*Dr. Montgomery, Am. Journal Medical Sciences: Chicago Medical Journal.*

OPIUM FOR DIABETES.—The treatment of diabetes with opiates, introduced by M'Gregor, in 1837, has yielded different results in the hand of different physicians. Prof. D. strongly asserts that opium or morphine rather, exerts a direct influence upon the excretion of sugar, diminishing its quantity or making it disappear entirely. But large doses must be given, and to the administration of too small doses does he attribute the ill success of other practitioners. He bases these assertions on the clinical observations of fourteen cases, in which satisfactory results were obtained by the employment of large doses of morphine. "In most of the cases the disease had lasted a long while, and visibly influenced the nutrition of the patient. None of the patients were put on an absolute animal diet, but always a small amount of bread was allowed. In all cases a decrease in the quantity of sugar in the urine ensued, sooner or later, upon the administration of morphine, and if the dose was gradually increased, the excretion of sugar ceased temporarily. At the same time the excess of urine decreased, the thirst subsided, and the nutrition of the patient improved. With the most patients, it is true, this improvement lasted only as long as morphine was given; in one case, however, no sugar could be found in the urine eighteen months after the treatment had been stopped. The doses of morphine were gradually increased (to as much as three grains daily!) until the urine did not contain any sugar, then discontinued, to be given again when the sugar re-appeared to the amount of two or three per cent., or moderate doses of morphine were continued, to keep the excretion of sugar below two per cent." The remedy is very well tolerated by such patients and its narcotic influence does not appear until very late, but it causes an obstinate constipation, which, however, can be counteracted from time to time, by an enema or the use of rheum, or aloe. Prof. D. does not feel prepared to assert that this treatment can cure every case of diabetes, but he thinks it may always lengthen the life of the patient.—*Chicago Medical Journal.*

TREATMENT OF TYPHOID FEVER.—**MOUNT SINAI HOSPITAL, N.B.**—Within the past year there have been treated in this hospital over sixty cases of typhoid fever, and out of these only one death occurred. This was due to perforation. The plan of treatment pursued is the antipyretic, and in this manner it is claimed that the mortality is less, and

at the same time the patients do not suffer from delirium. Cold baths are employed when the temperature reaches 103° , unless it is contra-indicated by some special reason. If the temperature is only 102° , or if the patient is debilitated, sponging the body with water is had recourse to. The aim of the treatment is to keep the temperature below 102° , and for this purpose it is necessary, if baths are employed, to repeat them every few hours in the more active cases, but, in the milder ones, from two to four every day may be sufficient. One of the most important features connected with this treatment is, that no delirium occurs during the night. In one case, where active delirium ensued, the patient was given a bath, and immediately the delirium disappeared. The internal treatment consists in the administration of quinine and whiskey, with appropriate agents for the control of the diarrhoea, and of these bismuth in twenty-grain doses has proved most efficacious.—*N.Y. Medical Journal.*

A MEDICAL NIGHT SERVICE.—Paris will probably soon have a medical night-service, from which possibly we in this country may take a hint, and such as we have already described as existing at St. Petersburg. The Prefect de Police, in his memorandum on the Budget of 1876, expresses himself thus:

"*Public Succor.*—We arrive at a question often discussed; that of medical succor to persons attacked during the night by sudden accidents or ailments. The cases in which the absence of this help has been fatal to sick persons are happily rare; but one painful occurrence (often, moreover, exaggerated) suffices to give rise to recriminations against the medical body, which, however, taken as a whole, holds cheaply enough its repose, its health, and, yet more so, its interests. The strength of medical men is not without limits, and their fatiguing and perilous profession makes repose at certain hours an imperious necessity for them. On the other hand exaggerated inquietudes of patients and their families often lead to useless summonses. Finally, more than once, under pretext of an urgent visit, physicians have been led into ambushes, not to speak of ungrateful and dishonest clients, who refuse the legitimate remuneration due to the service rendered."

To remove these inconveniences, for the benefit of the public the Prefect of Police recommends the following arrangements, which will necessitate the inscription on the budget of the city of a sum of only 10,000 francs (\$2,000). In every quarter, medical men will be invited to declare whether they are disposed to attend to requisitions addressed to them in the night. The names and domiciles of those who may be willing will be inscribed on an official list posted in the police-stations of the quarter. The person who may require a doctor

will select from the list the practitioner whose aid he desires. A police-officer from the station will accompany him to the house of the medical man, will follow the latter to the house of the patient, and will, when the visit is over, reconduct him home. On leaving him he will give him an order on the police treasury for ten francs. According to the pecuniary position of the patient, the administration will reclaim the fees paid, or will assume the cost of them.—*Brit. Med. Four.*

PROLAPSE OF THE FUNIS DURING LABOUR.—Dr. George Roper read a paper, *London Obstetrical Society*, tending to show that this accident was rarely primary, but mostly the result of some other abnormality. After alluding to the various conditions predisposing to this complication of labour, and mentioning the different methods of accomplishing reposition, he stated that the real difficulty consisted in keeping the cord within the uterus after it had been returned. The best means of doing this seemed to be in securing the firm adaptation of the presenting part to the os uteri. The question of turning in place of the forceps was then considered; the author preferring the latter method, considering that there was no shock to the mother. Reports of six cases were given. The author concluded by stating that prolapse of the cord was, for the most part, associated with some other complication of labour; and that it behoved us to make observations as to what that complication might be, as the management of the cord would, in a great measure, depend upon the nature of the complication; in some cases, the funis could be saved, from pressure; in others, not.—Dr. Braxton Hicks had employed cephalic version, in transverse presentations with prolapse of the cord, using one hand externally to press down the presenting part into the os uteri, the funis being pushed up simultaneously by the internal hand.—The President asked if Dr. Hicks combined the postural method with the reposition of the cord.—Dr. Hicks replied that he had not found it necessary. He had experienced no difficulty in pressing up the head and carrying the cord by the same hand as quickly as possible, and then the outside hand pressed the head into the os. In prolapse with head-presentation, pressing the breech to the fundus was not needed as in transverse presentations.—Dr. J. Brunton thought Dr. Roper had not given sufficient prominence to the postural method. He (Dr. Brunton) had found it the most satisfactory of all methods of treatment of prolapse of the cord, and considered it applicable in all cases. He questioned whether Dr. Hicks would be able with his middle finger to reduce a long loop of cord protruding from the vagina; by the postural method this could be done.—Dr. Edis called attention to the correct postural position being the genu-pectoral or knee-shoulder, not knee-elbow position, as

had been spoken of by many.—The President referred to a paper read by Dr. Thomas of New York eighteen years ago.—Dr. Roper asked what was the rationale of the postural position. Gravitation would not account for it.—(*British Medical Journal.*)

PERCHLORIDE OF IRON IN POST PARTUM HÆMORRHAGE.—The case of death recently recorded in the *Journal* by Mr. Boddy, which resulted from the injection of perchloride of iron into the uterus induces me to forward notes of a case I attended on the 25th of September, 1874, and the recovery of which I entirely attribute to the speedy injection of the above solution. Mrs. H., aged 40, a multipara, had been extremely anxious for some time about the result of her pregnancy, in consequence of having met with a fall when in her sixth month, and also of having subsequently experienced pain and uneasiness over the right inferior abdominal region. On the date named, I was summoned in the forenoon to attend a primipara, and had just finished adjusting the binder after the removal of the placenta, when a messenger arrived informing me that Mrs. H., was in labour, and urgently wished my early attendance. I was in time to witness the birth of the child, and the almost simultaneous expulsion of the placenta from the uterus; but in a few seconds there followed a most alarming gush of blood, which continued at short intervals. After having manipulated the uncontracted uterus externally, removing clots and applying cold to the genitals, without avail, I injected five ounces of solution of perchloride of iron (viz., one part of the strong pharmacopœial solution mixed with four parts of water). This had the immediate effect of arresting the hæmorrhage, and also of causing the uterus to contract; for several hours afterwards, the patient had all the symptoms of threatened fatal syncope; in fact, I never saw a case so near approaching a fatal termination. After having been fed carefully for some hours with wine, brandy, chicken-broth, etc., given in spoonfuls every few minutes, she progressed at length, and ultimately made a good recovery. As I was single-handed at the time, and situated at a distance of seven miles from the nearest practitioner, the case made a strong impression upon me, and so fully demonstrated to my mind the value of the perchloride injection that I now never attend a case of confinement without first providing myself with an injecting apparatus and solution ready for use.

It may also be interesting to mention that, in April last, I was in attendance upon a case of placenta prævia, where palliative treatment had failed, and where delivery of the child at seven months was necessary. In this case, there was a tendency to hæmorrhage; I, therefore, took the precaution, before passing my hand up to remove

clots, membranes, etc., to dip it into a solution of the perchloride, and also afterwards injected an ounce of the fluid. This case terminated favourably to the mother.—DR. HARRISON, (*British Medical Journal*.)

PATIENT'S NOTIONS OF THE CLINICAL THERMOMETER.—Hospital patients, as a rule, do not clearly understand exactly why the clinical thermometer is so frequently introduced to their notice, and their ideas of a temperature chart are usually of the haziest. The following facts gleaned from the medical assistants of one of our metropolitan Hospitals will prove this:—A young woman who was convalescent, and whose temperature had long remained normal, had a slight relapse, which she attributed to having had "no glass under her arm for a week." A man, suffering from acute rheumatism, obstinately refused to have his temperature taken any more, saying "it took too much out of him. It was a drawing all his strength away." A man had been in the habit for some time of having his temperature taken daily under his tongue, with a thermometer that had just been doing severe duty in the axillæ of other patients. One night a brand new thermometer was applied to his mouth, next day he declared he was not so well, and said, "the glass was not so strong as usual; he felt at the time the taste was different, and it had not done him so much good!" A sister in one of the women's ward's says, that many of the patient's think the thermometers are used to detect breaches of the rule against having unauthorised edibles brought in by friends; and she, accordingly, does not disabuse their minds of their innocent superstition.—*Students' Journal and Hospital Gazette*.

CASE OF RHEUMATIC HYPERPYREXIA CURED BY ONE COLD BATH.—Dr. Sidner Ringer reports the case of a young woman, aged eighteen, who had been the subject of an attack of acute rheumatism. On the fifth day of her illness, the temperature was 102.8°, and remained between 102° and 104° for four days, when the fever gradually declined. She had pericarditis and endocarditis, and an attack of pleurisy with slight effusion on the left side. On the eighteenth day the fever had almost gone, and although she had not left her bed, she was considered quite convalescent. On the nineteenth day, however, the temperature rose to 103.6°; and the same night it was 104°. Early on the twentieth day, it was 104.4°; and at noon 106°. During the previous night she had been very delirious; and as the temperature rose, she became much worse. At noon (twentieth day), she was rapidly becoming comatose, could be roused, but with much difficulty, and had lost her sight. It was then determined to try the cold bath treatment. She was placed in the bath, and five minutes afterwards the temperature (in the rectum) was 106.2°.

In half an hour, thirty-five minutes after entering the bath, the temperature had fallen to 102.2°. Ten minutes later she was removed from the bath and the thermometer showed 101.2°, and thirty-five minutes afterwards, 99°. For seven hours afterwards the temperature ranged between 100° and 102° (in the axilla). Unfortunately there are no notes of the temperature of the bath, but Dr. R. thinks they commenced with a temperature of 90°, quickly reduced by the addition of ice to 60. But a small amount of alcoholics was given while the patient was in the bath. As soon as the temperature began to fall, consciousness returned. There was no delirium, and all the serious symptoms were removed during the day. The morning after the bath, the temperature was 100.6°, and on the following morning it fell to 99.6°, and never rose higher. From that time the patient rapidly improved and recovered.—*The British Medical Journal*, October 2, 1875.

PROFESSOR LORAIN, of Paris, whose sudden death occurred so recently, has left in the memories of his confrères many incidents which illustrate the unselfishness of his character. Even the circumstances of his death serve to show how self-sacrificing he was. He was busy in his study preparing his first lecture on the History of Medicine, which he was to deliver in a few days, when a patient called to ask him to attend a child. The servant had received orders to say, "Not at home," but the poor father insisting, was let in, and Dr. Lorain, notwithstanding his wife's reminder that he was not well, went out, took an open carriage, and climbed the six flights of stairs which led to the room of the sick child. He had scarcely reached there when he begged to be lain on a bed. Two physicians were summoned, and found him, cyanosed, and convulsed, and in about twenty minutes he was dead. As a proof of the extraordinary effects which may follow arbitrary regulations, it is said that Dr. Grancher, one of the physicians in attendance, went to the office of St. Antoine Hospital, to borrow a stretcher with which to take the body of the professor home. The official in charge sternly refused to permit a stretcher to be taken out of the hospital, and though Prof. Lorain had been for many years physician to this hospital, and was at the time physician to La Pitié, his friends were obliged to obtain the necessary stretcher elsewhere.

As another evidence of his unselfish nature, it is related that in 1868, Lorain was inscribed on the list of savants who were to receive the Cross of the Legion of Honor. Hearing of this, he at once used all his influence to get the name of an elder colleague substituted for his own. This was done, and Lorain, had to wait some years before receiving the wished-for-Cross for himself, as he obtained it only in August, 1875.

Medical Items and News.

DR. E. TRENHOLME reports (*Canada Medical Record*) a case of traumatic tetanus successfully treated with cloral and bromide of potassium.

SACCHARATED DOVER'S powder is made by substituting milk-sugar for potassium sulphate, in the regular formula. It does not "coagulate" with sugar-of-lead, and is in that respect superior to the time-honored formula.—*Ex.*

ELEGANT FERRUGINOUS PREPARATION.—The following offers simply the most elegant and efficient ferruginous preparations we know of: Take of tincture of chloride of iron three fluid drachms, dilute phosphoric acid half a fluid ounce, syrup of lemons three fluid ounces. M. A whitish preparation, pleasant to the taste; to be exhibited in a dose of a dessertspoonful to a tablespoonful.—*Med. Times.*

UNUNITED FRACTURES—OPERATION FOR THEIR CURE.—Dr. James Spence (*British Med. Journal*, August 14, 1875) recommends for the treatment of ununited fractures at an early period the following: "A long, but narrow and strong knife is entered sub-cutaneously; is passed on to and between the ends of the ununited bone, dividing freely the fibrous union, scraping the ends of bone and slightly separating the periosteum. Then the limb is carefully and firmly bandaged and placed in appropriate splints." His success with this simple procedure is such that, in recent cases, he does not think it warrantable to proceed to severer measures until this has been fairly tried.—*Detroit Review.*

TREATMENT OF WHOOPING-COUGH WITH CARBOLIC ACID VAPOR.—In reference to the report of a paper read by Dr. Robert J. Lee on "Whooping-cough and Its Treatment with Carbolic Acid Vapor," published in the last number of *The Doctor* (p. 195), Dr. Burchardt, Oberstabsarzt, and lecturer at the University of Berlin, writes that in the summer of 1873 he used the steam of a solution in carbolic acid water (1½ to 2 parts of acid in 100 parts of water) for inhalations three times a day, with perfect and speedy success in the treatment of whooping-cough. The same inhalations may also be used with great advantage in other affections of the respiratory organs.—*The Doctor*, Nov. 1, '75.

CHLOROFORM AND ETHER.—In view of the mortality in this country from chloroform, we feel called upon constantly to insist upon a fuller attention to the greater relative safety of ether. "The terrible and indisputable fact is, that no human care, wisdom, or foresight, can prevent occasional deaths from chloroform. On the other hand, only the grossest mismanagement can render

ether inhalation fatal." This sentence we extract from the last number of the *American Quarterly Journal of Medical Sciences*. As the American experience of ether is very large, and as this journal is the chief medical authority in the United States, we invite particular attention to this clear and pregnant statement. It would only lose by additional comment.—[*British Med. Journal.*]

THE ABOLITION OF SMALL-POX.—It is, remarks the Registrar-General, worthy of note that no death has been referred to small-pox during the past four months in London, which has an estimated population of 3,445,166 although the corrected average number of fatal cases of this disease in the corresponding period of the last ten years is 337. This complete immunity from fatal small-pox in London for so long a period is without parallel since civil registration was established; and may be safely assumed to be entirely unprecedented. We note that one death was last week classed to small-pox, but that it was a fatal case of chicken-pox; and that, during the last eighteen weeks, 16 deaths in London have resulted from that disease.—(*British Medical Journal.*)

SULPHURIC ACID IN THE TREATMENT OF BOILS.—Dr. Marsh has used sulphuric acid, which he regards as almost a specific for boils, with constant success for twenty-five years. "As soon as the patient applies for relief, I put an adult on elixir vitriol, 20 drops, three times a day, in a glass of sweetened water, one hour before meals, previously smearing the teeth well with fresh butter, in order to protect them. This is much better than sucking through a quill, and is a perfect protection, if the teeth are subsequently washed with a solution of sod., bicarb. a heaped teaspoonful to a glass of water. In the use of sulphuric acid the boil will soon melt away and disappear, no more to re-appear. The acid should be kept up in ten-drop doses for at least two weeks after the boils have disappeared. To afford relief from pain and soreness, I apply a piece of common adhesive plaster, cut round, sufficiently large to cover the tumor, clipping the edges so that it will set smooth."—*Practitioner.*

BORACIC ACID IN THE TREATMENT OF RINGWORM.—Surgeon-Major Watson reports in the *Indian Medical Gazette* that he has lately employed boracic acid with very great success as an external application in the treatment of the dermatophyta or vegetable parasitic diseases of the skin. He was induced to try this remedy from witnessing its employment as an antiseptic in the Edinburgh Infirmary wards. The diseases in which he has hitherto used boracic acid have been the different forms of tinea (*T. tonsurans* and *circinata*), and in that very troublesome form of the disease which affects the scrotum and inner side of the upper

part of the thighs of many Europeans in India. Dr. Watson declares that the external application of a solution of boracic acid acts like a charm in such cases. An aqueous solution of boracic acid of a drachm to the ounce, or as much as the water will take up at ordinary temperatures, is employed. The affected parts should be well bathed with the solution twice daily, some little friction being used, and it should not be wiped off, but allowed to dry on the part. The remedy is said to be so simple, cheap, and efficacious, that it has only to be once used to be preferred to all other remedies of the same class.

A FLEXIBLE CLINICAL STETHOSCOPE.—Every practitioner has occasion to feel often the need of a longer instrument than the ordinary stethoscope, and one which by its flexibility permits him to vary his position with relation to the patient. Arnold and Sons have produced a flexible stethoscope which meets this want. Its novelty consists not so much in its length and flexibility as in its ear-piece, which is made of well-polished vulcanite, and is so shaped as to fit the meatus of the ear. Moreover, the ear-piece has a small perforation on one of its sides, which is intended to prevent the air from impinging unpleasantly upon the membrane of the tympanum when the chest-piece is moved or first applied. On commencing to listen the perforation is to be closed with the finger. We are not clear that the instrument conducts sound better than the ordinary stethoscope, but its utility in certain circumstances of frequent occurrence is obvious.—*The Lancet.*

THE TREATMENT OF VOMITING OR PREGNANCY.—The interesting paper in the *Journal* of November 6th by Dr. Copeman, on obstinate Vomiting connected with Pregnancy, has induced me to bring into more prominent notice a remedy which, during the last four years, I have found of great service in relieving, if not in subduing, the ordinary nausea and sickness of early pregnancy. This remedy is dilute phosphoric acid in doses of from thirty to sixty minims in a wine-glass of water two, three, or four times a day, as may be required. It is of special value in cases where the nausea becomes extreme at the sight of food, as a dose may be easily taken before meals. Amongst all the remedies for this particular discomfort, I have found none so uniformly efficacious. It may act by powerfully stimulating the nerves of the stomach, or as a corrective (if, as is asserted, the vomitings of pregnancy are alkaline), or in both ways. It is very pleasant to the taste, and I have always found that patients who have taken it in one pregnancy invariably send for the acid when they find themselves in an interesting condition again.—*Dr. Fairbank, British Medical Journal.*

SIMPLE TREATMENT FOR CLUB-FOOT (*The Medical Record*, November 20, 1875).—Dr. J. B. Todd reports the case of a boy, aged 17 months, who had complete talipes of both feet, the variety being equino-varus. He operated, dividing the tendo Achillis subcutaneously, and found that the foot could be placed in its natural position. The support was given to the parts by two pieces of splint to fit the bottom and outside of the foot, and the back and outside of the leg up to the upper fourth, joining the foot-piece at an angle of about one hundred degrees. These were well padded, and the heel was brought down into the angle formed by the foot and leg-piece by a many-tail bandage brought over the instep; then the roller was applied.

The feet were dressed each day, and an emollient lotion applied; five weeks after the operation, when the boy was placed upon his feet, they retained their normal position.

TREATMENT OF CARBUNCLE BY STRAPPING.—Dr. Ziegler (*Phil. Med. Times*, Oct, 16,) reports two cases successfully treated after the manner originally proposed by Dr. J. Ashurst, Jr. The indication is to make concentric pressure by adhesive strips, three-fourths of an inch in width, tightly drawn over the suppurating tumor in different directions, leaving a small outlet in the centre for the discharge. The result is described as highly satisfactory, the diseased structures rapidly diminishing under the pressure. The plan appears to be adapted to the suppurating stage of carbuncle.—*Pac. Med. & Surg. Jour.*

Horace Wells is to have a bronze statue erected in Hartford to his memory, as the discoverer of anæsthesia. The Legislature of Connecticut appropriated some years ago, \$5,000 to be devoted to this purpose, and the city of Hartford gave a like sum.

RETURNING THE VISITS.—There is an old story of a godless wretch, who sent word to his doctor on presentation of the bill that he would pay for the medicine and return the visits.

The Code of Ethics of the American Medical Association has been adopted by the Medical Society of Munich and translated into German for the use of its members.

We are pleased to learn that a new edition of Da Costa's valuable treatise on Diagnosis is in preparation by the author.

PRURITUS TREATED WITH VINEGAR.—Dr. Thackeray of Dakota writes to the *Medical News* that he treats the pruritus formicans of pregnancy with cider vinegar, topically applied, and that he has never failed to cure with it. He procured the prescription from the late Prof. Henry S. Dickson.

THE CANADA LANCET.

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TORONTO, JAN. 1, 1876.

THE PAST YEAR.

In reviewing the progress which has taken place in medical science during the past year, we do not find anything of a very striking character. True, there have been many improvements and discoveries, but not any one or more in particular which stand pre-eminently forth. Yet, the progress has been none the less certain and steady. In medicine, the cold water treatment of fevers which was inaugurated during the previous year, has received a fresh impetus, owing to the success which has attended it. Nor has the treatment been confined to continued fevers, but has been resorted to with great benefit in the reduction of the high temperature present in some cases of acute rheumatism. The treatment appears to be admissible in all diseases in which the temperature goes beyond the normal standard. This has rendered attention to temperature, a matter of more practical moment than formerly was the case. The clinical thermometer has now come to be looked upon as a *sine qua non* by all intelligent practitioners. Some very remarkable cases of high temperature have been observed during the past year. In one case recorded by Mr. Teale (*Lancet*), the temperature, in a case of injury to the spine, rose to the unprecedented height of 122° F. This shows that the thermal limits of vitality are liable to greater variation than is generally supposed possible. The treatment of diseases of respiration and circulation by the pneumatic method, has been lately introduced in the United States, but with what success does not yet appear. It consists in allowing the patient to inhale a condensed or rarefied air, as the exigencies of the case may require. Hypodermic medication has also been more extensively

employed than heretofore, comprising the use of nearly all the soluble vegetable alkaloids, such as e.g. ergotine in hemorrhage, hemoptysis, &c. quinine in intermittent fever, morphine, atropine, &c. The latter, associated with morphine, has been used in cholera with very good results. Bichloride of mercury, in 15 M. doses, of a solution of one grain to the ounce, combined with morphine to allay irritation, has been successfully used in the treatment of syphilis. The bicyanide, has also been used, in larger doses, in the same way and for the same purpose. Various improvements have been made from time to time in the syringe, the latest of which is the almost painless introduction of the needle, from the rapidity with which it penetrates the skin by the force of a strong spiral spring. In surgery, the torsioning of arteries seems to be daily growing in favour among surgeons both at home and abroad. It has been successfully used in nearly all the arteries of the body, and has the great advantage of doing away with the irritation produced by the presence of a ligature in the wound. Cases of secondary hemorrhage are also said to be of less frequent occurrence, than with the ligature.

The use of the Aspirator has also been more fully tested, and has not disappointed its advocates. It has been used successfully in hydro-pericardium, hydrothorax, retention of urine, hernia, intestinal obstruction, for the relief of tympanites, and for the purpose of injecting nutrient fluids into the intestines, &c., &c., and in no case has the introduction of the needle been attended with serious results. It may be confidently looked upon as one of the greatest inventions of the present century.

The entire removal of the larynx has again been performed by Prof. Billroth, of Vienna, and was successful so far as the operation was concerned, but the patient died on the 5th day from pneumonia. This operation has also been performed with success by Prof. Von Langenbeck, of Berlin.

Nelaton's method in the treatment of chloroform narcosis, which consists in inverting the body with the head downwards, has been successfully employed, both at home and abroad, during the past year, and no doubt now remains as to its efficacy in certain cases. Two cases, one by Dr. Wade, of Cobourg, and another by Dr. Covernton, of Simcoe, have been reported in the *LANCET*, in which this treatment was successful.

The subject of transfusion, which seemed to give promise of much value in the treatment of debilitated and exsanguinous patients, has agitated the professional mind more or less, but the results have not been of such a character as to inspire confidence in its success. The difficulty of obtaining human blood for the various cases, has led to an attempt to substitute for it the blood of animals, the blood of lambs being generally used. A trial of it was made in Canada by Drs. Clarke, of Princeton, and Meldrum, of Ayr; but their experience was not such as would lead them to a repetition of the experiment, except in flooding or sudden loss of blood in an otherwise healthy individual. The transfusion of goat's milk as a substitute for blood has also been tried by Dr. Howe, of New York, in a patient with tubercular disease, but without any special benefit.

In therapeutics several new remedies have been introduced to notice, and some old ones applied to new purposes. If the introduction of blood into the veins was sometimes attended with dyspnoea, and other unpleasant symptoms, the taking of it into the stomach, although not pleasant to think of, was at least unattended with danger to life; and the drinking of the blood of oxen was had recourse to, by consumptives and others, with, in some cases, beneficial results. Those who were squeamish about drinking the warm blood as it flowed from the animals, have had it dried for them by the pharmacist, and given in the form of hæma pills. Carbolic acid has been turned to good account, in various ways, besides being used as an antiseptic in the treatment of wounds *a la* Lister. It has been used with great benefit, in the form of inhalation, in the treatment of whooping-cough and croup; and among its most recent uses may be mentioned its subcutaneous injection in the treatment of intermittent fever, erysipelas, arthritis and other local inflammations, in which it is said to relieve the pain and check the fever. Among some of the new remedies may be mentioned monobromide of camphor, which, as a sedative, is given in two grain doses in cases of insomnia, when other remedies such as opium, and chloral hydrate are inadmissible. Jaborandi, a Brazilian herb noted for its sudorific properties, has been brought into notice. It is given in the form of infusion, and is soon followed by profuse perspiration and an increase in the saliva. Damiana, a Mexi-

can plant, is also a new drug said to possess powerful aphrodisiac properties, but there seems to be some doubt about it. The use of oleate of mercury in the form of inunction in syphilitic diseases, especially of the skin, has been attended with very favourable results in the German hospitals and is deserving of a more extended trial. The antiseptic properties of salicylic acid have come to be regarded as second only to carbolic acid, and for some affections superior to the latter. It is considered a most valuable remedy in diphtheria, and in all diseases attended with the formation of microscopic organisms. It is used internally in doses of from two to five grains, and also as a gargle in diphtheria.

In the field of Obstetrics, there are many points worthy of notice. The injection of perchloride of iron in post-partum hemorrhage, introduced by Barnes, is still the subject of many remarks *pro* and *con*. Some fatal cases have been attributed to its use, and it is quite clear, we think, that it should never be used except as a last resource. Tincture of iodine has been brought forward as a substitute, but it has not received much favor. The use of powerful agents to the interior of the uterus—such as perchloride of iron, nitric acid, chromic acid, and the cautery—should be deprecated, unless in very extreme cases. The operation for the removal of the uterus and its appendages in a case of fibroid tumor has been performed by Dr. Trenholme, of Montreal, with recovery of the patient; and a similar operation was also reported by Dr. Chadwick, of Boston. This operation has also been performed by Dr. Sims twice during the past year, but his cases were unsuccessful as to result. Dr. Sinclair (Dublin Pathological Society) reported a case of successful amputation of the uterus by a ligature in a case of chronic innersion, with rapid recovery of the patient.

Dr. Thomas, of New York, has devised and carried out a new operation for the treatment of tubal pregnancy. In such cases, when he has reason to believe from the pain, violent perspiration and other symptoms that the cyst is about to burst, he taps it through the vagina, drains off the liquor amnii, after which he enlarges the opening and removes the foetus.

The medical elections under the Ontario Medical Act took place in the month of June, and resulted in the return of a large number of the old members

of the Council and but few new ones ; while the Homœopaths, who, at one time, threatened to remain away altogether, have taken the advice of their friends and have again come into the Council. The first meeting of the new Council was held on the 13th of July. Considerable bitterness of feeling was evinced by certain interested members towards the LANCET, because of certain criticisms in reference to their appointing themselves on the examining board. Many of them, however, we have no doubt, have since discovered that we but spoke the sentiments of the profession, and we trust that next year will see the end of such appointments being made.

Another matter of interest to the Canadian profession was the meeting of the Medical Association at Halifax in August. The meeting was well attended, and many interesting papers were read and discussed. There was a fair representation from the Upper Provinces, and we trust that at the next meeting, which is to be held in Toronto on the first Wednesday in August, 1876, many of our brethren from the Lower Provinces will return the visit. We are pleased to see the narrow provincialism of former days give place to the tide of imperial sentiment in the Dominion.

Our friends in Quebec have been a little agitated of late, over an attempt to introduce a bill into the Legislature, to amend the present act of incorporation of the profession. The proposed bill did not seem to meet the wishes of the profession, and deputations were sent to Quebec to protest against its passing, and we believe they have been successful in preventing it. The subject of medical advertising in the secular press by members of the profession has been a good deal discussed both at home and abroad, the general tenor of which has been an unanimous conviction that it is derogatory to the dignity and honor of the profession, and that it should be positively discountenanced by all who have the best interests and welfare of the profession at heart.

The following medical journals have ceased publication, or have become absorbed by other journals during the year:—The *Irish Hospital Gazette*; the *Kansas City Medical Journal*; the *Chicago Medical Examiner*, and the *Indiana Journal of Medicine*. Among the new medical books which have appeared during the year may be mentioned "Stille's Therapeutics," "Ziemssen's Cyclopaedia of Medicine," Vols. I., II., III. IV. and X.; "Beard and Rockwell" on Electricity; "Cohen" on Croup; "Fox" on the Stomach; "Loomis" on the Respiratory Organs; "Hamilton" on Frac-

tures; "Dalton" on Physiology; Flint's new work on Physiology, &c., &c. It is our painful duty also to mention the deaths which have occurred among the members of the profession. Among these may be mentioned Prof. Traube, of Berlin; Prof. J. Hughes Bennett, of Edinburgh; and Dr. Condie, of Philadelphia; and among our brethren in Canada are Drs. Bayard, St. John, N.B.; Simpson, Fredericton Jn., N.B.; Lizars, Toronto; Sutherland, Montreal; Lawrence, Paris; Hipkins, Brantford; Crawford, Hamilton; Wilson, Niagara; Cole, Clinton; Beaumont, Toronto; Yates, Kingston, &c., &c.

In the early part of the year there was not unusual amount of sickness, but of late there has been a severe epidemic of scarlet fever and diphtheria in some parts of Ontario, and small-pox has prevailed more or less in Montreal. In that city a disturbance, almost amounting to a riot, was created by the French population, owing to an attempt on the part of the civic authorities to enforce vaccination. The entire absence of vaccination in some cases, and the imperfect character of it in others, among the French population, has caused the disease to be more prevalent in Montreal than in other cities of the Dominion. The fact is, the law regulating vaccination is almost a dead letter in all parts of the country, and sadly requires to be amended.

MEDICAL LEGISLATION IN QUEBEC.

A short time ago, an attempt was made to secure a new Act for the government of the profession in the Province of Quebec, as an amendment to the Act of 1847, which law at present regulates the profession in that province. By the provisions of the present Act, the College of Physicians and Surgeons are given entire control of medical matters in the Province. Under this régime the profession has prospered for almost thirty years and the new Bill sets out with the statement that it is "highly desirable that the medical profession of the Province of Quebec be placed in a more respectable and efficient footing." This fair opening would seem to promise something good to follow as a means of elevating the profession, but instead, on perusal, we find it void of any feature, at all calculated to effect this desideratum. Unlike the Province of Ontario, the regular profession alone governs in Quebec. Unlike the present law, we think foreigners or all-comers, rather, should not be entitled to enregistration and admission to practice without examination, because, unfortunately, the possession of a diploma does not always warrant the possession of the need-

ful amount of knowledge. The portals to the profession should not be too numerous or too easily entered; in fact, there should be but one licensing body, and one examining body, in each Province independent of all Schools and Universities. The power of expulsion of unworthy members should be provided for in any new Bill, which is not done in the one proposed. The proposition that "a Committee of three members, of whom two shall be named by the board, and the third by the government to attend the examination of students at the incorporated Universities or Schools of medicine, with the view of ascertaining if diplomas are granted according to the merits of the students" does not receive the approval of the schools, and, in consequence, a petition deprecating hasty legislation has been numerously signed and sent in to the government. The powerful influence of McGill is against it, and an influential deputation from the Medical Society of Montreal, visited the "ancient capital" with the purpose of using all influence possible against legislation, during the present session. These representations have been successful, and we shall hear no more of it for a time at least. The bill as proposed was drafted by a French medical man, and its measures were entirely without the endorsement or suggestion of the members of the Colleges, or the College of Physicians and Surgeons as a whole. In its present form it is not acceptable to the profession in Quebec.

MEDICAL ETHICS.

Two propositions may be established as fundamental for the guidance of young practitioners.

1st. That every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness.

2nd. That medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue and artifice.

To expect the public to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of empiricism, it is of the first importance

that physicians should do nothing derogatory to the dignity of the profession in the way of public advertisements or newspaper notices. We have with regret had brought to our notice a blunder of this kind—and blunder Talleyrand ranked as worse than a crime—of a young friend of ours from whose distinguished career at the schools we should have hoped better things. As similar attempts at obtaining the notoriety that leads to profitable employment are too frequently had recourse to, we publish the *modus operandi* frequently as in this instance adopted, suppressing names and places: "Dear Sir,—I enclose you a list of the officers elect for — Lodge, by which you will see that your humble servant has been honored with the office of Worshipful Master. You can publish the list in your paper. I want you to give me a little puff in your local column on the strength of my being an —. Something like the following will answer very well, if it suits you.

PERSONAL.—We see by the report published elsewhere, that our old friend, Dr. —, has been elected Worshipful Master of — Lodge. The Dr., who, by the way, is a genial good fellow, and a thorough gentleman, is an old boy and was made a mason in —. He was a successful teacher in this county for many years, and subsequently a persevering, hard-working medical student, graduating with high honors. We are glad to learn that the good people of — are not slow in recognizing in him a reliable physician, an ardent mason and a useful citizen. The young men of — always make their mark wherever they go. If the above is too thick make it a little thinner, and send me a couple of papers next week."

We submit that the above method of obtaining professional notoriety is calculated to estrange the young aspirant from the countenance and support of the older members of the profession, and is an indirect violation of the obligations which Hippocrates imposed (and which are still retained in the graduating oath of the several universities) upon the young members of the noble science of medicine. viz., that "they should respect and assist their preceptors, their seniors by experience or age; and shall contribute, as far as in their power, to the honor of the profession." Or in other words, that their conduct shall be the pledge and proof that they pursue the profession as a liberal science, and that in all their dealings with their patients, pro-

professional brethren and the community, they will be ever guided by the principles of strict professional honor. The conduct of the medical practitioner should be the proof of his pursuing his profession as the result of a liberal education, and thus establish the essential difference between it and a trade. For, as in the latter, the art is rightfully considered as the exclusive means of gain, so the former must inevitably be degraded into a trade whenever mercenary and sordid motives supersede the scientific aim.

The late Professor Green in writing on the code of ethics that should be adopted by the profession, thus speaks: "We demand of all its members scientific aims and objects. We denounce as empirics those who neglect or disclaim science; we reject as tradesmen those for whom the profession is only a lucrative business; and we brand as quacks those who dishonestly make it the means of levying a tax on the hopes and fears of the ignorant and credulous." "Est modus in rebus; sunt certi denique fines quos ultra citraque nequit consistere rectum." "There is a rule for all things; there are, in fine, fixed and stated limits, on either side of which right cannot be found.

INVERSION OF THE UTERUS.—A case of inversion of the uterus of upwards of three months standing, is reported in the *Medical Record*, N.Y., as having been successfully replaced by Dr. White of Buffalo. The patient, aged about 25 years, was attended on the 10th of June in her third confinement, by a practitioner who for some time had discontinued practice. The women present at the confinement, stated that the child was born naturally and that the doctor removed the placenta, but there was some organ visible which they had never seen before in confinements. Four weeks after delivery, another physician was called in, who pronounced it a case of fibroid tumor. A little later it was discovered to be a case of inversion of the uterus, and after some further delay Dr. White was called in. The patient was placed under the influence of ether. A sound was introduced into the bladder, and the finger in the rectum, in order to discover whether they could be brought in contact, but impacted feces in the rectum interfered with this means of diagnosis. But by pushing up the tumor the inverted os could be distinctly felt

through the thin abdominal walls. The right hand was then introduced into the vagina, carrying with it a rectal bougie, by means of which pressure was made on the fundus of the uterus, at the same time counter-pressure on the abdomen, and in about six minutes the uterus returned to its normal position. In about eighteen days afterwards the woman was almost as well as usual.

CINCHONINE.—Since the publication of the report of the East Indian commission on the merits of the different cinchona alkaloids in the treatment of intermittent and remittent fevers the alkaloid cinchonine has risen into high repute, and has come to be much more extensively used as a tonic and antiperiodic. After an extended trial of the muriate of cinchonine (prepared by the Messrs. Howard), we have been led to think very highly of its efficiency. It possesses great virtue as a tonic and stomachic, and is perfectly reliable as an antiperiodic. Not only is it adequate to the cure of the remittent fevers which prevail along the coasts of our Canadian lakes; but it has proved itself most serviceable in the treatment of ague and paludal fevers. Obstinate cases of intermittent, attended with great prostration, at length yielded to cinchonine, resorted to after discouraging trials of sulphate of quinine which is usually so effective. We find from our own observation of its employment that it affects the base of the brain in a less degree than does quinine. There is less headache, less ringing in the ears, and less sensory disturbance during its exhibition than what follows from the use of large doses of quinine. This comparative freedom from headache is a fact of great importance, and led us to test its value in neuralgia, a malady in which perhaps cinchonine is to be preferred in suitable combination with other approved remedies. The tonic properties of cinchonine are so decided, that it deserves to have a place along with the sulphate of quinine, in the large class of cases in which the latter drug is resorted to for its tonic effect. It is well borne by weak stomachs, and, combined with hydrochloric acid, proves of service in the treatment of indigestion. The chloride, or muriate, as the manufacturers label it, is an eligible preparation. It is very soluble, and dissolves quickly and entirely in dilute hydrochloric acid. It is of course chemically compatible with the tincture of perchloride of iron, the liquor arsenici hydrochloricus, and

with the liquor strychniæ of the British pharmacopœia, three remedies which are likely to be conjoined with cinchonine to meet indications of treatment in many affections.

BANQUET TO DR. CLARKE.—A banquet was given to Dr. Clarke on the 14th ult., by his friends, as a mark of esteem prior to his leaving Princeton to take charge of the Provincial Lunatic Asylum, Toronto. It was a most successful and enthusiastic demonstration, and a magnificent expression of the people's esteem for him personally, and their appreciation of his high literary and professional attainments. There were about one hundred and fifty people present; among the number were the Hon. Geo. Alexander, Thos. Oliver, M.P., Sheriff Perry, Mayor Field, Captain McCleneghan, Drs. Turquand, McKay, Scott, Swan, and Messrs. Gissing, Pattullo, Beeman, Douglas, Cameron, Strauchon, Wood and H. McKay, all of Woodstock; Col. Cowan, Ingersoll; W. Paterson, M.P., A. S. Hardy, M.P., Brantford; Dr. W. Clarke, and Dr. Burt, Paris, and many others. The chair was occupied by Mr. Freeman, Esq., vice-chair by Captain Eakins. Letters regretting inability to be present, from Attorney-General Mowat, Mr. Cameron, of the *London Advertiser*, and others, were read by the Secretary. After the removal of the cloth, toasts and speeches became the order of the evening. The Dr. in response to a toast with which he was honored, said "that he had been in Princeton seventeen years, and that he was happy to say that he left the neighbourhood without one feeling of enmity. This life is too short to indulge in bitter contentions. If a man wishes to make life miserable let him cherish rancorous feelings against his fellow-man. He expressed his regret at having to sever his connection with this neighbourhood, around which so many happy remembrances cluster, and that in leaving it he did not go to recline on a bed of roses, or leave a country practice to find a sinecure. The position to which he had been appointed was the one he would have chosen in preference to all others. He had made insanity a special study, not for the purpose of receiving any appointment, for he had never dreamed of such a thing, but solely for the love of the study of that subject—insanity. He had never applied for the appointment—it was urged upon the Government by the spontaneous wish of the Medical Council of Ontario." Many regrets were expressed at the departure of the Dr. from Princeton, while at the same time he was assured that he carried with him the best wishes of all present for his future happiness.

EXCISION OF THE LARYNX.—Prof. Von Langenbeck, of Berlin, has lately removed the larynx and a portion of the base of the tongue from a man aged 57, with cancerous infiltration of the whole upper portion of the larynx above the ventricle. Tracheotomy was previously performed, and the trachea above the opening plugged with an air bag to prevent blood from flowing into the bronchi. Forty-one arteries were ligated, including both external carotids; and both submaxillary glands were removed. The patient did well. This is the fifth case of excision of the larynx. Billroth, of Vienna, in 1873, was the first to perform it, and he has performed a second, since; the third by Heine, of Prague, in 1874; the fourth, by Dr. Schmidt, of Frankfort-on-the-Main. It is Langenbeck's intention to adapt an artificial larynx to the patient's throat as soon as the wound is perfectly cicatrized.

THE TORONTO EYE AND EAR INFIRMARY.—The annual meeting of the Toronto Eye and Ear Infirmary was held on the 29th Nov. The following report for the past year was submitted by Dr. Rosebrugh:—Patients treated during the year, 634. Eye diseases: cured, 200; improved, 156; relieved of discomfort, 67; unimproved, 8; incurable, 8; result not known, 43; remaining under treatment, 30. Total, 512. Ear diseases: cured, 39; improved, 48; unimproved, 6; relieved, 7; result unknown, 16; incurable, 5; remaining under treatment, 7. Total, 127. The appointments on the medical staff are as follows:—Dr. Rosebrugh, Senior Surgeon; Dr. Reeve and Dr. Coleman, Surgeons; Dr. Parsons and Dr. Holey, Clinical Assistants.

TREATMENT OF OZENA.—We observe in *L'Union Medicale du Canada* that chloral hydrate is highly recommended in chronic ozœna. It is used as an injection into the nose. The strength is as follows:

R—Chloral Hydrate, ʒss.
Aque puræ, ad. ʒviiij.

It is said to have cured cases of long standing which had been tried by a great number of remedies without benefit.

ADHESIONS IN OVARIOTOMY.—Dr. Hingston, of Montreal, recently performed ovariectomy in the state of N.Y., on a patient, and the adhesions were such that it took from 11 a.m. to 3 p.m. to separate them. The patient was all this time under ether, and made a good recovery.

A SCHOOL ORGAN.—In another column will be found a notice, by our reviewer (who, by the way is a gentleman unconnected with any of the schools,) of a new Toronto Medical Journal. While not concurring with him in all his views, we cannot but express our regret that any medical school should feel under the necessity of having an "organ" to represent its interests, and we cannot believe that such a *raison d'être* will find a hearty response from the profession in Ontario.

It should be the aim of every medical journal to represent the interests of the profession, and to keep entirely aloof from school matters. This has been the principle of the LANCET, and the manner in which that policy has been carried out we leave the profession to judge. The LANCET was established by its present manager, at a time when he was unconnected with any medical school, as the independent organ of the profession in Canada, and it shall always continue to maintain that position.

TRINITY COLLEGE AUTUMN CONVOCATION.—The following gentlemen were admitted to the degree of M.D., on the 9th of Dec. 1875: Egerton Griffin, W. J. Harris, and Jas. A. Robertson.

CANADIANS IN LONDON.—The following gentlemen, graduates of Trinity College Medical School, Toronto, successfully passed the primary examination before the Royal College of Surgeons, Eng., on the 9th of November last, viz.: Drs. G. H. Burnham, J. R. Clark, C. McLarty, T. Millman and M. D. Stark.

LIVING LARVÆ IN THE EAR.—Dr. Burnett (*Med. Times Phila.*) mentions several instances in which maggots were developed in the auditory canal and even in the tympanic cavity; more especially are they likely to occur in cases of chronic aural discharge. He has tried experiments with various substances, with the view of ascertaining what would most effectually destroy them, but found nothing so efficacious for that purpose as chloroform, and next to this ether. Chloroform kills them instantly.

MEDICAL MEN IN THE LOCAL LEGISLATURE.—The following medical gentlemen are members of the Ontario House of Assembly:—Drs. Barr, Wilson, Baxter, Boulter, Mostyn, Preston, Harvey, Clarke, O'Sullivan, Harkin, McMahan, and Widdifield. It cannot be said that the medical profession is not well represented in the Local Legislature. The House is pretty well stocked with lawyers and doctors.

PERSONAL.—Dr. S. C. Corbett, late of Port Hope, Ont., is travelling on the Continent for the benefit of his health. He is at present in the South of France.

Dr. J. H. McCOLLUM, late Med. Supt. of the Toronto General Hospital, intends establishing himself in practice in Toronto. The experience gained in the position he has so ably filled for several years, will undoubtedly insure his success.

APPOINTMENTS.—Dr. Charles O'Reilly, formerly of the Hamilton City Hospital, has been appointed medical superintendent of the Toronto General Hospital, in the room of Dr. McCollum resigned.

Mr. Henry Peterson, M.D., Linwood, to be an associate coroner for the County of Waterloo.

See our commutation rates for 1876 in advertising columns.

Reports of Societies.

SOUTH VICTORIA MEDICAL ASSOCIATION.

At a meeting of the South Victoria Medical Association, held at Lindsay, Thursday, the 23rd of December, 1875, the following motions were discussed and carried unanimously.

Resolved, that in the opinion of this association, the medical council at its late meeting did not act in the best interests of the profession in appointing from amongst themselves a board of examiners, and voting to each other the sum of seventy dollars remuneration for such service.

Resolved, that this association, in common with their professional confreres of Ontario, is strongly of opinion that there are many medical men outside the medical council equally well qualified to act as examiners, and that by a wise selection from amongst such, the medical council would have shown better taste and gained increased confidence from their supporters, instead of diminishing such respect as is necessarily the case in their recent purely selfish action.

Resolved, that the medical council be influenced to reconsider this question, and that sister associations be invited to use their united influence in securing such desirable result.

Resolved, that our cordial thanks are due, and are hereby tendered to our representative, Dr. William Allison, for the honorable stand taken by him on this question, and that every encouragement be given him to continue his opposition until the proper action be taken, and the correct result secured.

Resolved, that our best thanks are due, and are hereby tendered to our representative in the medical council, for his advocacy of the thorough careful training of medical graduates.

Resolved, that our representative be encouraged to strongly oppose any further concession in study to the Eclectics, Homœopathists, or other specialists; that in surgery, anatomy, chemistry, midwifery, physiology, pathology, and such subjects wisely deemed necessary for the professional examination, be equally and impartially required of all candidates for medical degrees.

Resolved, that in the opinion of this association the government in their legislative enactments, with reference to enregistration of deaths should place all responsibility on the family or some responsible member thereof, for the correct registration of such death; and that in case any certificate is required of the medical man last in attendance, it should be obtained from him by a proper representative of the family to which deceased belonged; and farther, that for any certificate thus required of the medical man, he be paid in accordance with territorial medical rates.

Resolved, that this association regrets the stand taken by the *Globe* newspaper as decidedly opposed to the true interests of its patrons, and public morality; and that we but express the common feeling of the profession, and all intelligent people, in strongly censuring that paper in its advocacy of unrestricted commerce in medical practice and the encouragement of every impostor who may choose to trade on the credulity of the afflicted, as most decidedly detrimental to public interest and public good.

Resolved, that this association tenders its encouragement to such papers as have taken the more sensible view of this important question, and sacrificing private profit in the interest of public good; and that those papers be also encouraged in their advocacy of thorough medical education and such protection to the registered practitioner in medicine, as is granted by legislative enactment to other professions and occupations.

Resolved, that this association approves of the medical tariff as sanctioned by the medical council for this territorial division, and will adopt it in its entirety.

Resolved, that a copy of these resolutions be sent to the CANADA LANCET for publication.

P. P. BURROWS.

Secretary.

J. FIDLER, M.D.,

President.

HURON MEDICAL ASSOCIATION.—The first regular meeting of the Huron Medical Association was held in Seaforth, on December 8th. At a preliminary meeting held in the same place on the 13th of Oct., the following were appointed officers of the Association: President, Dr. Hyndman, Exeter; Vice-President, Dr. McLean, Goderich; Secy.-Treasurer, Dr. Stewart, Brucefield. At the late meeting, after the minutes of the previous meeting were read and approved, Dr. Stewart showed a patient who had unilateral contraction and indura-

tion of the left lung. It was moved and seconded that a report of this case be forwarded to the LANCET for publication.—Carried. (This will appear in our next number.—ED.) Dr. Dowsley read a paper on the Pathology and Treatment of Jaundice. Drs. Worthington, Burgess and Stewart were appointed to read papers at the next meeting which will be held in Clinton on the 1st Wednesday of March, 1876.

Books and Pamphlets.

THE CANADIAN JOURNAL OF MEDICAL SCIENCE, Editor, U. Ogden, M.D., Corresponding Editor, R. Zimmerman, M.B., L.R.C.P., Lond.

The first number of this new journal is before us. It will be seen that Dr. U. Ogden, Lect. on Obstetrics in the Toronto School of Medicine is the Editor, and Dr. Zimmerman, Demonstrator of Microscopical Anatomy in the same school, is the Corresponding Editor. This is sufficient to show its connection with the school, and the paternity of the "*bantering*" as the editor himself in his opening remarks, has, unwittingly we suppose, styled the new Journal. It is got up in the same shape as the LANCET, as if it was intended to copy from the latter, but it reminds us more of the old "*Dominion Medical Journal*," with which Dr. Ogden was formerly connected.

It is much to be regretted that the American idea of having a "*School Organ*" should have been transplanted to Canadian soil. There can be no other reason for the appearance of another medical journal, especially in these hard times. There is no surplus of literary material seeking publication. In fact Canadian journals so far, are obliged to fill their pages with extracts and reprints. Two journals in Ontario cannot both pay working expenses, and the result of this effort even if partially successful, will be to weaken and jeopardize the existence of both, and bring Canadian medical journalism into bad repute. It will also have the effect, if partly successful, of retarding or preventing those improvements not only in the quality and quantity of the matter provided for the readers, but also in those looking towards the issue of semi-monthly or weekly editions, a very great *desideratum* in these days of rapid improvement in medical and surgical science.

Births, Marriages, and Deaths.

On the 21st August, 1875, by the Rev. Mr. Humphreys, New York, John Hostetter, M.D., M.R.C.S., Eng., Toronto, to Clara Louisa, second daughter of P. F. Kist, Esq., Walgast, Prussia.

On December 1st, at the residence of the bride's father, by the Rev. M. Fraser, Dr. Alfred Bray to Helen Martin, eldest daughter of Alex. Cooper, Esq., Angus.

PURE COD-LIVER OIL,

Manufactured on the Sea-Shore, by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession. We were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly de-

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference.

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

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THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end about the 1st of March, 1876.

Faculty :

ISAAC E. TAYLOR, M.D., Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.
JAMES R. WOOD, M.D., LL.D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
EDMUND R. PEASLEE, M.D., LL.D., Prof. of Gynecology.
EDWARD G. JANEWAY, M.D., Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
ALPHEUS B. CROSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.
JOHN P. GRAY, M.D., Professor of Psychological Medicine and Medical Jurisprudence.
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery, etc.
EDWARD G. JANEWAY, M.D., Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

Fees for the Summer Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	50 00
Dissecting (Ticket valid for the following Winter).....	10 00

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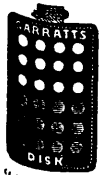
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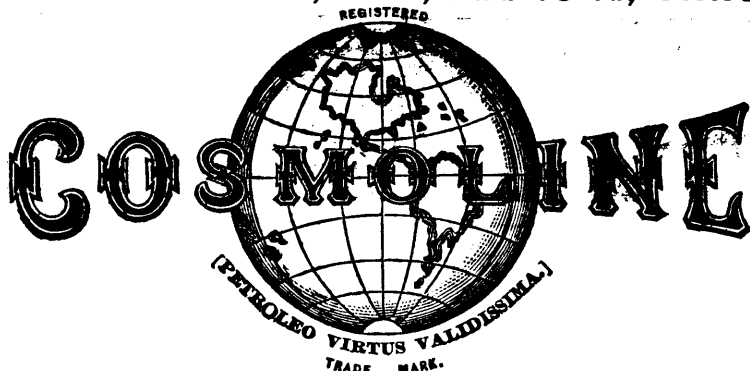
Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

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" Hyosciam, Ang.....	"	0	20	" Cath. Co., U. S.....	"	0	45	" Colch. Sem.....	"	0	20
" Sarza Co., Ang.....	"	0	30	" Hydrarg, Mass.....	lb.	1	00	" Digital.....	"	0	20
" Nucis Vom.....	"	0	75	" Subchlor. Co.....	gross,	0	30	" Ergot.....	"	0	30
" Taraxacum.....	"	0	07	" Rhei. Co.....	"	0	35	" Ferri Perchlor.....	"	0	18
Yol. Buchu.....	"	0	50	" Podophyllin, Co.....	"	0	40	" Gentian Co.....	"	0	20
" Senna.....	"	0	30	Plumbi Acet.....	lb.	0	25	" Hyosciam.....	"	0	20
Gum, Aloes Soc.....	"	0	90	Potass. Acet.....	"	0	60	" Iodine.....	"	0	55
" " pulv.....	"	1	10	" Bicarb.....	"	0	35	" Nucis Vom.....	"	0	24
" Acacia, pulv.....	"	0	60	" Bromid.....	"	0	90	" Opii.....	"	0	53
Glycerine, pure.....	lb.	0	30	" Iodid.....	"	5	00	" Rhei Co.....	"	0	30
Ferri, Am. Cit.....	oz.	0	12	Pulv. Creta Co.....	"	0	75	" Valer.....	"	0	24
" et Quin. Cit.....	"	0	65	" " C Opio.....	"	1	00	" Verat Vir.....	oz.	0	20
" Citro, phos.....	"	0	18	" Ipecac.....	"	3	00	Ung. Hyd. Nit.....	lb.	0	60
Ferrum Redact.....	"	0	15	" " Co.....	"	2	40	" Zinci.....	"	0	40
Hydrarg, Chlor.....	"	0	15	" Jalapa.....	"	2	00	Vin. Ipecac.....	8 oz. bot	0	30
" C Creta.....	"	0	12	Quinæ Sul.....	oz.	2	60	" Antim.....	"	0	20

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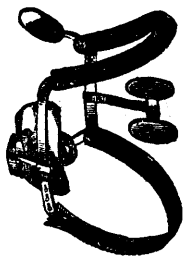
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Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 6 in supporting the bowels, spine or chest.



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Abdominal and Spinal Shoulder and Lung Brace.



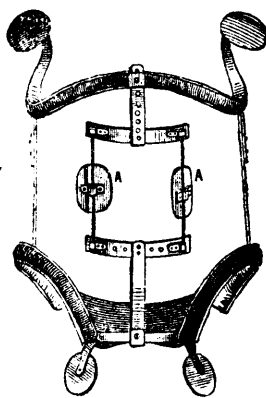
Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

Improved Revolving SPINAL PROP.

Fig. No. 19.

SPINAL PROP APPLIED.



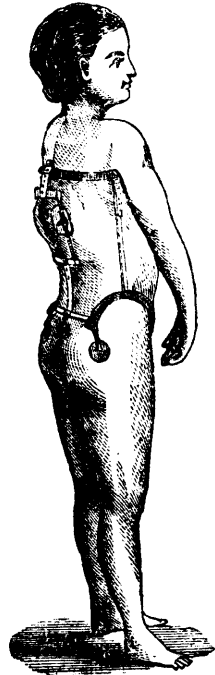
Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

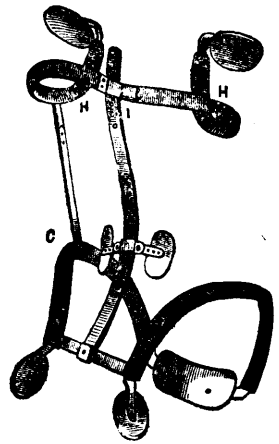
How to measure for any of these appliances.
 1st Around the body, two inches below the tips of hip bones.
 2d Around the chest, close under the arms.



3d From each armpit to corresponding tip of hip bone.
 4th Height of person. All measures to be in inches.
 Measure over the linen, drawing tape measure moderately tight.

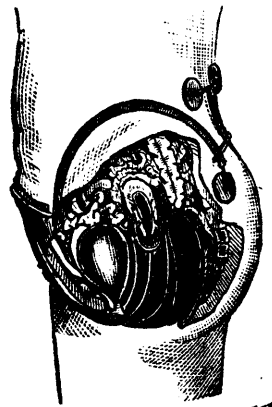
Fig. No. 14.

Improved Centripetal SPINAL LEVER,



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, and removing visceral weight, and correcting the truncal bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus [without touching it] to its normal position.

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