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Original Communications.

MORAL INSANITY—WHAT IS IT?

Read at a meeting of Toronto Med. Soc., Dec. 14, 1882.)

BY J. WORKMAN, M.D., TORONTO.

(Late Superintendent of Toronto Asylum for Insane, etc.)

(Concluded.)

In a very valuable work on the subject of moral insanity, published in 1878, by Dr. Bonfigli, of Ferrara, a concise review of the declared opinions of 46 eminent alienistic writers on this subject, is presented. These authorities may be divided as follows:—

7, terminating with the epoch of Pritchard, uphold the doctrine of absolute, or pure and distinct, moral insanity; of these 3 were French, 3 German, and 1 English.

17 admit the term conditionally; that is to say, they recognize moral insanity as a conventional or convenient, but not as a distinct or pure form of mental disease. They hold that it is always associated with some degree of intellectual infirmity, or that it is the forerunner of insanity of the intellect. Of these 17, 7 are French, 6 German, 3 Italian, and 1 English.

22 absolutely, or impliedly, reject the doctrine *in toto*. Of these 9 are German, 7 are French, 5 are Italian, and 1 is American.

Had Dr. Bonfigli been more largely versed in the literature of English and American alienism, he could have much augmented the numbers assigned to the latter two countries; and, undoubtedly, the classes of conditional advocates and of

utter repudiators would have had almost exclusive admission to his catalogue. He, however, introduces into his book a brief report of a discussion on moral insanity, which took place at the Annual Convention of Medical Superintendents of Asylums in New York, in the year 1863. I had the pleasure of being present and of taking part in this discussion, which was conducted in the most courteous and frank manner. Dr. McFarland gave it as his conviction that, "in all the cases of the so-called moral insanity, a real intellectual disorder was present." He was followed by the other members in rotation, including the distinguished and very long experienced Dr. Kirkbride, the President of the Association, and the veritable Nestor of the fraternity,—numbering in all present some 40 representatives of the United States and Canadian Asylums. Of all this assemblage only two or three declared their belief in the actuality of moral insanity, and even these declined to define it as a distinct and independent form of the disease. Dr. Gray, Superintendent of the New York State Asylum at Utica, said that in 5,000 cases of lunacy which had passed under his observation, he had not met with one of pure and distinct moral insanity. Dr. Chipley said he had not found one in 1,800 watched by him, and I made a similar statement as to 2,000 observed by myself. It is not, however, to be overlooked, that asylum physicians generally become first acquainted with the insane only after their malady has

assumed a fully developed character. Very probably, had they more frequent opportunities of observing the disease in its incubative stage, they might feel inclined to recognize in it a *quasi* moral (or immoral) monopoly. Some 16 years ago, I encountered a case of ticketed moral insanity, sent to the Toronto Asylum by three respectable and intelligent physicians. The subject was a girl of barely 15 years. She was presented by her mother, who gave me a terrorising history of the daughter's misdeeds, much of which I thought savoured more of moral delinquency than of mental infirmity. However, she was sent to me as a lunatic, and I determined to treat her accordingly, regardless of all I had been told of her naughtiness. We began, as we ended, with uniform kindness. At the end of 4½ months, I wrote to her mother that she was either completely cured, or she never had been insane. The mother was rejoiced to learn of the happy change, and she came promptly and took her daughter home; but on the second day after, she returned with her, and presented to me a large bag full of various articles of dress, on which Kate had been practising dissections. I looked over them considerately, and on closing my inspection, I said to the mother, "There is too much 'method in this madness' to convince me of its genuineness. We have had the girl here over four months, during which she has never spoken one word indicative of insanity, nor has she done one act pointing in that direction. I cannot re-admit her, for I believe she is not insane." Then I had a scene, which for long afterwards I did not understand, and, of course, could not justly appreciate. The distracted woman exclaimed, "Oh! what will become of her? She will go to the streets!" I then said "Well, I will do this; I will give you the necessary blank forms of certificates of lunacy, and if you can get three physicians to sign them, I will take your daughter in again." And, as Col. Prince once said, "it was done ac-

cordingly." So, back came my good girl, Kate, and I gave her the benefit of a thirteen months' further probation, during all which she was just as good, as gentle, obedient and obliging, as she had been throughout her former residence. I now talked to her in a very serious and paternal manner, showing her the impropriety and irrationality of her conduct at home, and pressing on her the consideration of her own best interests, which must be ruined by her continuance in a lunatic asylum. She listened to all I said with much deference, but finally to'd me she would like to leave the asylum, but not to go home to live with her mother. Now, her mother was neither harsh nor capricious, but, on the contrary, she had been both kind and forbearing; and her father and brothers had been equally so. I must say that this ultimate enunciation of my gentle patient let in a little light; for I well knew that the likings and dislikings of the insane are almost always unaccountable, and that both fall upon objects or persons apparently the most foreign to the rational incidence of either. I wrote to the mother, giving a faithful detail of all the facts, and advising the removal of her daughter from the asylum, but not her replacement in the family. She made suitable arrangements for the girl's residence at a distance in the country, and we had the pleasure of seeing her depart in excellent health, and in perfect mental composure. Three years afterwards she paid us a visit, and I learned from her companion that she had shown no more symptoms of insanity, either moral or intellectual.

Now, suppose I had regarded and treated this young person, not as the subject of mental disease, but as a clear-minded, moral delinquent; in other words, that I had, *quoad* her *exceptional* case, converted her asylum residence into prison correction; what would have been the probable result? It is my belief that I should then have transformed her into a real and a

hardened criminal; or if there was, as I now verily believe there was, a constitutional strain of insanity in her frame, I should have been taking the shortest and surest course to precipitate its unmistakable development. Was it not worth while even to be deceived and imposed upon for the sake of this girl's rescue from a future of vice and misery? Hear me further before rendering your verdict.

Three or four years after parting with my grateful patient, a sister was brought to the asylum. There could be no question as to the reality of *her* lunacy. She was a sad wreck, both mentally and bodily. Some years before, she had left her home and disappeared. No trace of her was had, until at last she was accidentally discovered as a demented inmate of a large pauper asylum in the United States. Her parents brought her home, and were soon obliged to bring her to me. When the mother now presented herself, and gave me the sorrowful history of this daughter's career, the echo of her distressful exclamation, when I had refused to re-admit her younger daughter, came back on my ears with thrilling accusation. But for the happy mental plasticity of the three medical gentlemen who certified to the moral insanity of my first patient, and thus secured her re-admission into the asylum, might not *she* also have fallen into a life of abandonment? Let him who will, answer the question, and then laugh at my ignorance as lustily and long as he pleases.

It is now my belief that my first patient was truly insane, call her insanity by what name soever you may choose; and I am convinced we took the only right course to prevent the more full development of her insanity, and to restore her to a state of intellectual and moral competency. Should I live long, I shall feel a deep interest in learning her future fortunes; for I by no means feel assured that she will come to old age without recurrence of her mental trouble.

Permit me here to introduce a case of flagitious criminality, which occurred within the last few years, and came, as it manifestly deserved to do, under appropriate juridical censorship:

"Not long ago," says Dr. Clouston, "a lady, by a series of the most extraordinary misrepresentations and cleverly carried out impostures, raised large sums of money on no security whatever, and spent them as recklessly; imposed on jewellers, so that they trusted her with goods worth hundreds of pounds; furnished grand houses at the expense of trusting upholsterers; introduced herself by sheer impudence to one great nobleman after another, and then introduced her dupes, who, on the faith of these distinguished social connections, at once disgorged more money. To one person she was a great literary character; to another, of royal descent; to another, she had immense expectations; to another, she was a stern religionist."

This lady was, of course, finally brought to book. I leave to the fourth estate the measure of her punishment. She was an impostor, a huge liar, a cheat; she very well knew right from wrong, and transacted her business with great ability and skill. Not one of all those she duped and cheated—intelligent, prudent, and clear-headed Scotchmen as they were—ever questioned her mental soundness. So we may readily conclude she was dealt with according to her demerits.

Let me complete, in the words of Dr. Clouston, Medical Superintendent of the Morningside Asylum, at Edinburgh, the history of this clever woman:—

"At last, all this lying, cheating, scheming and imposture, developed into marked insanity and brain disease, of which she soon died; and it was seen that all these people had been the dupes of a lunatic, whose very boldness, cunning and mendacity, had been the direct result of her insanity."

Yes, "it was seen that all these people had been the dupes of a lunatic." *When* was it so seen? Not assuredly whilst jewellers and upholsterers sold their goods to her on credit; not whilst noblemen admitted her into their select circle; nor whilst pious ministers regarded her as "a stern religionist." Had this poor woman's insanity not culminated speedily, but progressed slowly and insidiously, as it does in thousands of cases, she would, beyond all question, have been consigned to a penal prison; and had Dr. Clouston, or any other physician, ventured to express the opinion that she was insane when she committed the offences charged against her, the judge would have frowned, the prosecuting counsel would have sneered, the jury would have been astounded, and the press would have applauded their verdict of *guilty*.

O! but we shall be told, this woman did not commit murder. Well, let us be thankful for the accident; for who knows not how capricious, uncertain, and utterly outside-the-range of all the moral probabilities, are the acts of the insane? *She* did not commit murder, because she was never tempted or provoked to do so; because she better attained her ends by milder means. Her ends, however, were insane ends, and she *might*, dominated by a quickly-killing brain disease, have essayed their attainment by violent insane means. Poor thing! the only refuge to her, in escape from the barbarism of law, and the blindness of justice, was the *madhouse!* How many a wretched victim of legal and judicial ignorance might, in a few years, or months, have found a similar refuge, had not the gallows anticipated the fiat of Nature?

[Dr. W. now briefly related a few interesting details of two other cases of the so-called moral insanity, which came under his treatment in later years, both of which he regarded as genuine, though, as he frankly admitted, he had always failed to detect in either, whether in language or demeanour,

anything so clearly indicative of intellectual defect, as might suffice to enable medical examiners to sign the certificate of lunacy requisite for their admission into an asylum. The statements, however, made by the friends of these patients, on which he had every reason implicitly to rely, were of such a character as to convince him of the presence of actual insanity in both. It is, fortunately for asylum officers, a fact to them well known, that many of their patients behave, while residents in asylums, very differently from their conduct and language at home, and all that is necessary to redevelop their mental obliquity, is to restore them to their former surroundings; many a family has had awful experience of this fact. In this country there is very little danger of persons, in a sane state of mind, being either committed to asylums, or detained in them. No superintendent of any public asylum can have any interest whatever in refusing to discharge a patient who has recovered, for the credit side of his account, in the public estimation, must consist mainly in the number of discharges of restored patients he is able to exhibit in his annual reports, so that whatever danger there may be in this relation, it must be rather on the side of liberating too many, than on that of detaining any wrongfully.]

Dr. W. then said:—"The subject to which I have to-night invited your attention is one that hardly falls within the usually recognized domain of practical medicine or surgery; yet, I have but too frequently become cognizant of the fact that members of the profession have, sometimes very reluctantly, though, in a few instances, rather exultingly, been called on to give testimony in cases involving the very important, and often very obscure, question of mental sanity or insanity; and I would be guilty of suppression of the truth, were I to withhold the expression of my constrained belief, that the assurance with which some of these witnesses have denounced their opinions has ever been

in the direct ratio of their ignorance of the general subject of insanity. As regards the very recondite question of moral insanity (so called), I have heard very loud denunciations of the term from men who had never read two pages either in affirmation or negation of the doctrine. It has been well said by some writer, that nothing is so unanswerable as a sneer. Rely upon it, gentlemen, whenever you may have the misfortune, whether within or outside of the realm of insanity, to appear in the witness-box, the respect with which you will be heard will be in exact proportion to the extent of the knowledge of your subject possessed by your auditors; and too often this will not be very abundant, either on the bench, at the bar, or in the jury-boxes.

Before closing my remarks, I would desire to allude to a difficulty in which medical witnesses are very liable to be involved, both within the courts of justice and outside of them. In cases of capital offences, but more especially in those distinguished by great atrocity, as the crimes of the insane often are, the question will often be put to you, Why should such a criminal escape the gallows? Why should he not be held responsible to the law of the land? Now, I hold, that with these questions the medical expert has nothing whatever to do. His function begins and ends with the simple establishment of the real mental state of the accused. If the law commands that, whether sane or insane, he must be hanged, that should be none of your concern. If the law, or its administrators, judging of his responsibility, not by his mental condition, but by the atrocity of the crime, sends him to the gallows, the law and its administrators must bear the responsibility. And now, Mr. President and gentlemen, in closing, perhaps the last address I shall ever have the privilege of uttering in your presence, I would earnestly admonish you against ever, in a court of justice, using the term *moral insanity*.

PROLAPSUS UTERI.—TREATMENT BY INTERNAL PESSARY.

BY J. T. DUNCAN, M.B., TORONTO.

History.—Mrs.—, (at 60), says that, thirty-eight years ago, she got up three days after a confinement. From that period she has been troubled with partial prolapse. Twenty-four years ago, after her last confinement, the uterus began to appear at the ostium vaginae. Ulceration of the vagina was also noticed at this time, probably due to an unhealed perineal laceration. This ulceration, however, healed in the course of time, and for some fifteen or sixteen years there is no history of the progress of uterine descent. Seven or eight years ago, she was doing some heavy washing, and, in lifting the large tubs of clothes, overtaxed herself severely. Then the prolapse became complete. At this time also, the presence of a vaginal hernia was first noticed.

When she applied for treatment this year (1882), we found her a fairly nourished, moderately strong woman, considering her age (60). She was quite healthy, but very much annoyed by the procidentia, from which she had suffered for at least seven years. On physical examination, the prolapse was found to be complete, the uterus being considerably atrophied, the vesicocele plainly observable and of a good size. The parts were irritable and tender, partly from chafing between the thighs.

Replacement was easily effected, but, owing to general atrophy of the vaginal walls and uterus, and the capacity of the pelvis, the slightest effort to assume the upright position was sufficient to cause the uterus again to escape. So easily, indeed, could the dislocation be reduced, that the patient was in the habit of accomplishing it with very little effort; re-luxation taking place, however, with even greater readiness. She had tried abdominal supports of various kinds, but with only very partial relief.

The preparatory measures considered to be indicated were now adopted, which were:

rest in the recumbent position, attention to the state of the bowels, the application of local astringents, and the administration of general tonics.

In the course of a week, all irritation having been subdued, three lines of treatment seemed open. 1st. The astringent vaginal tampon. 2nd. Some form of pessary. 3rd. An immediate resort to surgical operation.

Considering the very doubtful manner in which treatment by pessaries is spoken of on the part of many eminent gynecologists, and the high recommendation of the first method by one of the ablest living authorities (*vide* Paul Mundè), the latter method was adopted, and an astringent vaginal tampon carefully placed *in situ*.

Strange to say, notwithstanding the maintenance of rest, tampons annoyed the patient, and that form of treatment was abandoned.

As an experiment, and before resorting to surgical procedure, it was determined to try a pessary.

The pelvis being capacious, and the parts lax, a very large ring pessary (soft rubber) was introduced. It never seemed to cause annoyance, and the patient, after a few days further recumbency, was allowed to go about the house. She was able to do so with great comfort, and attended to the house work for many weeks. There was no descent of the uterus, no inconvenience of any kind; the only precautions taken being attention to the state of the bowels, the diligent use of the vaginal syringe, and an occasional inspection of the pessary to see that it was producing no injury.

About three months ago, however, it was considered advisable to remove the instrument. This was an operation of difficulty, requiring considerable manipulation, as well as some force. On examining it after removal, the soft rubber was found eroded in some places, the mucous membrane having become firmly adherent in these erosions, so

that small portions of epithelium had come away with the pessary. Otherwise, the vaginal walls were in good condition.

After a few days of rest and astringents, a hard rubber pessary (Hodge) was introduced. Owing to the size of the cavity, it was considered advisable to supplement the Hodge by a small tampon. But, again, it was found that the tampon was ill borne, while the pessary seemed to produce no irritation.

With the Hodge in position the patient was allowed to rise, and the next day expressed herself to the following effect: "I was in misery for eight years. I have had comfort in my life this summer."

She wore the Hodge comfortably for a month, and I was sanguine of success for the internal pessary; but, about a month ago, she began to complain. The Hodge was removed, and a Cutter (with stem curving over perineum) introduced. She expresses herself now as completely at ease. Of course, she removes and replaces the instrument night and morning.

Perhaps the most interesting point in connection with this case is that in reference to the use of internal pessaries in the treatment of procidentia (Thomas' third degree). While admitting that, in some cases of prolapse, in the first and second degrees, internal pessaries may be successful, Thomas says "in one of the third degree others, which are in part internal and in part external, should be employed." Again, he remarks, "I rarely attempt to use an internal pessary for complete prolapse, because I usually despair of success, and because evil consequences may result." Now, in a case such as this, the uterus greatly atrophied, so that little weight has to be sustained by the pessary, theory would indicate that the danger must be slight. Certainly, the patient should be kept under surveillance long enough to make sure that no injury shall result. But, with this precaution, the above case points to two conclusions: 1st. That suitable cases of procidentia can be successfully treated by

internal pessaries. 2nd. That, with a suitable pessary, there is little danger of serious injury. Our patient wore the ring pessary for months with so much comfort that she objected to its removal. The only injury done by it was the slight denudation of epithelium, owing to the erosion of the soft rubber. The hard rubber pessary seemed to be too small—not to present a large enough bearing surface—therefore produced irritation after being worn a while. It appears, then, that if soft rubber can be made to resist the action of the vaginal fluids, or if the instrument be changed at suitable intervals, internal pessaries may justly be included in the armamentarium of the gynecologist for the treatment of certain cases of proclivita.

TWO CASES OF "SOFTENING OF THE BRAIN."

BY C. K. CLARKE, M.D.

(Asst. Med. Supt. of Kingston Asylum.)

The term "softening of the brain" has for some years been much misapplied by many physicians in general practice—in fact, has done faithful service in helping to fill medical certificates of insanity, and satisfied some doubting minds in search of a *definite* phrase to express an obscure diagnosis.

Cases of sclerosis, general paresis, and acute mania have been indiscriminately jumbled together under this convenient heading, and one might think the disease as common as measles, and quite as easily detected. That true softening of the brain is a disease of exceedingly rare occurrence, is an established fact; that when existing it is generally unsuspected, is equally true. *Post mortem* records in the Provincial Asylums furnish accounts of but a limited number of these cases, and those which have come under my observation have not been diagnosed—in fact have proved a surprise when *post mortem* examination revealed the state of affairs within the dura mater.

Accuracy in the classification of mental

disease should be cultivated as much as accuracy in the classification of other disease, and it is high time the absurd use, or rather misuse, of the term "softening of the brain" should be discontinued by those who are not certain of their diagnosis.

The cases reported below were not even suspected by the medical officers of the Asylum.

Case I.—M. A. A., female, aged 34. Had been insane four years when admitted. Not robust, but enjoyed fair health. A case of chronic mania. On the morning of her death, she took her breakfast and was to all appearance as well as usual. Shortly after taking breakfast, she suddenly became unconscious, and remained comatose until the time of death, some four hours afterward.

Post mortem made twenty-seven hours after death. Body well nourished. Scalp thin, and vessels filled with blood. Skull normal. Vessels of membranes gorged with blood. The right lateral ventricle was found distended with a blood clot of recent formation. All of the brain substance about the ventricle was of a creamy consistency, and the general softening was continued through the pons into the medulla.

The cause of death was evidently the rupture of a blood-vessel in the ventricle.

Case II.—This case is of more interest than the former, on account of the quantity of brain tissue which had undergone disintegration before death took place.

W. R., male, aged 62. An inmate of Kingston Asylum for twenty-five years. Was suffering from acute mania when admitted, but gradually became quiet, and worked with the gardener for the last fifteen years. Was muscular and always enjoyed good physical health. His hallucinations remained unchanged until the day of his death. These hallucinations were chiefly in regard to witches and diabolical creatures, who tormented him so persistently that he would often drop his spade when working, and swing his arms about, to frighten the wicked spirits away.

On the afternoon of the 2nd January, 1882, he seemed as well as usual, and was working in the garden. Suddenly, he took off his coat and vest, and began fighting the imaginary spirits. After they had been satisfactorily disposed of, he sat down, and seemed to feel unwell. In a few moments, he arose, walked a short distance, and laid down. The gardener went to his assistance, and found him unable to speak, or move any part of his body with the exception of the left arm and hand. The patient was carried to the building and placed in a warm bed. He had some twitching of the muscles, but no convulsions of a *marked* character. The attendant in charge thinks R. was conscious at times, but this is more than doubtful. Death took place four hours after seizure.

Post mortem.—P. M. made twelve hours after death. Body well nourished. Rigor mortis marked. Vessels of scalp gorged with blood, as much as five or six ounces escaping during dissection of scalp from skull. Dura mater normal. Convolutions of brain rather flat. When the brain was exposed to view, a rupture of the substance of the right superior parietal lobe was discovered, and protruding through this rupture, a large black clot of blood. The clot escaped, and was followed by many more of similar description. An incision made into the substance of the brain revealed the fact that the whole right cerebral hemisphere was nothing more than a sac of degenerated brain tissue of the consistence of thick pus. The walls of the sac (the external surface of the brain) being just firm enough to retain the contents until the rupture of one of the cerebral vessels had taken place. The left side of the brain was perfectly healthy. The pons was intact.

John Forsyth Meigs, M.D., author, in conjunction with Dr. Pepper of the classical work upon diseases of children, died at his residence in Philadelphia, on the 16th of December last, in the sixty-fifth year of his age.

BACTERIA OF SYPHILIS.

BY W. H. AIKINS, M.D., L.R.C.P., LOND., VIENNA.

The most recent researches into the cause of syphilis are those of Dr. Morrison, of Baltimore, U. S., who has for some time past been making investigations into the bacteria, which are found in this disease. The work has been done in the Laboratory of Prof. Neumann, whose wards offer the best possible chance for such experiments. The results of these investigations, and the clinical histories of fifteen cases from which the syphilitic secretions were taken will shortly be published, with lithographic drawings of the bacteria. Dr. Morrison kindly gave me his manuscript to read over. He has taken the secretion from chancres and papules, and has never failed to find bacteria in it. The bacteria are cylindrical rods, generally crowded together in groups, having always the same form, and when properly stained are quite distinctly seen. As they are exceedingly small, an oil immersion lens with an Abbé condensing apparatus must be used in looking for them. The lens made use of by Dr. M. is a fifteenth (1-15) from Reichert in Vienna, and magnifies 850 diameters.

"In all my examinations of the secretion, it was either removed from a chancre or papule with a needle which had been heated red hot, and spread upon a cover glass, which had also been heated, or the glasses were put directly upon the sore itself. It is spread out in a thin layer, and allowed to dry, heated gently over a flame, dipped first into glacial acetic acid, and immediately taken out, and then dipped into absolute alcohol. It is now allowed to dry, and after this is ready for staining, which can be done either with methylene blue, or after Ehrlich's method with fuchsin. I prefer the latter. The only alteration made in Ehrlich's method was in the strength of the acid. I found it necessary, after leaving the preparation in fuchsin for half an hour, and gently warming it at the same time, to dip it into a solution of nitric acid

and distilled water of the strength of one to six." The same bacteria he describes in the tissues of chancres and papuleæ, though, to stain and bring them out clearly is, according to him, a much more difficult undertaking. In the secretions of soft chancres were also seen bacteria, which were thinner and longer than those obtained from a hard chancre or papule. Since the discovery of *Bacillus Tuberculosis* by Koch, the attention of the investigators of bacteria has been directed to syphilis as a fruitful field for research, so many diverse forms have been described, that it yet remains to be seen whether this last form discovered is the true one. Different forms have been described by Klebs, Hallier, Bermann, Salisbury and others, but none of these were able successfully to stain them with the aniline colors. Dr. M. does not say that these bacteria are the cause of syphilis; much more is needed to prove that. Since, however, Martineau and Hamonic have been able to inoculate young pigs with syphilis from the culture liquid, it is to be hoped that, by continued experiment, the role which these bacteria play in syphilis will soon be made clear.

AN ACEPHALOUS MONSTER.

BY BEVERLEY D. HARISON, M.D., CAMBRAY.

This is not an unusual monstrosity, but as the case presents several instructive points in connection with the study of the subject, it seems not unworthy of publication. The labour was conducted by Dr. Burrows, of Lindsay, in my absence from home, on the 1st of January.

Mrs. T., aged about 35, generally very healthy, has had six children; three, including the last, born dead, the other three sound and healthy. In the confinement previous to this the child was a monster by defect, having no neck, and with the face set on back of shoulders. About the 1st December last, I was called in to see this woman; found symptoms of placentitis: intense pain in uterine and lumbar regions,

vomiting, rigors succeeded by febrile symptoms, and dropsy of the lower extremities. The abdomen was greatly enlarged. Dr. Burrows, who had seen her previously, had been treating her for placentitis. She did very well until her confinement at the eighth month, taking one grain of morphia a day. Labour had been in progress about two hours when Dr. Burrows saw her, and on rupturing the membranes over ten quarts of water came away. The presentation was transverse, partly side and back in left lumbar region. The placenta was adherent to the child's right side and partly to the head; there was no neck. Dr. Burrows separated the placenta from the child, turned, brought down a knee, and delivered within an hour of his arrival. The woman has made a good recovery. Examination revealed defective development of parietal bones, almost complete absence of occipital, and non-union and separation of the *laminae dorsales* throughout the cervical and dorsal regions, the spine being bifid down as far as the lumbar vertebræ.

Selections: Medicine.

ROSSBACH ON COUGH AND EXPECTORATION.

—Rossbach found that the action of alkalies (after their entrance into the blood) was to diminish and finally to dry up the secretion from the tracheal mucous membrane (contrary to the usual doctrine). The same effect is believed to hold good for men using alkaline waters. In the direct application of alkalies (as by inhalation), Rossbach observed no effect. Weak solutions of potash or acetic acid, applied directly to the mucous membrane, caused strong hyperæmia and increased secretion. Astringents (tannin, alumen, nitrate of silver to 4 per cent.) brought about an opacity of epithelium, with total cessation of secretion. Observations on the mucous membrane and its vessels were not possible in this cloudy state of epithelium. Air passed through oil of turpentine and on to the

mucous membrane gradually determined an absence of secretion, but this gave way when the blast of air and turpentine was stopped. A watery solution of the oil of turpentine increased the secretion, whilst the vessels became constricted; therefore, this medicament is of great practical value, for, whilst diminishing hyperæmia, it increases the fluidity of the sputa; and, besides, it has an anti-septic influence on decomposing mucus. Apomorphia, emetin, (ipecacuanha), and pilocarpin increase the secretion. These three agents are expectorants *par excellence*. Practically, Rossbach believes that apomorphia is the best, as producing least nausea and anorexia. The strongest (pilocarpin), owing to its action on the salivary and sweat-glands, as well as its effect on the heart, is not recommended. Rossbach has not had sufficient experience of emetin, although the action of ipecacuanha is well known. Atropin and its related alkaloids are just the antitheses of the above. The narcotic influence of atropin was found to be very uncertain. Under the use of morphia, it was observed once that there was a considerable decrease in the secretion (to about one-fifth of the normal amount), as well as great diminution in coughing. A complete cessation of secretion was not produced by morphia. Experiments on animals and in practice were made on the joint action of morphia and apomorphia with favourable results.

1. Hydrochlorate of apomorphia may be used as an expectorant; the best prescription is: R. Hydrochlorate of apomorphia, 3 to 5 centigrammes (about 0.45 to 0.75 gr.); dilute hydrochloric acid, 5 cubic centimètres; distilled water, 150 cubic centimètres. Keep in a black glass bottle. The dose is one tablespoonful every two hours.

2. The combination of apomorphia and morphia lessens the frequency of cough and increases the fluidity of the sputa: R. Hydrochlorate of morphia, hydrochlorate of apomorphia, of each 3 centigrammes; dilute hydrochloric acid, half a gramme;

distilled water, 150 grammes. One tablespoonful is given every two or four hours.

3. Morphia and atropin must be made up separately, as follows: Hydrochlorate of morphia, 2 to 5 centigrammes; distilled water, 120 grammes; red syrup, 30 grammes. The dose is one tablespoonful every two to four hours. R. Sulphate of atropia, half a milligramme (about 1-150 grain); liquorice powder and juice, enough to make twenty pills. One, two, or three pills are to be taken every night. These pills of atropin are best given in the evening from six to ten o'clock, at intervals of two hours, simultaneously with one or two spoonfuls of the morphia solution; only the morphia to be given during the day should the cough indicate it. This joint action is recommended in catarrh, emphysema, and phthisis with abundant sputa (when, in the last, this does not come from cavities.)—*Lond. Med. Record.*

MINUTE ANATOMY OF SPINAL ROOTS.—M. Ranvier states, as the result of his latest researches in the anatomy of the nervous centres, that, on suitably prepared specimens of the spinal cord, Schwann's sheath is not continued upon the intramedullary fibres of the root, these fibres being simply surrounded by a layer of protoplasm, in which at times there is a nucleus. By isolating the intramedullary root fibres down into the roots, tracing them from the centre towards the periphery, we find the nerve fibres cylindrical in that portion of their length comprised in the root; but, at the surface of the cord, they become irregular, and their diameter suddenly increases. No longer maintained by Schwann's sheath, their envelope of myeline is swollen by the water. By a comparative study of transverse sections of the cord, hardened in ammonium bichromate, stained with picrocarmine, and decolorized by formic acid, the details are well brought out. The fibres of the neuroglia are completely decolorized; the nuclei they contain still

present a bright red colouration. The axis cylinder is rose-coloured, and the myelium colourless and very transparent. The nerve tubes of the spinal roots, thus treated at the point where they enter the cord, show their axis cylinders rose-coloured, their medullary sheath colourless and Schwann's membrane marked in double contour. This double contour may be clearly recognized on the nerve tubes at the level of the *pia mater*, and even in the midst of the layer of neuroglia which surrounds the cord. But towards the middle of this layer, or a little beyond and before touching its internal limit, Schwann's sheath disappears, and the nerve fibre, constituted only by the axis cylinder and the medullary sheath, is limited only by a single contour.

In conclusion, the nerve tubes of the roots reach, without modification, the layer of neuroglia which surrounds the cord. In this layer they lose Schwann's membrane; but the protoplasm which doubles this sheath proceeds to their surface, and contains a nucleus only where the last annular constriction is situated, at a very short distance from their entrance into the cord, a distance which I estimate should be less than half the length of an interannular segment.—*Gaz des Hôp.*

DIABETIC COMA.—The following are the conclusions of a paper on this subject in the *Birmingham Medical Review*, for January, by Drs. Balthazar Foster and Robert Saundby:—1. Diabetic coma is especially liable to supervene in acute cases in young persons. 2. Diabetic patients and their friends should be warned of the danger of constipation, muscular exertion, nervous excitement, and cold, as probably predisposing causes of death by coma. 3. The discovery of the ferric chloride reaction in the urine should be taken as a warning to look out for the premonitory symptoms of coma. 4. Deep respiration, rapid pulse, and abdominal pain are the earliest premonitory signs of this condition. 5. Cya-

nosis may be absent in spite of the dyspnoea, and may appear only just before death. 6. Convulsive seizures are not an uncommon occurrence just before death. 7. Diabetic coma, with all its classical symptoms, occurs independently of any excess of fat in the blood, and the pathological value of lipæmia, when present, is yet undetermined. 8. The toxæmic theory, or poisoning by acetone or some nearly allied substance or substances, affords the best explanation of this remarkable group of symptoms.

EPIDEMIC TUBERCULOSIS.—Dr. Abelin (*Archiv für Kinderheilk.*), states, that during his long connection with the children's hospital in Stockholm, he has witnessed three distinct outbreaks of miliary tuberculosis in young children. In 1859 no less than 52 cases occurred, and of these 48 happened from January to July. The next epidemic was in 1868, and the third in 1881, which was attended with a very high mortality. He regards this form of the disease in children as febrile, depending largely upon some atmospheric condition, and, in cases of crowding, contagious.

ANOTHER CAUSE OF PHTHISIS.—H. Struve (*Wien. Medicin. Woch.*), on the cause of Phthisis, says that in his opinion, in many cases, it is due to severe irritation of the vaso-constrictors of the bronchial arteries. In this way serum and blood corpuscles escape from the capillaries. The serum is afterwards absorbed, while the corpuscles remain and are the starting point of tubercle. His treatment consists in giving agents to reduce blood pressure, so as to prevent further deposits, and to aid in the removal of those already existing.

GELSEMINUM SEMPERVIRENS IN TETANUS.—In the *British Med. Journal*, for Dec. 23, appears a letter from Marion Sims, in Paris, enclosing a report of a case by Dr. Jno. B. Read, of Tuscaloosa, Ala. The patient was a strong, healthy mulatto woman, twenty years old, suffering from well marked tetanic

convulsions, caused by treading on a bit of broken glass, which entered the heel two days previously. The glass could not be found by dissection under chloroform, so the wound was filled with morphia, and a poultice applied. Twenty minims of fluid extract of gelsemium were ordered every two hours, alternating with the same quantity of liq. potassæ, at the same intervals. There was great difficulty in deglutition; but milk and soups were taken in small quantities frequently. During the second day, there was some improvement, followed by aggravation of the symptoms, and the dose of gelsemium was increased to forty minims every two hours. During the third day there was marked amelioration in both tonic and clonic spasms, and the medicine was continued. After the fifth day, the dose was reduced to twenty minims, and continued at this till full convalescence. The extract was fresh from the laboratory of Tilden & Co., and was given for a week in doses closely approximating half an ounce to an ounce in the twenty-four hours. No toxic symptoms were manifested; and Dr. Read suggests the employment of the remedy hypodermically in cases of hydrophobia as well as tetanus.

CHLORAL IN ALBUMINURIA.—In the *British Med. Journal* for December 23rd, Mr. Thos. Wilson, M.R.C.S., of Wallsend, records two cases of albuminuria cured by the prolonged administration of chloral. In the first case, a delicate-looking woman, aged 40, did not pick up well after her last confinement, with her eighth child. In a month or six weeks she complained of night sweats, cough, and severe attacks of asthma. Dropsy then set in, with albuminous urine, and without heart murmur. Cyanosis, orthopnoea, and extremely weak pulse supervened; and a diagnosis of dilated heart, with passive renal congestion, was made. The patient had been taking chloral freely, and the nurse observed that the urine passed a few hours after a dose was lighter in colour, of lower specific gravity, and contained less albumen.

To test the matter, the chloral was withheld, and the improvement which had begun to be manifested at once gave place to an aggravation of all the symptoms. All other medicine was now stopped, and, on resumption of the chloral, improvement at once began again, and progressed under a continuance of the treatment to complete recovery. The chloral did not produce any apparent diuresis or diaphoresis. The second case was similar in general features, but patient's age was 68.

SCARLET FEVER AND SLOW PULSE.—M. Manjot gave a description of an epidemic of scarlet fever at Belley. The disease was mild, but the defervescence was always marked by an extraordinary slowness of the pulse. This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or sixth day, when the eruption began to fade, and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46 for eight or ten days, and then slowly rose to 60. The slowing was a sign of near recovery.—*Lyon Médical*.

COLLODIOPHIC PROCESS.—M. Hénocque, at the *Société de Biologie*, recommends a process for transferring tracings from smoked paper to a sheet of collodion, whence they may be reproduced by photography, decalcomany, etc. The tracing is laid upon a piece of glass, and covered with a thick layer of flexile collodion. Allow the collodion to dry; then dip the sheet in water, and carefully separate the paper from the collodion, which retains the smoke black, and forms a kind of stereotype plate, from which the reproductions are taken.—*Gaz. des Hôpitaux*.

A Sanitary Convention is now in progress (Jan. 31 and Feb. 1st) at Pontiac, Mich., under the auspices of the State Board of Health. A most interesting and instructive programme has been prepared.

ABNORMAL RESPIRATIONS.—M. Grancher, in a long and interesting paper upon abnormal respirations, concludes as follows:—

“In view of the necessity of making the diagnosis of pulmonary tuberculosis as early as possible, a greater value must be attached to abnormal respirations than has heretofore been given them.

“When they are *localized* to one apex, especially the left, and are *permanent*, these abnormal respirations not only permit a diagnosis to be made, they compel it, of themselves without any modification of the resonance, vocal vibrations, and without any adventitious signs, as crackling, etc.

“These abnormal respirations are, in the order of their importance, rough and low inspirations, jerky respiration and weakened respiration. The rough and low-toned inspiration has the greatest value, as it is the most precocious and most frequent.”—*L'Union Méd.*

LESIONS IN GENERAL PARESIS.—Dr. Rey (*Ann. Med.-Psychol*) has found in the brains of fifteen general paralytics separation of the cortex from the underlying white matter. This lesion existed only in the anterior lobes of the cerebrum. Strange to say, six months earlier, Baillarger reported the occurrence of this lesion in four cases, but remarked that it was most common in the posterior lobes.—*London Med. Record.*

ANTIDOTE TO RATTLE SNAKE POISON.—Prof. Croft (formerly of Toronto University), says that the Mexicans use a solution of iodine in iodide of potassium, as an antidote to the rattle snake poison. From experiments made on a buck and on a dog, he thinks it is of real value. He also suggests a mixture of ferric chloride and solution of potassium iodide as a likely antidote.—*Canadian Pharm. Journal.*

Dr. R. A. Reeve delivered a highly interesting and instructive popular lecture on the Hygiene of the Eye at the *Canadian Institute* on the 19th ult.

Surgery.

SYPHILIDES.—Dr. Mauriac, Physician to the Hôpital du Midi, the well-known hospital for venereal affections in the male, delivered a very interesting lecture on the subject, which may be summarised as follows: In giving a description of the topography of syphilides, Dr. Mauriac observed that their distribution on the different regions of the body presents certain peculiarities which are not found in other affections of the skin. Erythematous syphilide is found principally on the trunk and flanks, on the inner parts of the limbs and on the flexor more than on the extensor aspect. The papular form has its seat of predilection on the face, the alæ of the nose, and on the forehead at the roots of the hair, the upper part of the neck, the trunk and on the limbs in all directions. The scaly forms, with all their varieties, invade principally the palms of the hands and the soles of the feet. Pustular syphilides, superficial and impetiginous, affect the scalp, the beard and, in general, the regions covered with hair. Ecthyma and rupia attack by preference the limbs, principally the lower limbs. As for tubercular eruptions, they are disseminated all over the body. Thus it may be seen that syphilitic eruptions may affect the entire cutaneous covering of the body. There are, however, some parts of it which would seem to form exceptions to this rule, such as, for instance, the clavicular and sternal regions, where simple and parasitic eruptions are so common. The same may be said of the back of the hand, and this remark is particularly applicable to the exanthemata. Papulo-squamous eruptions are never seen on the limbs on the extensor surface, at least systematically, as is the case with one of the most common and most typical of non-syphilitic eruptions, psoriasis. The natural orifices, the commissures of the lips, isthmus of the fauces, orifices of the nostrils, the vulva, and anus, are the seat of predilec-

tion of the earlier syphilitic eruptions, and, among others, mucous patches are there particularly noticed. The circular forms of simple erythema may be found on all parts of the body; whereas the same forms of erythemato-papulous syphilides affect by preference the chin, the cheeks, forehead, the neighbourhood of the anterior and internal parts of the limbs and the buttocks. The syphilides appearing later and affecting the tissues deeply, are generally situated on the nose, lips, scalp, the sternal and clavicular regions, the buttocks, and more frequently on the legs near the joints than on the thighs.

PULMONARY SURGERY.—Dr. Koch (*Deutsche Med. Woch.*), as the result of operations performed by himself, and a review of those mentioned by others, considers the establishment, by means of the galvanocautery of a lung fistula, or the destruction of a diseased portion of the lung, as not being relatively dangerous; and points to the following indications for the operation:

1. In chronic lung gangrene, developed in a dilated condition of the bronchial tubes, and accompanied by an abundant expectoration of fœtid fluid.
2. In acute gangrene of the lung after injuries.
3. In foreign bodies in the bronchial tubes.
4. In fœtid and putrid bronchitis, without succeeding bronchiectasis; and,
5. In quite localised tuberculosis.

HYDRARGYRUM FORMIDATUM IN SYPHILIS.—Prof. Liebreich (*Wien. Med. Woch.*) in an article on the treatment of syphilis, speaks very highly of *hydrargyrum formidatum*. It acts more on the disease than any other preparation of mercury; and produces far less constitutional trouble, as it is easily eliminated by the kidneys. He has never noticed any salivation from it, during a very extended trial. It is best given hypodermically, two or three times a day. From one-half to the whole of a Pravaz Syringe (10-

20 min.) of the one per cent. solution should be used each time.

HEART SYMPTOMS SEQUENT ON PERIPHERAL NERVE LESIONS.—Potain (*La Tribune Méd.*) has often noticed that lesions of the peripheral nerves may be followed by affections of the heart. Several special cases confirmed him in the opinion that injuries to the bronchial plexus might give rise to hypertrophy of the left ventricle.

1st case.—An officer had his left arm amputated. The wound became very painful. After this the man suffered greatly from palpitation. Under suitable treatment the pain left the arm, and the heart affection ceased at once.

2nd case.—Compound fracture in a boy's arm. As long as the arm continued painful and inflamed there was very severe palpitation; but as soon as the irritation in the wound subsided the heart became steady.

3rd case.—Injury to brachial plexus from fall on shoulder. Subsequent hypertrophy of heart.

EXTENSION IN SCIATICA.—In the *Medical Record*, Dec. 16th, will be found an extremely interesting article by Dr. M. Shoemaker on the subject of the weight and pulley extension for sciatica. Several cases are cited in which this measure gave relief in a few moments, and in time was permanent in its effects. The method of procedure is to apply the weight and allow it to remain until the limb is thoroughly tired and the pain relieved. As soon as this has been accomplished, traction is ceased. The procedure is renewed as soon as the pain returns.—*Chicago Med. Review.*

AMENDE HONORABLE.—The State of Missouri has the honour of having a quack resident who castrated a male patient, and afterwards made amends by taking his wife and living with her in open adultery.—*N. O. Med. and Surg. Journal.*

A NEW METHOD OF ANTISEPTIC OPERATION.—Kocher's method consists in (*N. Y. Med. Record and Volkmann's Klin. Vortrage*) the employment of subnitrate of bismuth. "During the operation the wound is from time to time sprinkled with water, holding the bismuth in suspension" (10%). After all oozing has ceased, the wound is closed with sutures, and the line of incision sealed with bismuth paste. The usual dressings, wet with the bismuth mixture, are then applied. No drainage tubes are used. In cases where they would seem to be required, the sutures are introduced, but not tightened; cavities are filled with wads of gauze and the bismuth dressings applied. In twelve to twenty-four hours the dressings are removed, the surface sprinkled with the bismuth solution, the sutures are tightened and the dressings renewed. At subsequent dressings the bismuth solution is always used. Bismuth in powder is not used, as it was found to give rise to diarrhoea, nephritis, stomatitis, etc.

REMOVAL OF THE STERNUM.—Prof. König, at the recent meeting of the Surgical Section of the German Association, exhibited a patient from whom he had removed the entire sternum for an increasing tumour of that bone. Previous to operating, he made experiments upon rabbits. During the operation, after dividing the cartilages of the ribs, he passed his fingers under the bone to be removed. An aperture was found to exist in the right pleural cavity, a second in the pericardium, and a third in the left pleural cavity. These were occluded with antiseptic gauze immediately on being discovered. Dyspnoea was complained of only for a short time. In twelve days the first dressing was made, and five days later a second. The wound healed slowly. The patient recovered and was exhibited.—*Phila. Med. Times.*

Dr. Geo. Müller Beard, the well-known Medical Electrician of New York, is dead.

Midwifery.

BACILLI AND INTRAUTERINE INFECTION.

MM. Straus and Chamberland, by a series of experiments, have found that the bacilli of charbon are not transmitted through the glands to the secretions, nor through the placenta to the fœtus, in cobayes, the glandular element, like the placenta, constituting a perfect filter.

MM. Arloing, Cornevin and Thomas had found that the bacteria of symptomatic charbon were transmissible from mother to fœtus in sheep. MM. Straus and Chamberland's experiments on cobayes gave results not so clearly affirmative.

The Microbe of cholera des poules in the chicken and rabbit invades all organs and secretions. The fowl's egg, as well as the rabbit's fœtus, were filled with micrococci and were virulent.

The *septic vibrio* of Pasteur also invades all the tissues and the maternal liquids as well as the fœtus.

MM. Straus and Chamberland have tried a new method of inoculation, a direct intra uterine inoculation of the fœtus through capillary trocars. In the female cobayes they at first did not succeed in inoculating the fœtus without contaminating the mother. They also observed the very curious fact of having the mother and one fœtus charbonized, the other fœtuses remaining unharmed. They are now about to inoculate the fœtuses of sheep, rabbits, and cobayes which have been protected by Pasteur's vaccination. These experiments will doubtless furnish important facts upon the receptivity or non-receptivity of the fœtus in the charbonic affection, and the variations that this receptivity may present at a given period of gestation, when immunity has been conferred upon the mother by preventive inoculations.

TRACHELORRHAPHY SUTURES.—At a late meeting of the Obstetrical Society of New York, a discussion arose as to the choice of sutures

in operations for lacerations of the cervix uteri. Dr. J. B. Hunter generally employed silver wire, but thought it did not make much difference what kind of suture was used. He had used silk and catgut, but preferred the wire, because at the time of operation it could be tightened or loosened more readily in adjusting the parts. The wire was not to be tightened by twisting, else it would certainly break, but by pulling upon it with the forceps before twisting. He had not for years had the silver wire cut through. Dr. Clarke said that if the silk (prepared according to Skene's directions) were tied in a granny knot, which held sufficiently well in this operation, it could be tightened as readily as the silver wire, and possessed the advantage of seldom cutting in, which the wire had often done in his hands. It was also easier to introduce, shortening the operation by one-half, and he had not found it to slip. Dr. Skene said that he used the braided, not the twisted silk; he testified to the ease with which one could tighten it when tied as had been indicated; he had never known it to slip, and it was easier to remove. The only reason silver wire had ever been used was that it caused little irritation, and consequent suppuration, and could be left in position long. If the prepared thread, which he employed, was used, we had something which possessed all the virtues claimed for silver wire, in these respects; but the same could not be said of thread taken off the spool, etc. He had the silk prepared in the following manner:—Braided silk was soaked in hot wax for five or six hours (a shorter time would not do). The wax was prepared with carbolic and salicylic acids (about five per cent. of the former and a little less of the latter). Carbolic acid alone would not answer, for if the silk were kept for some time the carbolic acid would disappear by evaporation. Silk prepared in this manner would not absorb moisture if left in the tissues for a year. He had known a piece to remain in the cervix during pregnancy and through delivery,

and on removing it, six weeks after delivery, he found it to be in good condition. In vesico-vaginal fistula he used the wire because the thread might allow urine to trickle along it. In lacerations of the perineum the stiffness of the silver wire commended it. In lacerations through the sphincter he always used it; but in lesser lacerations the silk gave as good results. The braided silk was preferable to the twisted because it did not untwist, remained perfectly solid, and was stiffer. It was not, however, fit for tying vessels or a pedicle, as it would slip whatever knot were tied; but it would not slip from ordinary swelling of tissues.

ACCIDENTAL RUPTURE OF OVARIAN CYST.—Dr. Lenepveu (Vendée) reports a case of ovarian cyst accidentally ruptured, followed by recovery. It was not certain if it was a true ovarian or a cyst of the broad ligament. The woman had been suffering for a long while, and had been tapped 17 times in the course of 4 years. The first operations gave about 30 litres of a viscid, yellowish liquid; the later operations gave 40 litres of a clear transparent fluid.

One day she fell upon the ice, the cyst ruptured, and its contents escaped into the abdominal cavity. There was not much inflammatory reaction, but the urine for 3 or 4 days was discharged in great abundance, until the fluid in the peritoneal cavity was absorbed. The abdominal walls were so lax that the patient could flap them from side to side like an empty pocket. The cyst refilled, and for three years remained stationary. The woman is in good health and leads an active life. The belly is as large as in pregnancy at term. She makes use of her belly as a work table, putting upon it her work and sometimes quite heavy objects.—*L'Union Méd.*

NOVEL OPERATION FOR TRAUMATIC RUPTURE OF FEMALE BLADDER.—Dr. O. Stroinski, of Chicago, removed a polyp from the

bladder of a woman, aged 46, having previously dilated the urethra. The removal was effected by torsion with forceps, and a portion of the anterior wall of the bladder was torn away. The vesical mucosa, near the sphincter, was thereupon inverted, and two ligatures passed through it. By traction on these, combined with pressure from above, the whole bladder was inverted through the dilated urethra. The rent was found to be two centimetres long, and was closed by three carbolized sutures, the bladder being replaced by a repositor. A permanent catheter was retained for two weeks, and the patient made a perfect recovery.—*Am. Jour. Obstet.*

THE CAUSE OF THE PAIN IN DYSMENORRHOEA.—Schulze, Prof. of Gynæcology at Jena, in his recently published work on the Pathology and Therapeutics of Displacements of the Uterus, says it is easy to demonstrate, by inserting a sound when the pains are at a climax, that there is not one drop of blood present in the uterine cavity. Indeed, the real cause of dysmenorrhœa is not stenosis but metritis.

THE STRAIGHT BODIED POSITION IN LABOR.—Dr. A. D. Macdonald (*British Med. Jour.*) calls attention to the subject of the straight bodied position in labor. He claims that this position is far less likely to result in lacerated perineum than the ordinary positions. The straight position does favor relaxation of the perineal muscles, and many patients will be noticed, as the child's head begins to stretch the perineum decidedly, to straighten themselves and to gain considerable relief from so doing.—*Chicago Med. Review.*

THE INTERNATIONAL MEDICAL CONGRESS.—The eighth session of this Congress will be held in Copenhagen from 10th to 16th August, 1884. Notice is given at this early day so that it may be arranged that the meetings of other Congresses may not coincide therewith.

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, FEBRUARY, 1883.

THE PERILS OF THE PROFESSION.

In inditing the above caption, we have now no thought of the multitudinous physical dangers which beset the daily path of the medical practitioner. Our mind is rather occupied with reflections upon the lurking and too often unsuspected perils which await us at the hands of those dastardly ingrate parasites who first profit by our skill and care and then assail our characters with well-concocted lies, in the base hope that we may deem it easier or better to purchase the silence of their mendacious tongues than to incur the publicity, the notoriety, the trouble, and expense of repudiation and self-vindication in a court of law. A case tried at the last York Assizes constitutes the subject of these reflections; and as it is one, in some particulars, unprecedented in the history of Canadian jurisprudence, it may not be inadvisable to relate the facts as brought out at the trial. It appears then, that, on the 26th of June, 1882, a Mrs. Lumb, residing in the city of Toronto, had a miscarriage, for which she was attended by Dr. J. E. White. On the evening of the 18th July following, the doctor was again sent for to see her, but did not visit her until the following day about midday. Finding symptoms which led him to suspect a possible retention of a portion of placenta, or secundines, he sent a son of the patient, aged about ten years, out of the room with the babe, and, after closing the door, proposed a digital

exploration, which was at once made upon a lounge. He found the uterus large and soft, with a patulous canal exuding a sanious matter. After giving certain directions, with a prescription, he left the house. Somewhat later on the same day, this woman and her husband called on Dr. Canniff, who was told by the husband that Dr. White had attempted to violate the wife, but, owing to her resistance, had not succeeded further than in ejaculating his spermatic fluid upon the external genitals and her clothes. They desired the Dr. to make an examination of the stains, with a view to assisting them in securing redress, the woman professing that she would prefer her husband's merely giving the doctor "a good licking." Dr. Canniff, suspecting the parties on account of their repeated announcements of their intention to make him their family physician in future, declined having anything to do with them. That same, or the next, day, the husband told his employer—Mr. John Kay—that Dr. White had attempted to commit a rape upon his wife. The first intimation Dr. White gets of the matter is a letter from an attorney, intimating that he had received instructions from Mr. Lumb to commence an action against him for seduction of his wife, unless compensation were forthwith made. This was accompanied, or followed, by an offer to accept \$200. Dr. White at once instructed his solicitors to defend. It would appear that the plaintiffs, finding that the action they primarily projected, according to Dr. Canniff's and Mr. Kay's evidence, would be a criminal one and not pecuniarily profitable to them, speedily change their base of operations, and the husband alleges that Dr. White carnally knew and debauched his wife, having gained her consent by seductive wiles, and claims damages on the ground of the loss of the comfort and solace of her society, since, although she continues to share his bed and board and care for his children, their marital relations cannot be resumed. Herein lies the peculiarity of the

action; the wife comes into court as the sole witness of her own shame and dishonour, and the chief support of her husband's contention for compensatory damages. This she is allowed to be by an Act passed by the Legislative Assembly of the Province of Ontario at its last session. This woman came upon the stand, and swore that the doctor prepared to examine her, kissed her hand, and then her lips, and was altogether so nice, that she could not but consent, and recounted, in a most shameless and brazen-faced way, the particulars of the alleged seduction. It was sought to corroborate her evidence by that of the ten-year-old boy who was sent out of the room with the babe, and who deposed that, going into an adjoining room for some ice for the babe, he heard his mother say, "Oh!" and, on peeping through the folding doors, said to be partially ajar, he saw the doctor leaning over his mother lying on the lounge, saw one of his hands on the back of the lounge and the other at its side, and heard his mother exclaim, "What will my husband say?"

For the defence, Dr. White denied the charge *in toto*, admitting the visits and the examination, and detailing the condition of the patient at the time. Several medical witnesses were called, who testified to the woman's probable condition, and the risk encountered by coitus at the time. In addition to the testimony of Dr. Canniff and Mr. Kay, a bailiff—Howden—who had seized, and was in possession of, plaintiff's house, swore that Mrs. Lumb had told him that the doctor had violated her against her will, and that she did not scream out because the children were in the yard, and couldn't hear. A carpenter was called, who swore that the folding doors mentioned had not been opened for a very long time. Several witnesses testified to the impecuniosity and bad reputation of the plaintiff, and some swore that they would not believe him or his family on oath. The learned Judge analysed the evidence at length, and

directed the jury to find whether a marriage according to the law of England (where it was said to have been celebrated) had been proved to their satisfaction, and, if so, whether they believed the allegations of the plaintiff or of the defendant. The jury, after a few minutes' deliberation, found a verdict for the defendant, in which the learned Judge said he entirely concurred. It will thus be seen in what a dangerous position we practitioners of medicine stand daily. A charge so easily preferred, with so much difficulty repelled, is a standing temptation to the unscrupulous to turn a dishonest but easily gotten penny. The new law, too, renders the proof (true or false) so exceedingly easy, that it offers a premium on the preferment of such charges. If Dr. White had had the moral cowardice to succumb; and had preferred to save money, notoriety and scandal, to say nothing of anxiety and loss of time, by accepting the terms of compromise, which were really lower than the costs which he will have to pay, since these people are always worthless, who knows how many charges of a similar kind would be trumped up between now and the next assizes? From this point of view, therefore, the profession owes Dr. White a debt of gratitude; for the preferment of such charges will not be fostered by such rebuffs. We have heard it urged that the law should make provision for security of costs in such cases; but this would be so opposed to the well recognized principles of justice, as shutting out the poor man from redress of wrongs, that it is not likely ever to be had. We would rather advocate the establishment of a mutual defence fund by the profession.

Those of our readers who have attended the Royal Infirmary in Edinburgh—and they are not few—will learn with regret of the death of John Swayne, the principal gate-keeper, on December 10th, from cardiac disease.

A MEDICAL OFFICER OF HEALTH FOR THE CITY.

As a sequence to the Order-in-Council of the Federal Government, gazetted on the 30th December last, with reference to Health and Mortuary Statistics, wherein it is provided that the Minister of Agriculture may allot to the various capitals, and other towns having a population of 25,000 and over, possessing a local Board of Health, to which is attached a permanent, salaried medical officer, a portion of the Parliamentary grant for such purposes, in the proportion of one cent for each individual unit of such population, together, if necessary, with a lump sum, not to exceed in any case \$400, the new City Council will, doubtless, soon feel itself called upon to appoint, without delay, such a permanent, salaried medical officer. It has long been a subject of wonder and astonishment to those who have reflected at all upon the matter, that the anomaly of appointing a layman to the performance of such essentially medical duties should be suffered to continue. Doubtless, had there been a man at the head of that department of civic administration of less universally recognised integrity, ability, and general capacity, than the present Commissioner—Mr. Emerson Coatsworth—the infallible failure of the system must have worked its own remedy and reform. Now, however, that the proffer of Federal Government aid in the collection of statistics is contingent upon the possession of a permanent, salaried medical officer, we can scarcely doubt that this regrettable lacuna in our municipal machinery will at length be filled up and obliterated. The selection of an incumbent for the office will necessarily be a subject for much anxiety and concern. For not only will the vitally important interests committed to a medical officer of health be jeopardised by an injudicious or unfit selection, but the existence of the office itself will be imperilled if its utility be not manifested *ab initio*. Moreover, the Minister of

Agriculture is empowered to withdraw his grant whenever the working of the office may appear to be unsatisfactory. It will, therefore, be a matter of vital importance to secure in the beginning the best possible man. To this end the salary must be liberal, a fair and equitable remuneration for the discharge of arduous and responsible duties, and this without regard to the one-fourth of the Government allotment to the municipality, which is his due for services rendered in the statistical department. The qualifications for the office are: indubitable integrity, strength and independence of judgment, suavity combined with firmness, a good knowledge of sanitary science and of men, indefatigable energy, and, perhaps it may be added, reasonable youthfulness, and acquaintance with civic affairs. From this hasty sketch it will be apparent that a selection cannot be lightly made, and that political considerations can have no place. An unworthy appointment will not be for an instant condoned by the profession; and in the absence of professional approbation, the fate of the office is inevitably sealed.

HOME HOSPITALS FOR THE WELL-TO-DO.

Pay-hospitals, as at present constituted, are of various kinds, and differ in the measure of success which they attain. In England, those designed for the upper-middle and higher classes, the utilization of which demands considerable means, seem, according to the reports, to get along satisfactorily; those for the middle and lower middle succeed admirably, and those for the lower classes who can contribute something to their support, are from one-half to two-thirds self-sustaining. The special and private hospitals of the large American cities appear to reap an abundant harvest. It has long been felt that there is an urgent need in this city for the existence of a hospital to which that large class of persons engaged in business, who

are sequestered from home comforts and surroundings, could repair when overtaken by disease or accident, and still remain under the care and supervision of any practitioner they may prefer. Accommodation is needed, too, for cases which come to town for operation at the hands of surgeons not connected with the General Hospital, the boarding-house accommodation available for such persons being notoriously bad and insufficient. We believe that a hospital designed to meet these wants could, under careful and judicious management, be made to succeed abundantly as a commercial enterprise; and we throw out the suggestion in the hope that some of our mercied men who are not averse to investing capital in an enterprise which may prove, at once profitable and philanthropic, may be induced to give the project their thoughtful and earnest consideration. To those who are so disposed, we would further suggest a perusal of Mr. Henry C. Burdett's brochure on "Pay-Hospitals and Paying Wards Throughout the World," published by Messrs. J. & A. Churchill, 11 New Burlington street, London W.

NEW YORK POST GRADUATE MEDICAL SCHOOL.—We are in receipt of the announcement of the second term of this new school for practitioners. It is accompanied by what, in this country, would be called a Time Table, from which it is apparent that the time must be well and fully occupied. The names of the staff are a sufficient guarantee of the excellence of the teaching, and we can only reiterate the advice we gave some time ago, that all in whose power it lies should avail themselves of the golden opportunity. This session extends from January to April 28th. The local habitation of the school is 209-213 East 23rd St.

The students of the Ontario Veterinary School held their Sixth Annual Dinner at the Walker House on the 26th ult. It was a brilliant success although the gas went out.

THE INTEGRITY MEDICAL AID FUND OF TORONTO, ONTARIO.

A remarkable circular has been brought under our notice, which has the above formidable heading. First, after the heading, comes a list of "consulting physicians," eleven in number, consisting of ten regulars, and one apostate regular, who now is designated "Homœopath." Then appear explanations, as follows:—"Under this system the members mutually protect each other by paying a stipulated sum to the fund by small monthly payments, collected monthly, at members' own residence. The fund also provides for medical attendance, for accouchements under special rates." The "advantages of membership," seven in number, are then set forth. After quoting an article from the "Journal, London," on "the cost of sickness," we have another heading, "Please read thoughtfully the following," under which are grouped a number of important facts for the consideration of the public. We regret the limitation of our space, which prevents a full report, but select a few:—

"Every member of the family—father, mother, brothers, sisters—from the grandparent at 70 years to the babe at a year old.

"The *Fact* that it proposes to furnish its members with the best medical attendance in the country. Fact, because you can have any physician on the list. Fact, because you can change if the one does not suit you. Fact, because you can have the doctor at any time you wish, and as often as you wish. All you are required to pay is 20 cents a month for an adult, and 10 cents a month for a child. Or, if you prefer it, 30 cents a month will pay for both medicine and doctor, or half that for a child. Just stop to think, less than *one cent a day* will pay for doctor and medicine the year round, and as an agent will call upon you in a day or two, be sure and join, and tell your friends. Remember, please, less than *one cent a day* to keep you

in good health." A neatly shaped hand, with forefinger extended, points to the final clause—"Agents wanted. Apply Branch Office: 119 Strachan Avenue."

We believe nothing further is definitely arranged; but one of the members tells us the special rates for accouchements will be about half price. It is expected that one of the advantages connected with this joint stock company of brilliant consultants will be a division of labour on the most approved principles of modern Political Economy. Some may take the accouchements, some the 30 cent, others the 20 or 10 cent patients. They can then be divided into classes and known as midwives, 30 cent, 20 cent, or 10 cent men, as the case may be. The latter may possibly be designated the half-price men, or baby-men. We may give further particulars, with names of the physicians, when arrangements are finally completed, and charge nothing for the advertisement.

From a business, as well as a philanthropic point of view, this proposed plan for the amelioration of the physical ailments of the citizens is worthy of all praise. At the same time, while we are filled with admiration, we are struck with wonder at the resources of the fertile brain from which emanated a scheme so gigantic and so commendable. The ambitious City of Toronto is fast becoming famed in matters medical. It has already beaten the world in signs, and now it has originated the grandest scheme known of touting for patients. Probably the motto of the new company will be:—"Come one, come all, at any price you like; if you can't give us 10 cents, give us what you can."

A **HEAVY BRAIN.**—Dr. Halderman, of Columbus, records, in the *Cincinnati Lancet and Clinic*, the case of a mulatto, named Washington Napper, aged 45, whose brain was found to weigh 68½ ounces, nearly 5 oz. more than the famous brain of Cuvier.

A **LIGHT BRAIN.**—Gambetta's brain weighed only 38 4/5 oz.

TRINITY SCHOOL AND KINGSTON STUDENTS.

We regret that a letter, addressed to this Journal by the Secretary of the Trinity Faculty, and published in this issue, compels us again to refer to a matter which is creditable neither to our city nor our country. To prevent misconception, we will briefly recall the history of the proceedings.

Troubles arose between students and Faculty in Kingston, which were chronicled in the daily papers, and thus known by almost every man, woman and child in the country. The students communicated with several Medical Schools, and received a reply from Trinity which filled them with delight. They stated openly and boldly that Trinity offered to take those who had paid their fees free of charge, and those who had not paid anything at Kingston for half the ordinary sessional fees.

Upon the receipt of the proposal, they at once placed it on their bulletin board at the college. It appeared in a local newspaper. A copy of this paper was sent to the Dean of Trinity Faculty, and he was at the same time asked if the report was correct. No denial was made. In a day or two after this, a letter was sent by a member of the Kingston Faculty to the Trinity Dean, asking him if his school had made the following proposal to Kingston students: "Students to be received on their own declaration of having attended lectures, that those who have paid their lecture fees will be allowed the balance of the session free; those who have not paid will only have to pay half; that these tickets will be certified on students' own declaration." A letter was received, in answer, which was evasive in every particular, and denied nothing which had been stated by the students. Whatever may have been the foundation for the statements, Trinity was deriving full benefit from them, and its Dean, on being asked, declined to repudiate them.

The Kingston Faculty being unable to get

any satisfactory answer, gave up in despair, and looked on the destruction of their school as inevitable. Prominent citizens, however, interested themselves, and, at their urgent request, the Faculty decided to save their school and, in order to do so, put themselves in the humiliating position of practically yielding to the students every point in dispute.

We may add, that, while the negotiations were being carried on, and while the students feared difficulties about their certificates of attendance, they telegraphed to Trinity, and the despatch contained the following words: "We expect that our Professors will not certify our attendance for this half session. Would this session count with you?" The official answer from Trinity contained the following words: "Declaration of attendance on previous half of session will entitle to certified tickets." Before receiving this offer, the students had either to accept the compromise offered, or lose a whole session; after receiving it they could dictate their own terms. We leave it with our readers: they may compare it with the expressions of sympathy contained in Trinity's letter, and draw their own conclusions.

SIR THOS. WATSON, BART, M.D., F.R.S.

On the 12th of Dec. last, there "passed through nature to eternity" one of the Immortals of the Profession — Thomas Watson. Universally revered, respected and beloved; full of honour, as of honour and of years, none has descended to the grave from the ranks of our Profession a nobler or a brighter example of the true Physician. Born in Devonshire, on the 7th March, 1792, his preliminary education was received at the Grammar School of Bury St. Edmunds, and in 1811 he was admitted to St. John's College, Cambridge, whence he graduated B.A., tenth wrangler, in January, 1815. Two years later, he was elected a Foundation Fellow of his College, and in the year following took his M.A. At the age of 27, he commenced the study of

medicine at St. Bartholomew's Hospital, under Mr. Abernethy. During 1820-1, he studied in Edinburgh, afterwards returning to Cambridge, where, in 1825, he took the degree of Doctor of Medicine. The same year, he married, and settled in practice in Henrietta street, Cavendish Square, and here remained for 57 years. As with so many others who have ultimately scaled the topmost pinnacle, the lowest rungs of the ladder were hard and tedious to overpass, and practice and fame were slow in coming.

Five years later, a sore trial awaited him in the death of his deeply beloved wife, three days after the birth of their second child. In 1826, he became F.R.C.P; and in 1827, Physician to the Middlesex Hospital. When University College was opened in 1828, Dr. Watson was made Professor of Clinical Medicine, utilizing his material at the Middlesex for his lectures. This he resigned in 1831, and was appointed Prof. of Forensic Medicine at King's College. In this year began his contributions to medical literature in the *Medical Gazette*, in which most of his writings were published. He took professional charge of Sir Walter Scott on his last trip from London to Edinburgh. In 1836, he succeeded Dr. Francis Hawkins as Professor of the Principles and Practice of Medicine; and then it was that he delivered those immortal *Lectures on the Principles and Practice of Physic*, "which take first rank amongst the standard Classics of Medicine." In 1840, on the establishment of the hospital in connection with King's College, Dr. Watson declined to sever his connection with the Middlesex Hospital, and accordingly resigned his Chair at King's College. In 1844, increase of practice compelled his relinquishment of his public duties. In 1859, he was appointed Physician Extraordinary to the Queen; and, in 1861, he attended the Prince Consort in his last illness, in conjunction with Sir James Clark, Sir Henry Holland and Sir Wm. Jenner. In 1866, he was created a Baronet. He held numerous offices in the College of

Physicians at different times, and, from 1858 to 1860, represented it in the Medical Council. In 1862, he was elected President of the College, and again for five successive years, declining a sixth nomination, on the score of advancing years. Open mindedness was one of his characteristics; and no man was ever readier to gain instruction or to correct an error. As Wm. Budd, with prophetic vision, announced, years ago, the specificity and infectiousness of tubercle, so Sir Thomas Watson, a year or two since, forecasting the tablets of futurity, and strong in the faith of operative medicine, expressed his belief that his grandchildren would live to see the day when the so-called zymotic fevers of childhood shall be no more. A man of unimpeachable integrity, of unbounded kindness of disposition, of infinite courtesy and regard for others, of profound learning and perfect candour, possessing a fine sense of honour, a clear and unerring judgment, rare gracefulness and fluency of diction, with singular command of his mother tongue, and "wearing through all these years the white flower of a blameless life," the Profession early learned to recognise him as a leader, ἀναξ ἀνδρῶν, a king of men. Such he was when many whose "time of life has fallen into the sere and yellow leaf" were young; and such he remained even until 'he end.

STUDENTS' RESIDENTIAL CHAMBERS.

The subject of securing residential chambers for medical students has been the object of some consideration in the old country of late, and the *London Lancet* strongly advocates their establishment on the lines of the "Union" Societies of Cambridge and Oxford. It appears that King's College and St. Bartholomew's have residences in connection with their schools, though not on a very extensive scale, and that these are in great demand both by parents and students. The *Lancet* says:—"It would be a great advantage to medical

students if chambers in connection with the schools were general, instead of being limited, as at present; for, undoubtedly, many of the faults, and much of the idleness now urged against those engaged in the study of our profession are directly due to a want of supervision after lecture hours, and to the dreariness and unsuitability of the lodgings in which, under the present régime, they are compelled to reside." We entirely concur in the tenor of the *Lancet's* article, and feel that the observations made are quite as applicable to ourselves as to the students and schools at home. It would be, perhaps, utopian to expect any very complete system to be inaugurated here at an early day; but we trust that some step in this direction may ere long be taken to provide a boon so well calculated to promote the comfortable pursuit of medical studies, and to remove one of the indubitable causes of the greatly exaggerated ill odour and repute of medical students, especially amongst boarding-house keepers. A combination of the two schools might surely be effected for this laudable enterprise; or, if they be not prepared to invest their capital in that way, it ought not to be a matter of great difficulty to induce one or two wealthy capitalists to undertake the matter. Such a "Residence," conducted on sound economical principles, ought not to be unremunerative. One or two suitable lots are now to be had on Parliament street, an unpretentious building, with comfortable and healthy rooms, a reading-room, music-room, smoking-room, and gymnasium, need not be costly; nor need a remunerative rental be found excessive by students of moderate means.

THE MATERIA MEDICA TROUBLE AT McGILL.

After the holidays the Faculty made arrangements with the students which, it was hoped, would prove satisfactory to all parties. The lecturer was to modify his course, and at the spring examinations a joint examiner was to be appointed. It appears, however, that the students are still quite dissatisfied, as in fact might have been expected. The almost, if not quite, unanimous opinion of those who have passed through McGill during the last ten or fifteen years, is that the lectures on *Materia Medica* have been of no practical benefit to the students. This is a matter for extreme regret for many reasons, one of the strongest being the fact that the lecturer is a most estimable and worthy man in all respects; but his forte is not lecturing on *Materia Medica*. It is the wish of both graduates and undergraduates of this institution that this matter should be set right, and the Faculty should not shirk the question. Some of our Medical Faculties are so constituted that it is a moral impossibility to superannuate any lecturer, even though he has long outlived his usefulness, until he himself chooses to retire. Is McGill in this position?

JOURNALISTIC.—We have already noted the change of the *New York Medical* from a monthly to a weekly issue; and that of the *American Journal of Obstetrics* from a quarterly with monthly supplement to a monthly. We have further to remark an increase in size and number of pages of *Gaillard's American Weekly*, of the *Louisville Medical News* (weekly), and of the *New York Medical Record*, which latter now appears in a most handsome and imposing form. The *Michigan Medical News* and the *Detroit Clinic* have been merged into one, under the name of *The Medical Age*, which appears fortnightly, published by Geo. S. Davis, and edited by Dr. J. Mulheron. Dr. Bemiss has retired from the editorial management of the *New Orleans Medical and Surgical Journal*, and has been succeeded by a staff of

Dr. Wilson Fox has succeeded Sir Thos. Watson as one of the Physicians in Ordinary to Her Majesty. A vacancy was thus created among the Physicians Extraordinary, to which Dr. Owen Rees has been appointed.

five. Our excellent contemporary and exchange, *The Annals of Anatomy and Surgery*, of Brooklyn, formerly published under the auspices of the local Medical Society, appears this year on an independent footing, under the management of L. S. Pilcher and Geo. R. Fowler, of Brooklyn, in conjunction with Shaffer of New York, Marcy, of Boston, Park of Chicago, Allis of Philadelphia, Mastin of Mobile, and J. E. Pilcher of Brooklyn. It is the only journal devoted exclusively to the interests of anatomy and surgery in the language; admits solely articles of superior merit, is well illustrated, and issued monthly, with unusual regard to typographical excellence and general get-up, at \$2 per annum. We are certainly much astonished at the price named. *The Rocky Mountain Medical Times*, beginning with its second volume, has adopted the name of the *Denver Medical Times*. *The Monthly Review of Materia Medica and Pharmacy*, edited by Dr. Richard V. Mattison, of Philadelphia, appears this year under the name of the *Quinologist*. Messrs. J. H. Chambers & Co., of St. Louis, Mo., have purchased the *Chicago Medical Review*, which has heretofore appeared semi-monthly. It will henceforth appear as a weekly simultaneously in Chicago and St. Louis, under the name of *Chambers' Weekly Medical Review*.

DEATH UNDER CHLOROFORM.—A case is reported from the Great Ormond Street Hospital of the death of a female child, aged five, while under chloroform. An abscess existed in the vicinity of the knee joint, threatening to involve it. The house surgeon administered a little chloroform to keep the child quiet while Mr. Howard Marsh incised the abscess. The operation occupied a second or two, but the child's heart suddenly ceased to beat, and all restorative efforts were in vain. The child had previously taken chloroform twice. After a *post mortem* examination, the cause of death was returned as syncope, due to the depressing effects of chloroform.

TEACHERS AND STUDENTS.—The strictures upon students, on the one hand, and upon examiners on the other, during the last twenty years, have been neither few nor slight. The idleness, indifference, ignorance, and stupidity of students, have formed the staple of most of the official utterances of examiners, and have been echoed by teachers, while examiners in their turn have been freely charged with incapacity, incompetence, selfishness, and cupidity. Meanwhile the teacher has usually escaped. Few have ever ventured to carry criticism into the teachers' camp. It seems to have been tacitly assumed that the office of teacher is inviolable. Interference with his function has always been sharply resented and quickly checked. And yet it would be hard to maintain that the attainments of teachers have kept pace with the increasing requirements of examinations. On the contrary, the relations of medical education and examinations have been reversed. Students are now the slaves of the examinations; everywhere they are over-examined and under-taught. Anyone whose business or inclination may lead him to visit the examinations conducted by the various examining bodies—say the Royal College of Surgeons of England—will soon be convinced that the majority of candidates exhibit a "plentiful lack" of education and training. They are not devoid of knowledge, their memories have been fairly exercised, their answers often rise readily to the lips, and still it is obvious that with most of them the reasoning faculty is almost in abeyance. If memory should play them false, reason, so long neglected, finally refuses her aid. This implies defective training and preparation, the responsibility of which rests chiefly upon teachers. Candidates are not, as a rule, ignorant, but they are uneducated; they show no signs of having been taught the philosophy of things. Of empirical knowledge they have enough, and to spare. They are familiar with quite a host of isolated facts, but are unacquaint-

ed with the relation and connexion of these facts. They have been instructed, but not trained. Information has been mechanically imparted, and is given out again in like manner. This is the fallacy underlying most educational schemes now-a-days. Many conscientious teachers fall into the error of mistaking instruction and the imparting of information for education whereas the evil is that the student is taught too many things—*multa* instead of *multum*. ** Improvement in medical education, therefore, must begin with the teachers themselves. The teacher must be made to feel his responsibilities more acutely. The art of teaching is difficult, but it may be acquired by every earnest mind. It is not enough for a teacher to be punctual, he must be industrious and, above all, scrupulously honest. The process of education is slow, tedious, and often painful, and demands patience, perseverance and restraint. The result is so remote, and so uncertain, that the consciousness of having honestly done his best may be the only reward the teacher may receive for all his pains; but the reward is precious.—*London Lancet*.

THE VALUE OF PROFESSIONAL SERVICES.—It is surprisingly difficult to make anybody recognize the money value of medical services, but those who are officially responsible for the administration of the Poor Laws would seem to be especially oblivious to this view of the facts. There is a wide-spread and very deep persuasion on the part of the public that we of the medical profession are so enamoured of our work that we are always eager to practise whenever and wherever a patient can be found, wholly regardless of trouble or recompense. This is doubtless an exceedingly flattering compliment to pay to our professional zeal, but does it not a little reflect on our character for common-sense intelligence as men of the world? Those who thus praise our devotion to science do so at the cost of a considerable sacrifice of the respect in which they hold our intelligence as men of busi-

ness. It is only the "doctor" who is expected, and confidently counted upon, to labour without reward. The ingenious philanthropist, rich in the wit of being liberal with other men's stock-in-trade, has never hit on the device of instituting a charity for the furnishing of legal advice and assistance to necessitous debtors, or poor folk troubled with heavily-mortgaged estates or interminable lawsuits; and though it is true that religious enthusiasts do establish costly missions abroad and spiritual enterprises at home, they are always careful to make special provision for the payment of their clergy. Who ever heard of any benevolent undertaking for the benefit of sick or sound, friend or foe, fellow-subject or alien, which was based, as its fundamental proposition and start-point, on the assumption that the services of its principal and active agents were to be had for nothing—except the gratuitous toil and time to be contributed by the medical profession?—*Lon. Lancet*.

CORRIGENDA.—In our report of the meeting of Delegates to Ottawa, on the subject of "Vital Statistics for the Dominion," in our last issue, the names of Dr. Marsden (Chairman of the Quebec Delegates) and Dr. C. Verge, of Quebec, were inadvertently omitted.

In Dr. Workman's paper on "Moral Insanity," commenced in our last issue, we regret to observe numerous typographical errors, most flagrant among which were various egregious renderings of the name of the immortal Pinel, the endowment of Esquirol with a "g" in place of his normal "q," and the outrageous "manie saisonnaute" for "manie raisonnaute" of the French authors. Our apologies are due to Dr. Workman, whose fine philological sensibilities must have been seriously offended by our fault.

Dr. Bliss is going to Europe. He is liable to become the family physician of any distinguished person who asks him to dinner.—*New Orleans Picayune, Grip*.

ELECTRICITY AS A CARDIAC STIMULANT.—Prof. Von Ziemssen lately had a patient—a woman aged 46—who had lost the greater part of the precordial structures, exposing the heart; and he conducted a series of experiments, to determine the effects of the Galvanic and the Faradaic currents respectively on that organ. He distinctly discovered that the induced current had no effect whatever, whilst the constant or direct current acted as a powerful stimulant. It is therefore useless, in cases of chloroform syncope, to waste time in applications of the Faradaic current, as is so commonly done.

A MODIFIED DANIELL'S CELL.—The well-known fact that in the Daniell's cell the sulphate of copper accumulates in the porous cup, and finally overflows, rendering the cup useless, and necessitating the substitution of another, induced M. Regnard to construct a modified Daniell, in which he places, exteriorly, bisulphate of mercury, and, interiorly, nitrate of mercury. This modification offers none of the inconveniences of the Daniell, and will work a long time without stopping and without the necessity of changing any of its parts.—*Gaz. des Hôp.*

DEATH FROM DICHLORIDE OF ETHIDENE.—In the Liverpool Eye and Ear Infirmary, on 21st Nov. last, a foreign body was extracted from the lens of a man aged 26. Between 3 and four drachms of dichloride of ethidene had been administered, when the pulse stopped, and all efforts at restoration failed. *Post mortem*, the cardiac muscle was found to have undergone extensive granular degeneration.

The Medical and Sanitary Editor of *The Flint Globe* is greatly exercised because a paper published in this city, and denominated "Truth," asserted that the President of the American Public Health Association—Prof. R. C. Kedzie, of Lansing, Mich.—was an anti-vaccinationist, and he devotes a column and a quarter in his issue for

January 11th to proving, what everybody knows already, that he certainly is not. If the editor of the *Globe* but knew how little it mattered what "Truth" said about such matters, he would not have wasted more space in correcting the "untruth" than we have done.

Theodor Von Bischoff, the eminent anatomist, died in Munich, on Dec. 5th, aged 76. In 1832 he was assistant in the Obstetric Department in the University of Berlin; in 1833 teacher of anatomy in Bonn; in 1849 prof. of anatomy in Heidelberg; in 1843 of anatomy and physiology in Giessen; in 1855 he assumed the analogous chair in Munich. He is best known by his works on comparative anatomy and embryology.

Book Notices.

Fourth Annual Report of the State Board of Health of Illinois, 1882.

Some Specialties manufactured by the Cincinnati Type Foundry and Printing Machine Works, 201 Vine St., Cincinnati, O.

Weekly Health Bulletins and Meteorological Reports. By P. H. BRUCE, M.A., M.D., Sec. Provincial Board of Health, Ontario.

Naso-Antral Catarrh and its Treatment. By W. H. DALY, M.D., Pittsburgh, Pa. (Reprint from *Archives of Laryngology*.)

Bromide of Ethyl. The most perfect Anæsthetic for Short Surgical Operations. By JULIAN J. CHISHOLM, M.D., Baltimore, Md. (Reprint from *Maryland Medical Journal*.)

Treatment of Arthritis of the Temporo Maxillary Articulation. By D. H. GOODWILLIE, M.D., D.D.S., New York City. (Reprint from *Archives of Medicine*.)

Report of Deaths in the City of Lansing for the month of Dec. 1882, and for the year 1882. Weekly Meteorological and Health Bulletins for Michigan. By HENRY B. BAKER, M.D., Lansing, Sec. Board of Health.

Is Tubercular Consumption a Contagious and Parasitic Disease? By BELA COGS-HALL, M.D., of Flint, Mich. (Read at 10th Annual Session American Public Health Association.)

A Large Fibro Cyst of the Uterus and Ovarian Cystoma, co-existing with Pregnancy: Operation: Recovery. By WALTER COLES, M.D., St. Louis. (Reprint from *St. Louis Courier of Medicine*.)

The Application by Insufflation of Medicated Powders to the Upper Air-Passages for the relief of Catarrhal Conditions. By D. H. GOODWILLIE, M.D., D.D.S., New York City. (Reprinted from the *Archives of Medicine*.) New York: G. P. Putnam's Sons. 1882.

The Student's Manual of Venereal Diseases, being a concise description of those affections and of their treatment. By BERKELEY HILL, Prof. Clin. Surgery, University College, London, and ARTHUR COOPER, late House Surgeon to the Lock Hospital. Second edition. New York: Wm. Wood & Co. 1881. Price 10 cents.

This is one of the cheap, paper-cover reprints. The matter, of course, is good, presenting an epitome of the well-known views of these well-known surgeons. The manner and paper are not commendable, but quite as good as could be expected at the price demanded.

Suppression of Urine. Clinical Descriptions and Analysis of Symptoms. By E. P. FOWLER, M.D. Ninety-three Clinical Cases, with Illustrations, Tables and Diagrams. (Paper presented to N. Y. Med. Chir. Soc., Dec. 1880.) New York: Wm. Wood & Co., 1881.

The scope of this paper is sufficiently set forth in the title. Its preparation must have cost the author a world of trouble, and it will be proportionately labour-saving to those who in future may be desirous of investigating the subject.

A Guide to the Practical Examination of Urine. For the use of Physicians and

Students. By JAMES TYSON, M.D., of the University of Pennsylvania. Fourth edition, revised and corrected, with coloured plates and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1883.

This manual is just what it purports to be, and is one of the best of its kind. The first edition appeared in 1874, and it, together with its successors, have all been greeted with universal welcome and commendation. It is unnecessary, therefore, to say more about this fourth edition than that it possesses all the excellencies of its predecessors, combined with whatever corrections the progress of knowledge has rendered necessary.

Medical Electricity: A Practical Treatise on the Applications of Electricity in Medicine and Surgery. By ROBERTS BARTHOLOW, A.M., M.D., LL.D. Second edition. Enlarged and improved. With 109 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882. Toronto: N. Ure & Co. Price \$2.50.

The first edition of this work was exhausted within a year. It may, therefore, be presumed that it is popular and has met a want. That some of the criticisms of the first edition from the scientific electrician's standpoint are fully justified, may be admitted without prejudice to the value of the work from the Practitioner's point of view. As the most famous teacher of *Materia Medica* and Therapeutics on this Continent, the author may well be credited with a full knowledge of this agent, and capacity to communicate that knowledge. This edition is considerably enlarged, amended and improved.

A Guide to Therapeutics and Materia Medica. By ROBERT FARQUHARSON, M.D. Third American Edition. Revised by the author. Enlarged and adapted to U. S. Pharmacopœia, by FRANK WOODBURY, M.D., 1882. Philadelphia: Henry C. Lea's Son & Co.; Toronto: N. Ure & Co. Price \$2.25.

The high esteem in which this excellent

little manual has been held *ab initio* by both practitioners and students, will not be in any wise diminished by the appearance of this last edition, now increased by one-third its former size. The same arrangement and other features of excellence have been preserved, and the author may truly be said, in comparison with the larger classical manuals, to have presented his subject "in briefer compass, in perhaps more systematic form, and unencumbered by any botanical or pharmaceutical detail." The American editor merits a full meed of praise; and although Dr. Farquharson, having retired from practice, will probably not again address us, yet he must feel assured that in Dr. Woodbury he possesses an executor in whose hands his work will not fail to realize the accomplishment of his design.

Papers read before the New York Medico-Legal Society from its Organization. Second series. Revised edition. New York: W. F. Vanden Houten. 1882.

This volume (No. 2 of the series) contains a collection of valuable and most readable papers, comprising inaugural addresses, and essays upon various topics, well distributed over the field of medical jurisprudence. Some of them, however, are ten years old, the Society not having been very prompt in the publication of its transactions. This reproach is about to be removed, however, and volume three is announced to be ready shortly. Several excellent photographs of some of the contributors accompany the articles. An appeal is issued to lawyers and physicians for contributions to the establishment of a library, accessible to both professions, which shall contain all the works published in relation to Medico-Legal Science. We are glad to know that under the continued presidency of Mr. Clark Bell the Society is in a flourishing condition, the number of members having increased within the past year from 177 to 267. Under the circumstances, it would seem that the new and

rival Society of Medical Jurisprudence will have uphill work.

The Relative Mortality, after Amputations, of Large and Small Hospitals, and the Influence of the Antiseptic (Listerian) System upon such Mortality. By HENRY C. BURDETT, Fellow of the Statistical Society; Hon. Sec. Home Hospital Association for Paying Patients; Late Sec. and Gen. Superintendent of the Seamen's Hospital, Greenwich, and the Queen's Hospital, Birmingham. (Reprinted from the *Journal of the Statistical Society*, Sept. 1882.) London: J. & A. Churchill, 11 New Burlington Street. 1882.

Mr. Burdett, whose fitness for the task is on all hands admitted, has been at infinite pains in preparing this essay, and although his statements may seem to be not devoid of bias in favouring so strongly Cottage Hospitals, of which he has long been a strenuous champion, yet we do not for a moment doubt their absolute correctness. We heartily commend a perusal of the facts presented to all surgeons, and also to the lay managers of all hospitals and thank Mr. Burdett for the good work he has done in thus disseminating sound sanitary doctrine.

Dr. Norris's Third Corpuscle of the Blood. A Criticism and Refutation. By MRS. ERNEST HART. (Reprinted from the *London Medical Record*, Oct. 15th, 1882.)

Dr. Norris, the Professor of Physiology in Queen's College, Birmingham, has spent a great deal of time, ingenuity and labour in his endeavours to establish the existence of his third or so-called invisible, corpuscle of the blood, and its identity with the hæmatoblasts of Hayem and the *small blood plates* of Bizzozero. This *brochure* of Mrs. Hart's strikingly demonstrates how a careful and scientific observer may be self-deceived. Having repeated Norris's experiments, Mrs. Hart very clearly demonstrates that the invisible corpuscle is the artificial production of his methods, and nothing more nor less than a decolourised red blood disc. Mrs. Hart's investigations have evidently been conducted with much skill and acumen, and her criticism is a model in scientific controversy.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Stated meeting November 2nd, 1882.

The President, Dr. George Wright, in the Chair.

Dr. H. C. Burritt was elected a member.

Dr. Graham showed the case of tinea kerion reported by him at last meeting. Much improvement had taken place under treatment by sulphurous acid bathing, followed by applications of iodide of sulphur ointment. *Syr. ferri iodidi was given*

Dr. Cameron said that he had found, in a case of tinea capitis, the application of sulphurous acid, followed by glycerin of carbolic acid fail to destroy the parasite, while the sulphurous acid alone succeeded perfectly, so that one preparation must have nullified the other.

Dr. Canniff reported a case of placenta prævia with hemorrhage which occurred suddenly on rising from tea. *On making a digital examination the placenta could be felt to the right of the os uteri.* Labor pains came on at midnight, and delivery followed in due course, without a recurrence of the hemorrhage.

Dr. Cameron said he lately had a case under his care which simulated placenta prævia. The woman rose at night to urinate, and half a chamber full of blood was passed. Examination failed to discover any evidence of placental presentation. Delivery took place next morning without any untoward symptoms.

Dr. Cameron then read a very practical and exhaustive paper upon fractures of the os innominatum.

~~Dr. Oldright referred to a case of fracture of the ilium seen in the surgical class when a student.~~

Dr. A. H. Wright said that most of the cases he had seen were the result of railway and other injuries of a severe character, and usually terminated fatally. He believed that fracture of this bone often passed unrecognized. In his own case, lately reported,

though the bone was broken into many pieces, only fracture of the ramus was discovered with certainty, and yet if the spine had not been injured the girl would probably have recovered. He thought the treatment should be rest in the most comfortable position.

Dr. Nevitt asked if any further evidence existed to support the statement of Dr. Neill, of Philadelphia, that callus is deposited only on the outer surface of this bone during union after fracture.

Dr. Cameron said the statement was based on the condition found in Neill's Cabinet specimens, and he knew of no corroborative evidence save that furnished by analogy, that in other flat bones callus is often found only on the external surface.

Dr. McFarlane reported a case of fracture extending across the face, caused by impaction between the floor and a descending elevator in a warehouse in this city. The alveolar processes and hard palate were movable *en masse*. Favourable progress has been made in the case, the parts being simply maintained in position by a bandage passed under the chin, as is done in fracture of the lower jaw.

On motion, a committee consisting of Drs. Workman, Nevitt and McPhedran was appointed to report on the expediency of establishing, under the auspices of this society, a directory for nurses.

~~Stated meeting November 16th, 1882.~~

The President, Dr. George Wright, in the Chair.

Dr. Cameron showed a part of the ileum from a woman who died from bowel obstruction, symptoms of which existed for a week prior to death. She had a small femoral hernia, which was soft, dull and reducible within the saphenous opening, but not within the abdominal cavity. It was evidently omental and had no bearing on the symptoms present. There was severe pain in the epigastric region; vomiting was persistent, becoming stercoraceous 12 hours

before death. The symptoms not improving, the hernia was explored and found to be omental as anticipated. It was adherent, but there was no inflammatory trouble present.

P. M.—Pyloric orifice of the stomach contracted from a deposit, possibly syphilitic. The last few inches of the ileum were much contracted, so much so that water could scarcely be forced through it. The caput coli was much distended with fluid faeces. There was another contraction at the sigmoid flexure.

Dr. Cameron also showed the larynx and trachea from a woman, between 30 and 40 years of age, who died in the General Hospital. She was syphilitic. For about ten weeks she suffered from laryngeal trouble, expectorating pus and blood. Dyspnoea was severe at times, but in the intervals the breathing was easy. Anti-syphilitic and sedative treatment mitigated the symptoms, but in one of the attacks of dyspnoea she died suddenly from suffocation. Tracheotomy had been decided on the day before death, but was postponed in order that the students might be present to witness the operation.

P. M.—A carious cavity full of pus was found in the posterior part of the larynx, the cricoid cartilage being the seat of the disease. There were also a few ulcerated patches in the trachea.

Dr. Nevitt showed a ruptured stomach from a man injured in a workshop. The notes of the cases appeared in full in the December number of the *Journal*.

Dr. Geo. Wright showed part of the spine from a man who was injured on the railway. There was a good deal of shock. The lower extremities were partially paralyzed; the paralysis became complete a few hours after the injury. The bladder was also paralyzed, and consequently there was retention of urine. Death took place suddenly next morning.

P. M.—There was great infiltration of the soft tissues about the seat of injury and of

the psoae muscles. The spinous processes of the 10th, 11th and 12th dorsal vertebrae were fractured, as well as the laminae, and the spinal cord was lacerated.

The report of the committee appointed at last meeting was read, recommending the establishment of a directory for nurses, and suggesting a plan for giving effect to the report. *and adopted*
~~On motion, the report was unanimously adopted, and the committee re-appointed to give effect to the suggestions of the report.~~

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

The winter meeting of this Association was held in Ottawa on the 17th January. At 12 o'clock, the General Hospital was visited, and at 1 p.m. the County Hospital, the attending surgeons being present to point out cases of interest and explain the working of the institutions. At 2 o'clock, the members assembled in the City Hall, there being present Dr. Cranston, Arnprior, President; Dr. Baird, Pakenham; Dr. Groves, Carp; Dr. Scott, Hazeldean; Dr. McFarlane, Almonte; Dr. Stevenson, Chelsea; Drs. Wallace and Fraser, Metcalf; Drs. Bell and Wilson, New Edinburgh; and Drs. Hill, Sweetland, Grant, S. Wright, H. P. Wright, Robillard, Baptie, Prevost, Powell, McDougall, Mark, Malloch, Cousens, Church, Horsey and Henderson, Ottawa; Dr. Bentley, Winnipeg; and Small, (Secretary). After the reading and confirmation of the minutes of last meeting, held at Smith's Falls, Dr. Cranston read an address and a paper on the "Treatment of Fractures." Dr. Sweetland then made some remarks upon the Provincial Board of Health recently organized in Ontario. He eulogized at length the work it was accomplishing, and moved, "That this Association approve of the system adopted by the Provincial Board of Health, and endeavour to promote its objects by rendering all the assistance in the power of its members." This resolution was seconded by Dr. Robillard, and carried unanimously. Dr. Powell also spoke favourably of the system of statistics now in force. Dr. Grant then read a paper on Pleuritis, the discussion on which was opened by Dr. Prevost, and became general. Dr. Horsey, Vice-President, presented a paper on Counter-Irritation, and Dr. Baird, one on Hæmaturia.

In the evening, the city members entertained the visitors at dinner at the Royal Exchange, under the Chairmanship of Dr. Robillard, President of the Ottawa Medico Chirurgical Society. A new form of toast was introduced—"Our Dominion and its Sanitary Matters." The utmost conviviality and goodfellowship prevailed throughout; and both Convention and dinner were pronounced to be the most successful so far held. The next meeting will be at Arnprior in June.

Correspondence.

To the Editor of the Canadian Practitioner.

DEAR SIR,—In looking over a late number of your CANADIAN PRACTITIONER, of the report of the delegation on vital statistics and health matters in Ottawa, I was struck with an inaccuracy in the reporting, which, I think, could not have been intended. See quotation: "Ald. Mooney was obliged to leave for home, and Dr. Playter offered to relieve him of his duties as chairman." It should have been, "Ald. Mooney requested Dr. Playter to relieve him of his duties as chairman, as he, Ald. M., was obliged to leave for home."

Dr. Playter hesitated and did not desire to take the chair, unless it were the wish of the meeting that he should do so.

I deem it only fair to make you aware that I noticed the incorrect reporting. I like accuracy.

Yours very truly, J. H. MOONEY.
Montreal, Jan. 10, 1883.

[On enquiry, it seems that three of the delegates to Ottawa got the same impression as our reporter; but from Dr. Playter's statement it appears that Ald. Mooney had previously arranged with him to take the chair, and that, when Mr. Mooney rose to vacate the chair, Dr. Playter's signification of his willingness to acquiesce in that arrangement was misinterpreted as a suggestion.—Eds.]

To the Editors of the Practitioner.

GENTLEMEN,—In the last number of your journal, referring to the late Medical School trouble at Kingston, you animadvert with great severity in more than one editorial, on what you call the "astounding offer" made by Trinity, to receive the students supposed to have left Kingston, for "half fees." As a matter of fact, no such offer was ever made, or even contemplated. The

Trinity School authorities were very sorry that trouble of any kind existed at Kingston, and were very glad to learn that it was all quietly settled without a single student leaving. Moreover, had any members of the class left and joined Trinity School, they would not have saved a single dollar of fees by doing so. JOHN FRASER,
Sec. Trinity Med. School.
Toronto, Jan. 19th, 1883.

Married.

MILNE--KINSMAN.—At the Wesleyan Church, Victoria, B.C., on Wednesday, Dec. 6th, 1882, by the Rev. Coverdale Watson, G. L. Milne, M.D., C.M., to Ellen C. Kinsman, daughter of John Kinsman, Esq. All of Victoria, British Columbia.

KITTSO—O'REILLY.—At Christ Church Cathedral, Hamilton, on 24th January, by the Rev. C. H. Mockridge, D.D., Rector, E. Graves Kittson, M.D., Winnipeg, Manitoba, to Alice Henrietta, youngest daughter of the late Gerald O'Reilly, M.D., Hamilton.

MACHELL—ROBINSON.—At Aurora, on the 17th January, by the Rev. A. Musson M.A., Rector of Trinity Church, Arthur G. Machell, M.B., L.R.C.P., Edin., to Louisa E., second daughter of A. Robinson, Esq., of Aurora.

OBITUARY.

DR. THOMAS PYNE.

Among the best known and most highly respected physicians of Ontario, was the late Dr. Pyne. He was born in Waterford Ireland, where he practised a few years after graduating. He then came to America, and remained a short time in the State of Illinois. From there he went to Newmarket, Ont., where he practised fifteen years, after which he removed to Hagarville. While there he represented the Erie and Niagara Division in the Medical Council from 1869 to 1877. In the latter year he was appointed Registrar of the Council, which position he held until 1880. After his resignation the Council, partly in appreciation of his services, elected his son, Dr. R. A. Pyne, to the position by an unanimous vote. He lived recently in comparative retirement in the County of Huron. His death, which took place on the 2nd of January, was caused by a carbuncle, situated over the sacrum. He was 70 years of age.