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THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

AUGUST, 1872.

No. 12.

Original Communications.

COLLEGE OF PHYSICIANS AND SURGEONS,
ONTARIO.

FIRST DAY'S PROCEEDINGS.

The first meeting of the newly elected Council was held on the 10th ult, in the Council Chamber, in the Court House Buildings. The following members were present:—

Drs. E. G. Edwards, John Hyde, William Clarke, D. Clarke, John Lawrence, J. D. McDonald, John N. Agnew, W. Coburn, J. Forrest Dewar, O. S. Strange, William H. Brouse, Grant, Eastwood, C. V. Borryman, Alexander Bethune, M. Lavell, and W. T. Aikins.

HOMEOPATHIC MEMBERS.—Drs. Campbell, Elias Vernon, G. C. Field and William Springer.

ELECTIC MEMBERS.—Drs. G. A. Carson, S. S. Cornell, J. Morrison, J. Muir and D. P. Bogart.

On motion, Dr. Dewar was elected President, and Dr. Campbell Vice-president.

Dr. Aikins presented a protest against the election of a member of the Council on the ground that proper votes were not given, and the voting papers were not in the hands of voters sufficiently early.

On motion, a Committee consisting of Drs. Aikins, Strange, and William Clarke were appointed, to enquire into all the elections.

A committee was then appointed to name the standing committees of the Council. They are as follows.—

EDUCATION.—Drs. Brouse, Borryman, Wm. Clarke, Aikins, Lavell, Field, Agnow, Morrison, with the President and Vice-President *ex-officio* members.

FINANCE.—Drs. Hyde, Bogart, Vernon, McDonald, Strango, Coburn, and Clarke (Princeton).

REGISTRATION.—Drs. Bethune, Grant, Springer, Edwards, Cornell, Lawrence, and Hodder.

PRINTING.—Drs. Muir, Eastwood, Aikins, and Springer.

RULES AND REGULATIONS.—Drs. Adams, Carson and Berryman.

It was moved by Dr. William Clarke, seconded by Dr. Hyde, that the undermentioned members of the Council be a committee with full power to draft the amendments to the Act to be submitted to the House of Assembly, and report at the present session of the Council, viz.:—Drs. Borryman, Macdonald, Brouse, Aikins, Agnow, Lavell, Carson, Coourn, and the President, Vice-President, and the mover. Carried.

The minutes of last special meeting were now read and confirmed.

The Committee appointed to enquire into the petitions against the election of Dr. McDonald from Dr. C. Freeman; and against the election of Dr. William Clarke, from Dr. Yeomans, of Mount Forest, reported that they could find nothing in either of these protests to justify them in declaring the election of those members illegal, had they the power to do so. They find that voting papers, from some cause or other, were not received by some of the medical men to allow them time to record their votes.

The report was adopted, and the Council then adjourned.

SECOND DAY'S PROCEEDINGS.

The Council met at 10.30 a.m. All the members were present except Drs. Hodder, Borryman, Hyde and Adams. The President read the report of the Board of Examiners, which was referred to the Education Committee.

Dr. Campbell, in accordance with the notice of motion given by him yesterday, introduced a printed form of diploma to be granted to registered members of the College of Physicians and Surgeons. Referred to the Registration Committee.

Dr. Edwards moved the following series of resolutions for the consideration of the Council:—

1st. "That whereas much injustice has been done to the medical profession by prosecutions for malpractice, being brought before common juries generally composed of persons totally unfit to judge of the merits of the cases submitted to them, who frequently allow their sympathies with the plaintiff to warp their judgment, and award damages quite contrary to the weight of evidence. Be it therefore

Resolved—"That this Council apply to the Legislature for an act making it necessary that in all cases of prosecution for malpractice that certain skilled professional men do first sit on such case and decide upon the evidence laid before them, whether there are any grounds for such prosecution, and submit their decision to a common jury to assess the damages.

2nd. "That whereas much injustice has been inflicted upon the medical profession by being called upon to give evidence in criminal cases, without any remuneration thus putting them to expense, and taking them from their homes for days, and compelling them to neglect their business.

Resolved—"That a committee of this Council be directed to prepare an Act to be submitted to the Legislature, in order that this grievance may be remedied."

Referred to the special committee on amendments.

Dr. Aikins, the Treasurer, read the Balance Sheet, dated July 10th, 1872, which was as follows:—

RECEIPTS.

1871—June 8th. Balance on hand	\$1,851.61
1872—April 1st. Amounts received from students for examinations, less amounts refunded to un- successful candidates	2,471.00
Sundries.....	67.60
	<hr/>
	\$4,390.21

EXPENDITURE.

1871—June 9th. Payments to Council Members for 1871	\$862.85
“ June 9th. Balance due Medical Examiners, 1871	340.00
“ November 21st. Expenses of Executive Committee for meeting held this date.....	85.50
“ December 13th. Do.....	91.99
“ “ Payment of Dr. Strango.....	
Registrar on different dates	246.00
1872—April 12th. Medical Examiners for 1872	\$896.11
“ April 12th. To those students who contributed to avoid having the Examinations held at Kingston, over and above receipts from them for this object.....	40.00
Sundries (advertising, etc.).....	676.10
“ —July 19th. Cash in Bank of Commerce.....	1,151.66
	<hr/>
	\$4,390.21

(Signed)

W. T. AIKINS,
Treasurer.

The report was referred to the Finance Committee.

On motion, Dr. Aikins was re-elected Treasurer for the ensuing year.

Dr. Lawrence brought in a partial report of the Registration Committee, which stated that Dr. Strango had resigned his position as Registrar, and that there were five candidates for the vacancy, viz.:—Drs. Pyne, Temple, Wright, Graham and Stevenson.

A ballot was taken and Dr. Pyne declared elected.

Dr. Berryman moved “That the Council, having received the resignation of Dr. Henry Strango as Registrar, cannot allow the present opportunity to pass without bearing testimony to his anxious and pains-taking labors in connection with the organization of this Council in all its important and complicated details, and it cannot but feel that the future labors of his successor must be materially lessened by the accurate and methodical condition in which his books are found to exist.

Dr. Campbell seconded the resolution, which was carried unanimously.

Dr. Strango returned thanks in a few graceful remarks, and thanked the members of the Council individually for the courtesy he had received at their hands.

In reply to a question by Dr. Aikins, Dr. Pyno replied that he would reside in Toronto, and should arrive in the city in December.

Dr. Grant placed before the Council copies of the contemplated Dominion Medical Act for consideration. Referred to the Educational Committee.

Dr. Campbell moved that the Treasurer be instructed to pay no sessional fees for attendance or travelling expenses to any member leaving before the end of the session, without the permission of the President. He considered that when men accepted so important a trust as that of representing constituencies in the Council, no trivial reason should induce them to leave before their duty was discharged.

Dr. Aikins seconded the motion, which was carried.

Dr. Clarke read the report of the Committee on the Medical Act Amendments, as follows:—

“The Committee appointed to prepare a synopsis of the Amendments necessary to the Medical Act, beg to report, and suggest for consideration:—

1. That all medical men when examined judicially, be paid for their professional opinions.
2. An amended clause to make the penal one effective.
3. To get the power to acquire real property.
4. To establish a sinking fund.
5. Power to make an annual assessment on the profession, contingent on the amendment of the Penal clause.
6. To amend the Election Clause, and make it more simple and effective.
7. To lessen the number of the Council and Examiners.
8. To give a legal standing to the Executive Committee.
9. To give power to the Council to try all cases of Controverted Election.

(Signed,) W. CLARKE.

After some discussion clause 7 was expunged, after which the report was adopted as amended.

Dr. Clarke moved, seconded by Dr. Lavell, that the following gentlemen be appointed an Executive Committee for the ensuing year, with power to carry out the recommendations of the above report.—Drs. Lavell, Berryman, McDonald, Agnow, Muir, Eastwood, Coburn, Aikins, W. Clarke, Adams, Hodder, the President and Vice-President. Five members to form a quorum. Carried.

Dr. D. Clarke gave notice of motion for the appointment of a Committee to draw up a schedule of maximum fees for services rendered by members of the medical profession.

THIRD DAY'S PROCEEDINGS.

The Council met at 10 o'clock; all the members present except Drs. Grant, Brouse, Borryman, Hodder, and Adams.

Dr. McDonald moved "That the former Registrar, Dr. Strang", be instructed to hand over all books, papers, and documents appertaining to the office of Registrar to his successor Dr. Pyno, on the 1st of September, and that a committee be appointed to audit the books. Carried. The President appointed Drs. McDonald, Adams and Borryman."

Dr. Lawrence presented the report of the Registration Committee as follows:—

1. That 315 matriculants are registered.
2. The whole number of medical registrations up to the 1st July, 1872, is 1,523.
3. The number of registrations since last report is 91.
4. That the Council issue engraved certificates of registration, and that \$5 be charged for the same to all now registered members who choose to procure them.

After some explanation regarding the fourth clause, to the effect that it was purely optional on the part of registered practitioners, the report was adopted.

Dr. Campbell, in view of the great expence incurred annually by the Council, the important services it was calculated to confer, and the undesirability of extracting more money from the students than was absolutely necessary, moved that a Committee be appointed to wait upon the Government or some member of it, and request them to relieve the Council of the expence attending the examination of students.—Carried.

The Council then adjourned, to meet again at 2:30 p.m.

The Council met pursuant to adjournment. Dr. Campbell, from the committee appointed to wait upon members of the Government, reported that the committee had called upon the Hon. Messrs. Mackenzie and Gow, and had been very courteously received and listened to, and had received assurance that any memorial from the Medical Council would be respectfully entertained. The Government could do nothing in the way of a money grant at present, as the Legislature had never voted money for that purpose; but they were prepared to do what they could to lessen the Council's expenses by granting the use

of buildings, etc. The Council owed a debt of gratitude to the members of the Government for the courteous manner in which they had received the committee.

On motion of Dr. W. Clarke, the name of D. Clarke of Princeton was added to the Executive Committee.

Dr. Coburn read the report of the Committee on Finance, which was received, referred to a committee of the whole, and subjected to slight amendments, the principal of which was the reduction of the Registrar's salary from \$600 to \$500 in view of the Government giving an office to the Registrar.

Dr. Lavell introduced the report of the Education Committee which was referred to a committee of the whole. The report which was based on last year's announcement was afterwards adopted without amendment.

The following are the changes directed to be made in the annual announcement:

1st. That the first of the four years of professional study must be spent in some recognized medical college.

2nd. Clause 4, section 2, is expunged.

3rd. Two Courses, of six months each on Clinical Medicine and Clinical Surgery, instead of three months as heretofore. One course of six months on Medical Jurisprudence, instead of three; and one course of three months each on Botany and Practical Chemistry.

4th. Every student must spend one period of six months in the office of a registered Medical Practitioner in compounding medicine, etc.

5th. He must attend the practice of a General Hospital for eighteen months.

6th. All candidates from recognized colleges outside the Provinces of Ontario and Quebec, shall pass the Matriculation Examination and attend thereafter one full winter course of lectures in some one of the Ontario Medical Schools and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board of Examiners of the college of Physicians and Surgeons of Ontario.

Nothing in the above clause shall exempt residents of Ontario who after this date elect to pursue their studies outside the Pro-

vinces of Ontario and Quebec from passing four years in the pursuit of Medical studies after passing the matriculation examination before the examiners appointed by the Council.

7th. The Professional examinations will be hold in Toronto.

8th. The examinations shall be competitive and the names of the successful candidates shall be placed in their order of merit.

9th. Should a candidate fail to pass his primary examination such failure shall disqualify him from proceeding with his final.

10th. That after this date no certificate of pupilage, or of attendance upon lectures in any college shall be recognized as valid unless the same is signed by a duly registered Practitioner, except in Chemistry and Botany.

The above changes in the curriculum shall take effect on and after the first of January, 1873.

The following gentlemen were appointed as Examiners for 1872-73. Dr. H. H. Wright, Practice of Medicine; Dr. Sullivan, Anatomy, Dr. Canniff, Surgery, Dr. Reid, (Bowmanville) Midwifery, Dr. Fulton, Materia Medica, Dr. Lizars, Physiology; Dr. Sangster, Chemistry, Dr. Campbell, Medical Jurisprudence; Dr. Field, Surgical Pathology, Dr. Muir, Sanitary Science, Dr. Morrison, Botany, Dr. H. Strango, Medical Diagnosis; Dr. Tuck, Toxicology.

The Secretary was instructed to publish 2000 copies of the Annual Announcement, for distribution amongst the members of of the Profession, Colleges, etc.

A By-law was then passed, fixing the salary of the Registrar at \$500.

A lengthy discussion then took place on a resolution moved by Dr. Aikins, to the effect that the name of Dr. Carson be expunged from all committees of the Council, owing to his violation of professional etiquette. A vote was taken by yeas and nays, and was carried with the following result: Yeas 14; Nays 6. The resolution was recorded.

After a vote of thanks to the Warden for the Hall, to the President for his courtesy in the chair, the Council adjourned *sine die*.

INTERMITTENT CEREBRO-SPINAL MENINGITIS.

BY GEO. NIEMEIER, M.D., NEUSTADT, ONT.

On Sunday morning the 19th of May, of the present year, I was called to visit a young married woman, aged about twenty-five years, whom I had safely delivered of a healthy boy, on the 14th of March last and who had been quite well ever since. I promise that at that time small pox was prevalent though on the decrease; still every week fresh cases of a milder type would occasionally break out. Going to bed quite well on Saturday the 18th, in the night she felt chilly, afterwards hot, and when I saw her, she complained of severe frontal headache; pain in the epigastrium, inclination to vomit and actual vomiting; general lassitude, pulse about one hundred; urine brown as coffee, and highly albuminous, the temperature decreasing from what it was during the night. The first question was: "Do you think, I will have the small pox?" My answer was. For all I know, you may, we will have to wait and see. I gave her a few Sedlitz powders that day and seeing her again on the morning of the 20th of May, she complained of having had a bad night and high fever. I gave her lemonade. On Tuesday the 21st when I paid my visit, I found her husband's brother there, a young man who is an Eclectic doctor, practicing somewhere near Toronto, who without my knowledge had been telegraphed for by his brother to see his wife. The young man thought it was bilious remittent fever, and gave her, of course without my consent, Hydrarg. cum creta, and large doses of opium. I left, but upon the urgent solicitation of the husband I returned on the morning of the 26th of May, when I was informed that for the past four days she had violent fever and headache, commencing about six o'clock p.m., and lasting till six o'clock a.m., and though weak, she was comparatively well during the day. What was it? My answer was: Intermittent fever. I gave her four powders composed of Chinoidine, Salicine, Quinine, and Sulphate of Beeberine, to be taken at eight, ten, twelve and two o'clock. On Monday morning the 27th of May, I was informed that the fever the night before had only commenced about nine o'clock, and left about five a. m., that she had been delirious and screaming throughout the whole night.

She then complained greatly about pain in the head and neck, marked opisthotonos, indistinct, rather, double vision, strabismus, pupils contracted; extreme deafness, forearms, hands and knees thickly covered with an eruption similar to measles. What is this? I was asked. My answer was, it is Intermittent Fever and Corobro Spinal Meningitis. I told them at the same time that I was not aware such a thing could be possible, but nevertheless it was so. I applied blistering liquid to the temples and behind the ears, six wet cupping glasses and afterwards icebags to the nape of the neck, ice to the head and the same powders as the day before with a large dose of Chloral Hydrate for the night. Thinking it rather singular, I consulted when I came home, my whole library, and found at last in Niemöier's Practice, in the original German edition, under Meningitis, a description of an Intermittent Meningitis and I was then doubly sure that my diagnosis was correct. On Tuesday morning the 28th, I was informed that the fever had not returned, that she slept soundly ten hours after the Chloral; upper and lower extremities cold, head hot, excessive pain in the head and neck, the latter quite stiff; strabismus; complete deafness, tongue moist and soft with white streaks in the centre, eruptions more extensive; great prostration; pulse almost regular. Ordered hot mustard fomentations to the arms and legs, ice-bags as usual. Bromide of Potassium and Ammonium in large doses, four times a day, and Chloral for the night in case she does not sleep. For a few days she progressed as favourably as could be expected, when on the 3rd of June the husband demanded a consultation with another physician, which I refused, telling him that I had not the least doubt or hesitation about the disease or treatment and if he brought another doctor I would not return. He got another doctor and I did not return until he came again on the 9th of June, telling me that his wife was dying, and begging me to see her again. I visited her again on Sunday night, the 9th of June and found that extensive Pleuro-pneumonia of the right side had been going on for some time, that she was extremely low, suffering at the same time from a bed sore on the right trochanter. Ordered, tincture iodine, painted over the right chest, hot fomentations, a mixture of senega and muriate of ammonia and small doses of morphine. From that time till now I have been unremitting in my attendance

on her, and what experience and ingenuity could suggest, regarding diet and medicines, has been done and though weak and emaciated I have still hopes of her ultimate recovery. On the 1st and 2nd of June I had three new cases of the same disease, one in town, and two in the country, all three young men, between eighteen and twenty-one years of age, and in each case the intermittent fever commenced twice, not with a quotidian but with a tertian type, until with the third attack the symptoms of meningitis clearly showed themselves, in each case these young men were even partly able to work on the intermediate days. When I was called the intermittent type of the disease in two cases had left already and on account of the extreme rapidity of the pulse I commenced with tincture verat. virido, until the pulse was reduced and then followed it up with large doses of bromide of potassium and ammonium besides blistering, cupping and ice-bags. The eruptions in these three cases were large erythematous blotches, they recovered within from ten to twelve days.

I now ask the question. Is Cerebro Spinal Meningitis really an inflammation of the membranes of the brain and spinal cord? I deny it, because the intermittent type, as shown above, excludes the continuous process of inflammation. I can imagine an intermittent congestion, but an intermittent inflammation is a contradiction. Professor Miner, in the March number of the *Buffalo Medical Journal*, page 311, states that he did not find any symptoms of inflammation in the membranes, but that the appearances were normal.

I may add that two years ago last winter, there was an epidemic of meningitis, but not of an intermittent type, the first I ever saw, and of some twenty cases then attended by me, none died. They were similarly treated as now.

POISONOUS EFFECTS OF ANIMALCULE UPON THE HUMAN SYSTEM.

BY J. P. BROWN, M.D., GALT, ONTARIO.

As the following cases are somewhat anomalous. I consider it not inappropriate to communicate them to the *Lancet*.

About 10 p.m., on the 16th May last, I was summoned to a

butcher's, about a mile from town. On arriving, I found Mr. A——, his brother, and two hired men prostrated on the floor and bed, and laboring apparently under narcotico-irritant poisoning. The symptoms were vomiting, purging, burning pains in the stomach and bowels, cramps and contractions of the lower extremities, more or less stupor, constant thirst, pulse small and not much accelerated, except in one instance, and in that it was attended with cold clammy surface, and premonitory symptoms of collapse.

On hasty inquiry, I found that each patient had taken about a tumblerful of freshly churned butter-milk, except the last mentioned, who had taken twice the amount. Other members of the family, who had not taken the milk, were in their ordinary health. The milk was drank from an hour to an hour and a half, prior to commencement of symptoms, the first manifestation being that of giddiness. I also learned, that seven other individuals,—relatives of the family—and living in the village of Preston, had partaken of the same churning of butter-milk earlier in the day, with similar results, though of less severity. This of course was not known to the Galt family until within a short time of my arrival. The milk had been brought to Galt by Mr. A——'s father-in-law, immediately after churning.

The taste of the milk was as palatable as could be desired; and the friends positively asserted that it was impossible for poison to have got into it.

Judging from the facts, that ordinary mineral or vegetable poisons could scarcely be present, I administered ten drop doses of carbolic acid in albumen of egg, with the effect of quelling the emesis, and somewhat diminishing the frequency of the stools. The burning pains in the viscera and cramps in the legs remaining, I followed up the treatment by giving $1\frac{1}{2}$ gr doses of opium, after an interval of half an hour. In the worst case the opium was repeated; but in no case rejected by the stomach. Natural sleep occurred after varying intervals, and, on the following day, two were able to pursue their ordinary avocations, though aching limbs with general weariness and soreness still remained. Mr. A——, himself, who suffered most severely, did not recover for several days.

Mr. Henry Miller, Chemist and Druggist, kindly tested the

milk for me, but found no trace of poison, either vegetable or mineral. We also examined it microscopically, and found large numbers of animalculæ. On examining good butter-milk of the same age and in the same manner, a small number of animalculæ were visible. In order to arrive at a satisfactory conclusion, a bottle of each sample of milk was set aside for a week. During this period, the latter divided, as is usually the case, into curds and whey, but the former, though left undisturbed, retained its consistency, and to the last looked as fresh as when churned. On subjecting it (the injurious milk) to the microscope again, it was found literally swarming with animalculæ, while the other sample scarcely exhibited any

There are several conclusions, whether right or not, that I draw from the foregoing. First.—That in addition to the chemical tests used—the long interval which elapsed, between the imbibition of the milk, and the commencement of the symptoms, would preclude the possibility of ordinary irritant poisoning.—Second.—The presence of animalculæ, would preclude the same; as the existence of poisonous matters in the milk, would in all probability prove fatal to insect life.

Third.—That the animalcule were the real evil, and that I am of the impression, that the germs or ovule, which produced them, were in the water drank by the cow which produced the milk.

I am aware—that many may say it is impossible, for living germs, to be absorbed from the chyrae by the lacteals, carried by the blood to the milk follicles, and again absorbed into the mamme. I acknowledge that it is impossible for a living animalcule to go through such an eventful career. The animalculæ examined, were as near as I could judge, from 1-5,000th to 1-7,000th of an inch in diameter. Remembering the immeasurable difference in the size, which always exists, between the germ or ovum, and the fully developed living being, it is quite possible for the germ of the animalcule to be so small, as to pass without obstruction through the lacteal and lactiferous absorbent systems, and that too without breaking any well established physiological law.—Physiologists tell us—"that cells cannot be absorbed without previous disintegration," but if germs be so small as these disintegrated particles, I see no reason why their absorption should not take place, and that too, without destroying their inherent character and vitality.

GLAUCOMA.

By R. A. REEVE, B.A., M.D., LECTURER ON OPHTHALMIC AND
AURAL SURGERY, TORONTO SCHOOL OF MEDICINE,
AND ASSISTANT SURGEON TORONTO EYE AND
EAR INFIRMARY.

(Continued from page 504.)

CASE V.—SECONDARY GLAUCOMA OF LEFT EYE; GLAUCOMA
SIMPLEX OF RIGHT.

The writer was desired by a medical confrère to examine a patient *æt.* 72, whose left eye had been rendered blind by an injury received three years previously. The eye was stone-blind and very hard, and glaucoma had evidently set in secondarily, the occasional attacks of pain in it, of which the patient complained, being due to inflammatory exacerbations. The episcleral vessels over the recti were very turgid and tortuous. The iris was adherent to the lens, which was cataractous, and there was distinct tremulousness of both when the eye moved. The cornea was vascular from superficial inflammation.

The sight of the right eye had been gradually fading for at least two years. The patient had been practically blind for nearly a year, and he could now merely distinguish the position of a window. The eye had been quite free from pain. On a casual inspection, it appeared healthy, and the grey background to the pupil, apparent to the naked eye, naturally gave the impression that the case was one of simple cataract. However, on closer examination, the globe was found abnormally hard, (+ T. 1); the iris dull; the pupil large and inactive; by oblique illumination, the opacity of the lens destitute of striæ, &c., and like the diffuse physiological haziness of advanced age; and the suspicion of glaucoma simplex was confirmed by the use of the ophthalmoscope, which revealed deep cupping of the optic nerve, and atrophy of the choroid. In view of the condition of the nerve and fundus, and of the degree and duration of the blindness, it was thought inadvisable to suggest an iridectomy on the right eye, especially as the patient was anxious for treatment solely to regain his sight. The blow upon the left eye at the

time of the accident had very probably caused rupture or relaxation of the suspensory ligament of the lens. The latter had then become cataractous by mal-nutrition, and its oscillation had provoked sufficient irritation of the ciliary nerves to occasion hypersecretion, and, sooner or later, the absolute glaucomatous condition.

The value of the ophthalmoscope was manifest in this instance, for the appearance of the lens, the degree of vision, and the absence of pain were misleading, and suggestive of cataract. It may be remarked that the lens frequently appears clear with the ophthalmoscope, the details of the fundus being distinctly visible, when to the naked eye, or with oblique illumination, it seems somewhat opaque.

CASE VI.—GLAUCOMA SIMPLEX OF BOTH EYES.

The patient, a printer, *et.* 56, has been in excellent health for a number of years, and worked at type-setting until 2½ years ago, when he contracted granular lids, for which his physician treated him several months. He says the sight was not impaired and the eyes were not painful, but he remembers noticing a rainbow around the lamp-flame as long as the inflammation of the lids continued. For several years prior to the attack he had occasionally worn glasses in reading, but could dispense with them without inconvenience. Since then he has been unable to read without spectacles, and even with those that suit him best his eyes soon become tired and ache. He has never had any intolerance of light. His sight for distance has remained unaffected, and his eyes are quite comfortable when he is not exerting them. About a year ago the slight exertion of the eyes required in paring potatoes etc., would excite so much pain in the eyes as to make him desist. He has observed from time to time, especially when fixing his gaze, a peculiar blurring that has caused transient dimness. The eyes were examined with the ophthalmoscope by an oculist about eighteen months ago, and pronounced healthy.

The sight of each eye for distance was found to be normal, ($+ \frac{1}{8}J$) and the field of vision good. With his own spectacles, No. 15 convex, the patient could read fine print (2J), the smallest at hand, at 10 inches. The tension was somewhat increased (+T1?). The pupils were of medium size but sluggish. The ophthalmoscope

showed congenital excavation of each optic nerve, and slight but positive glaucomatous excavation, the vessels being bent and their contour altered at the margin of the upper half of the optic disk. There was pulsation of the retinal veins, and moderate pressure upon the eye induced arterial pulsation.

The retinal arteries were reduced in calibre, and a narrow whitish ring encircled each optic disc. The examination was made without previously dilating the patient's pupil.

[In cases of suspected glaucoma, even where the pupil is comparatively small, as it was in this instance, it is advisable to dispense with mydriatics, for not a few cases are recorded in which an attack of acute inflammatory glaucoma followed the application of atropine to eyes that were in the premonitory stage or the seat of simple glaucoma. The state of the optic disc and of a portion of the fundus can be satisfactorily determined without a previous dilatation of the pupil; though the latter certainly facilitates a thorough examination with the ophthalmoscope. Unless the iris be turgid or inflamed, a very weak solution of atropine (gr. j. to eight ounces of water,) suffices to relax the sphincter, without paralysing the accommodation, or producing that blurring and photophobia which remain for several days after the instillation of strong solutions. The writer is in the habit of using atropised gelatine discs, (by Savory and Moore of London,) of the strength of $\frac{1}{10000}$ of a grain each. One of these placed at the bottom of the conjunctival sac will ordinarily enlarge the pupil sufficiently in about an hour; and in a few hours the effect will have passed off. The sulphate of atropia is much to be preferred to the alkaloid itself, in preparing solutions. On account of the ready solubility of the salt, we can dispense with such adjuvants as acid. tart, alcohol, &c., that are used to render the alkaloid soluble, and that frequently tend to excite unpleasant and injurious irritation of the eye.]

This case offers a good example of the insidious nature and slow progress of simple or chronic non-inflammatory glaucoma, and of the utility of the ophthalmoscope in detecting the initial organic changes. The eyes were seemingly healthy, and the degree of vision excellent, and but for the fact that the asthenopia prevented the man from following his ordinary avocation, he would not have suspected any disease.

The age of the patient, his good far vision, the confirmed presbyopia, and the asthenopia unrelieved by convex glasses, the periodic dimness, in conjunction with the observing of the colored rings some time previously, pointed to glaucoma; and the ophthalmoscope revealed the real nature of the disease. It was somewhat doubtful whether there was, really, increased tension of the globe. There was, at any rate, an excessive rigidity of the sclerotic, a condition of considerable significance, for a slight increase of the intra-ocular fluids would cause undue pressure upon the optic nerve, &c. The pulsation of the retinal veins may occur in healthy eyes, but the ease with which arterial pulsation was induced in this case must be considered abnormal. The combination of two forms of excavation of the nerve, the congenital, and the glaucomatous, is of some interest. The distinction between the two is best seen in the earlier stages of chronic glaucoma. A double displacement of the vessels is produced, one on the whitish band at the edge of the disc, and the other at the margin of the central, physiological or congenital cup. The latter has no special import, but where it is large, it may be confounded with that produced by pressure.

From the statement of the patient, the cupping apparently began only about a year or more previously, had it not been detected, the case would have been regarded as a protracted *premonitory stage*. The inception of the disease was most probably coincident with the conjunctivitis. The hyperæmia and irritation of the globe, caused by the state of the lids, would tend to light up a glaucoma where there was any predisposition to it. Any further irritation of the eye from excessive use or exposure would now probably induce an inflammatory attack, and result in marked impairment of sight. The cupping of the nerve may, however, gradually increase, and the sight finally become greatly impaired or lost—the eye assuming the absolute glaucomatous condition—without the supervention of any noticeable intercurrent inflammation. An iridectomy would now permanently arrest the disease, preserve the present degree of vision, and relieve the symptoms of fatigue on using the eye (asthenopia.) The patient was a waif, and did not place himself under treatment.

GENERAL REMARKS.—It is not our purpose to enter into an

exhaustive discussion of glaucoma, but rather to make some general remarks of a practical nature on the text furnished by the foregoing cases. The formidable nature of the acute variety of the disease, and the insidious but ultimately destructive character of its chronic forms, in conjunction with its amenability to timely and appropriate treatment, render its early diagnosis, in many cases at least, a matter of considerable moment. Happily, although the ophthalmoscope is an important, and, in numerous instances, an almost indispensable appliance in making a satisfactory diagnosis, there are certain symptoms not difficult of detection, that enable one, without its aid, to form a pretty correct judgment.

The acute and chronic forms of inflammatory glaucoma are preceded, in the great majority of cases, by what is termed the *premonitory stage*; and a brief reference may be made to the main symptoms of this condition. 1st. Increased tension of the eye-ball. The degree of tension often affords a clue to the condition of the eye. It is ascertained by placing the fore-finger of each hand upon the closed eyelid, above the cornea, and gently practising palpation on the globe. A set of symbols has been introduced by Bowman, of London, by which we express nine degrees of tension: Tn being tension normal; the + sign indicating increased, and the - sign diminished tension. Increased tension is characteristic of glaucoma, and whenever an eye is found abnormally hard, it should be watched, and the patient instructed not to neglect it if other symptoms present themselves. 2nd. The rapid increase of any pre-existing presbyopia. This is due to a want of innervation of the ciliary muscle from pressure upon its nerves, by which the accommodative power is very markedly impaired. The fact that a patient has been compelled to increase the strength of his reading-glasses frequently within a short period, should lead us to examine the eyes critically. 3rd. Dilatation and sluggishness of the pupil, especially the latter—due to pressure upon the ciliary nerves. 4th. Periodic dimness of sight, due to temporary cloudiness of the aqueous and vitreous humours, and defective intra-ocular circulation. 5th. The appearance of a halo or rainbow round a candle or lamp-flame—a common and significant symptom. 6th. Ciliary neuralgia—floating circum-orbital pains. 7th. Venous

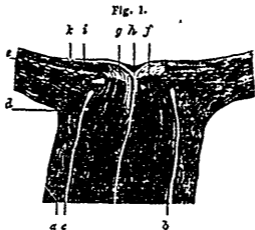
hyperemia. When organic changes ensue, as cupping of the nerve, &c., with permanently impaired vision, the premonitory stage ceases, and confirmed glaucoma (*G. evolutum*) is present.

The prodromata may be so mild as to escape the patient's attention: and they may be so marked, as to simulate incipient iritis or acute conjunctivitis. In simple iritis, &c., however, the tension of the eye remains normal. The premonitory symptoms recur at longer or shorter intervals, the eye returning to an apparently healthy state; but, sooner or later, an attack of acute glaucoma is developed, and perhaps repeated, or the eye lapses into the chronic inflammatory condition; and ultimately passes into glaucoma absolutum, the features of which are well exhibited in Case 1. The condition of the nerve, as seen in Fig. 2, lends an explanation of the ophthalmoscopic appearances. The cup occupies the whole area of the optic disc. The dilated retinal veins, on reaching its edge, become enlarged and darker, and, with a more or less abrupt or beak-shaped curve, dip into the cup, on the bottom of which they appear smaller and ill-defined. Frequently, as was seen in Case 3, the vessels seem dislocated at the border of the excavation, the trunks on the disc being displaced laterally even to the extent of their own width. The reflection from the connective tissue ring through the thinned and atrophied choroid, occasions the whitish ring, more or less broad, encircling the optic disc, in glaucoma. The cupping, &c., must be regarded as the physical effect of the increased tension, the degree and duration of which regulate the depth of the excavation. In the normal eye, the retinal vessels pass over the margin of the optic disc without any bending, as may be judged from Fig. 1.

The symptoms of acute glaucoma are fairly exemplified in Case 2. The suddenness of the attack and of the ensuing blindness, the dilated pupil, insensitve cornea and increased tension, would establish a diagnosis apart from the consideration that the other eye had been already lost.

The main distinction between the acute and chronic inflammatory forms is, that in the latter, as a rule, the eye becomes lost without the supervention of any acute attacks, as shown in Case 3.

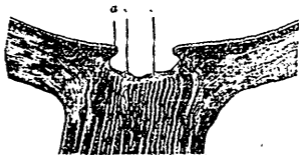
The course, symptoms and final result of simple glaucoma



Longitudinal section of Optic Nerve and Tunics of the Eye.—[From STRELLWAG.]

- a Outer, thick, fibrous optic-nerve sheath, passing into the posterior and middle layers of the sclera, d.
- b Inner, thin, fibrous sheath encircling the nerve-trunk up to the posterior border of the choroidal foramen, behind which it forms the so-called connective-tissue ring.
- c Lymph-cavity between the outer and inner sheath, ending anteriorly in the sclera, and communicating posteriorly with the arachnoidal cavity.
- e Choroid.
- f Lamina cribrosa, formed by fibrous elements, given off from the inner surface of the connective tissue ring and from the fibrous outer sheath of the arteria centralis retinae, k. The optic nerve fibres, g, are shown in their continuity, passing through the cribriform tissue, losing their opaque sheaths, and spreading out in the anterior part of the retina.
- k Bacillar layer of retina, membrana Jacobi (rods and cones.)

Fig. 2.



Longitudinal section of Optic Nerve, &c., showing the anatomico-pathological changes in total glaucomatous or pressure excavation.—[From STRELLWAG.]

- The optic disc, instead of being slightly convex, as in Fig. 1, is deeply cupped with steep or even overhanging borders, a. The optic nerve-fibres are atrophied, and the lamina cribrosa distended and pressed backward, and forming the walls of the excavation. The cavity is flask or kettle-shaped, from the narrowing of the nerve-trunk as it approaches the choroidal foramen. See Fig. 1.
- b Nervous fibres, occasionally preserved, which pass over into the retina, the atrophied condition of which is made manifest by contrast. See Fig. 1.
- The central vessels, c, are adherent to the sides of the cup. They are, therefore, much displaced, and undergo a double bending ere they course over the fundus.

have already been illustrated by several cases; but it should be remarked that, in the majority of instances, inflammatory attacks of varying degrees of severity do occur, with the effect of hastening an untoward result. In a case that first came under treatment in '69, several such attacks have supervened, the patient refusing to submit to an iridectomy.

While the ophthalmoscopy may be necessary in such a case as No. 5, a little care will always suffice to distinguish the secondary cataract of absolute glaucoma, as in Case 1, left eye, from uncomplicated cataract. The normal tension, the healthy iris, and active pupil, the degree of sight, and the absence of pain in the history of the latter, would be conclusive.

There seems to be some misconception of the degree of blindness produced by simple mature cataract, that may be adverted to here, as likely to produce mischievous results in practice. The writer has now under his care a patient whose left eye has been stone-blind for years, but was operated on not long since by a surgeon, who couched the lens. In Case 1, left eye, for example, there was a mature senile cataract, but an extraction would have been worse than useless, for the eye was stone blind, and nearly as hard as a marble, and, no doubt, the nerve was in the condition shown in Fig. 2, page 562. The vision of the right eye, in Case 5, was perhaps more defective than is usually the case in simple cataract; and, as a general rule, in cataract, no operation should be done, simply with a view to restore the sight, unless the patient can discern a lamp-light in a darkened room, or the daylight streaming through a window, and the motion of an object between the eye and the light. The field of vision is very often curtailed in glaucoma, especially on the nasal side, so that we can often get useful information by testing a patient's vision with a lamp, in a dark room, or with a piece of chalk and blackboard—as in Case 4.

In connection with case 1, it is worthy of remark, that the symptoms of sympathetic gastric disturbance, nausea, vomiting, &c., occurring during an attack of acute glaucoma, have not unfrequently been regarded as pointing to a bilious attack, and it would perhaps be advisable, in cases of suspected bilious disorder, in elderly persons, to examine the eyes, if any complaint is made regarding them.

Whatever tends to arouse excessive secretory activity within the eye, favors the development of the glaucomatous condition—especially if the sclerotic be unyielding. Secondary glaucoma frequently supervenes on various diseases that excite sufficient irritation to incidentally act in this way, *e.g.*, diffuse corneitis, serous iritis, traumatic cataract, &c. ; and displacements of the lens, as in case 5, or after couching. Thus in the case of a farmer, *æt.* 51, who came under treatment five months after the operation of couching had been done on his left eye, the ball was abnormally hard, the eye red and irritable, and occasionally painful, pupil fully dilated, sight very poor, the hard nuclear part of lens rocking to and fro on the ciliary processes and iris, and the posterior capsule opaque. There was sympathetic irritation of the right eye, excited by the glaucomatous condition of the other, and the patient was unable to do his work. The nucleus was removed through a linear wound at the margin of the cornea; and in a fortnight the patient was dismissed with both eyes comfortable. Couching is now very properly discarded, because in a very large percentage of cases it not only destroys the eye by secondary inflammation, but endangers the safety of its fellow.

The etiology and essential nature of glaucoma are not fully understood. We know that increased tension is its most characteristic symptom; that it is a disease of senility. The rigidity of the sclera seems to play a part in developing the disease. Females are more susceptible of the disease than males, and they are especially liable at and after the climacteric period. The disease seems to be hereditary, and, as a rule, it attacks both eyes, though not simultaneously.

The prognosis of glaucoma is very unfavorable if the disease be neglected or inefficiently treated, for it ultimately destroys the sight, and in many cases produces in addition harrassing pain and physical debility.

The most important point in the treatment is to secure the permanent reduction of the excessive intra-ocular tension. This desideratum can only be effected by iridectomy. There is not an operative procedure in the whole range of general and special surgery that eclipses, in the rapidity and efficiency of its curative effects, iridectomy in acute glaucoma, as introduced by the late

Von Graefè. Paracentesis corneæ, the so-called tenotomy of the ciliary musculo, &c., have been found to exert only a temporarily beneficial result, whereas excision of a segment of the iris produces a radical effect. And the sooner it is done after the disease proper has appeared, the more perfect is the cure. If the operation is put off until marked organic changes have ensued, only partial success attends it. Hence it should be done before the premonitory stage passes over finally into the disease proper, or if acute inflammatory glaucoma has set in, the operation should be done without delay. In many cases, if done within a fortnight, the result is most excellent; and even when in late stages, if the field of vision be good, a useful amount of vision is restored. In the variety termed *glaucoma fulminans*, which is the most acute and destructive in its effects, the operation should be done as soon as possible. In the chronic-inflammatory form, the operation will, in the less advanced stages, generally stay the progress of the disease, and preserve the existing vision. In the simple or chronic variety, the operation proves useful, but, unless done early, it generally fails to improve vision. The disease is, however, arrested, and in more than 90 per cent permanent protection from blindness is obtained. If the first operation produce an imperfect result, another segment of iris may be removed, and the effect is better when this is done from the side opposite to the first excision. In the last stages of glaucoma, if an iridectomy does not suffice to relieve pain, &c., it is sometimes advisable to enucleate the eye. At whatever stage the iridectomy be done, the incision in the cornea should be peripheral; a large piece of iris (about one-fifth) should be excised, the coloboma extending to the ciliary processes; and great care should always be exercised that the iris does not remain included in the wound, and so become involved in the cicatrix (anterior synechia), for its inclusion indirectly promotes the secretory irritability of the eye, and, therefore, a relapse. The typical compound coloboma is key-hole shaped, the edges of the artificial pupil being of equal length. When an iridectomy cannot be obtained, the inflammatory attacks—which are sometimes only distinguishable from simple iritis, or choroiditis by the increased tension or nerve cupping—should be treated by tapping the anterior chamber, atropine topically, morphia hypodermically, and depletion from the temples.

Paracentesis corneæ is often very useful, and iridectomy indispensable in secondary glaucoma, as *e. g.* in pannus, large corneal cicatrices from deep and extensive ulceration, progressive staphyloma, traumatic cataract, choroidal diseases, &c.

Selected Articles.**MULTIPLE ANEURISMS.**

CASES TREATED BY DR. MCLEOD, GLASGOW ROYAL INFIRMARY.

Lake, a discharged soldier, aged 37, had first noticed a pulsating tumour over the middle of his left femoral artery five years ago, when serving at the Cape. He ascribed the affection then seen to a strain. The nature of the tumour was recognized by his regimental surgeon, and an ineffectual attempt made to cure it by compression. He was dismissed from the service on account of the aneurism, and since his return home several other aneurismal swellings had appeared. There were, on admission, two on the left femoral, one on the left external iliac. one large diffused one in Hunter's canal on the right side, and two others higher up between the limits which the diffused one had attained and Poupart's Ligament. No other similar tumour was found elsewhere, and the heart, so far as could be made out, was free from disease. He was much emaciated, and suffered great pain in the right leg. Subcutaneous injections of morphia greatly relieved his suffering. The signs indicative of aneurism were very distinct and characteristic in all the tumours. From the giving way of the vessel in the lower part of the right thigh, and gangrene of the limb, which was impending, I determined to make an attempt to save his life by amputation in the thigh. No more hopeless case could well be imagined, and if it had not been for the courage displayed by the patient, and his strong entreaties to "give him a chance," I would hardly have ventured to operate. There was a very limited space between the mass of diffused blood below, and the next highest aneurism on that side and there was every reason to fear that the whole femoral was diseased. The patient was so weak I could not venture to move him from his bed, so I amputated his limb there, by the circular method. The artery held the ligature well and closed most successfully. He rallied quickly, and recovered perfectly, the aneurisms on that side becoming both rapidly consolidated, and one of them being quite absorbed before he left the hospital. He has resumed his occupation as a fish-book maker, and the tumours on the left side make no progress.

Excision of the upper Jaw.—During this quarter I tried a modification of the ordinary way of operating, which, I think, was attended with very decided advantages. I have employed this modification twice since then in the hospital, and in all three cases the patients lost very little blood, and recovered rapidly. The point I allude to consists merely in beginning the incisions where they usually end, viz., at the outer angle of the eye, and dividing the articulation with the malar bone, before the incision is made any farther than merely allows of this being done. The orbital fascia is separated, and the eyeballs raised, before the incision is continued down the side of the nose, and the nasal process is also divided, and all bleeding vessels tied, before the lip is cut or the soft tissues raised. The division of the upper lip and the bony palate are thus left to the last, and the hæmorrhage is reduced to a minimum, and the annoyance which it occasions by the patient, (who has had time to recover partially from the chloroform when the other method is followed), ejecting the blood from his mouth, as is often the case, on all the bystanders, is avoided. When the operation is accomplished in the way I have above described, the hæmorrhage is much diminished, and the patient can be well anaesthetised before those final incisions are made by which blood gets an entrance into the mouth, and thus much of the repulsiveness of the operation is avoided.

Retention of Urine.—We receive a large number of these very troublesome cases. As a rule, the retention is due to organic stricture, but not a few patients present themselves in whom the retention arises from the congestion which so often follows a fit of intemperance. There are few affections in which one has more frequently to deplore incautious and rash interference, than those of retention, from whatever cause arising. Very few cases come into the hospital that have not been seriously injured by the careless or ignorant employment of instruments; and in the great majority of these cases—those of organic stricture and enlarged prostate—relief is obtained, after admission, without having recourse to instruments at all. The rule in my ward is to give patients a warm bath, and to inject subcutaneously $\frac{1}{2}$ gr. of acetate of morphia, when they are in the bath. If this fail, they get a full dose of castor oil and tincture of opium, followed by an-

other hot bath, and if that fails I am sent for. I can easily recall the few cases, out of the large number admitted, in which I have been forced to employ the catheter to relieve pressing symptoms, and in no case since I entered the hospital, has it been necessary for me to puncture the bladder. Chloroform is of inestimable service in the management of such cases. Twice within six months I have been able to fulfil two objects—to relieve the bladder and cure the stricture—when compelled to use instruments in retention, and it was as bearing on that circumstance, that the foregoing remarks were made. Having failed in one case of very close organic stricture, with much laceration of the canal, to introduce a catheter, I passed, with little difficulty, Holt's dilator, which, from its shape and construction, is very well fitted to pass a tight contraction, and thus I was able to split up the stricture at the same time that I relieved the bladder. This I have subsequently repeated in a similar case, with equally good effects, and, as such a use of Holt highly commended itself to me as a ready and effectual way of "killing two birds with one stone," I thought it worth while to relate it. I may add that it were well if the profession without the walls of the hospital would exercise more caution, and use less force in dealing with cases of retention.

Excision of the Tongue was successfully performed on a man aged 57, who suffered from epithelial disease for six months before admission. I had to remove the whole of the tissues below the tongue down to the muscles. The cerasour was used. The patient was sitting up the day after the operation.

Hernia.—It is worthy of record that two cases of strangulated femoral hernia in young males came in during the half year. One patient was aged 20, and the other 18 and neither could give any account of how they had ruptured themselves. Both were sent into the house after many hours' strangulation, and with very urgent symptoms. They were operated on immediately after admission. In one the sac was opened, and he died on the third day of peritonitis. In the other (the less favourable of the two) the sac was left untouched, and he recovered rapidly.

Severe Compound Fracture of the Skull, with loss of bone.—

From several very severe head injuries treated during the half year, I select the following :

A. D., aged 16, minor, sent in by Dr. Gorman, of Rutherglen. Had been crushed by the falling of a large stone from the roof of the pit, and a piece of bone (which he produced from his pocket) as large as a florin, knocked out of the left temple. The skull was fractured extensively over the left frontal and parietal bones, and the brain exposed at the spot from which the piece of bone was removed. There was also a large scalp wound across the back of the head. There was some bleeding from the wounds, but otherwise no complication arose. He never suffered pain or any disturbance. Both wounds healed quickly, and with very little suppuration. He never, after the first stunning effects of the blow passed off, had any "head symptoms" whatever, nor any form of paralysis. The pulsations of the brain, which had been very apparent after the wound healed, wholly disappeared before he left the hospital. Quietness, low diet, and attention to his bowels comprehended the whole treatment required. The patient's youth made the prognosis favourable from the first, and also the fact that the brain was not apparently lacerated, nor any fragments driven downwards.

Ovariectomy.—In the case operated on this half year, the method of managing the pedicle by torsion, which I brought under the notice of the profession in 1870, answered admirably. There was no difficulty with it, and not a drop of blood escaped. The case ended fatally. The tumour was a multilocular one, and the adhesions very extensive and firm, and the hæmorrhage therefrom very difficult to check. The operation was necessarily a long one, yet the patient (a woman of 35) rallied well. She died suddenly in 26 hours, apparently from exhaustion, as nothing wrong was discovered on *post-mortem* examination. The vessels of the pedicle were found to be quite impermeable and not to have shed a drop of blood.

Healing of Ulcers.—I have had several opportunities, during 1871, of trying the method I explained the previous year of healing ulcers by covering them with serum. I propose to enlarge the observations during the coming year, and vary the methods

already employed. Several striking results have, however, been got. In one case, for, example, a sore the size of a penny was healed in 48 hours—in another one of three ulcers, each about the size of a florin, was experimented upon, and closed in three days, while the other two, in all respects similar, but treated by “water dressing, remained unchanged. In another case four hours and a half sufficed to produce a thin bluish covering of epithelium like the “healing line” along the edge of contracting sores. Considerable care is requisite to ensure success, as the fluid must be carefully protected from contact till it “sets.” When these experiments are complete I will give an account of them.—*Glasgow Medical Journal.*

DR. LIEBREICH'S ART CRITICISMS.

The eminent German Ophthalmologist, Dr. Liebreich, who, about a year ago, migrated from the continent to London, has created no small stir among the artists, art critics, and art teachers, by what they call his audacious explanations of the peculiarities of *Turner's* and *Mulready's* later paintings. After Ruskin and his disciples had exalted *Turner* and his style so high, and poured such withering contempt on all who are not prepared to echo their views, it is naturally most galling and displeasing to them to have this surgeon attribute these “wonderful effects” to nothing more nor less than a disease of the eye.

Those of our readers not fully acquainted with the subject will readily comprehend *Dr. Liebreich's* views from the following brief and lucid exposition of them in the *New York Nation*. The year in which *Turner's* style commenced to manifest its peculiarities was 1831, after which date his pictures, *Dr. Liebreich* maintains, are altogether out of drawing. This disease consists in an affection of the crystalline lens, which, in its first stages, causes in the eye of the painter a diffusion of light, preventing his seeing with precision and definiteness the lighted parts of the object of vision, and this diffusion got expression in the pictures in a sort of bluish haze, then afterwards, as the disease made progress, a limited opacity developed itself in the crystalline lens, the consequence of which was, speaking roughly, that the

painter could see illuminated surfaces vertically, but could hardly at all see horizontally, a mere point of light he saw as a vertical line which was the longer in proportion to the intensity of the light. Thus there will proceed from the sun in one of Turner's later pictures a vertical streak of light dividing the picture into two halves unconnected by any horizontal line. Objects less illuminated are distorted less, but still are all distorted more or less, thus persons in a boat, or houses near a canal, blend so entirely with their own reflections in the water that no horizontal line of demarcation between substance and shadow is in any way visible. The justice of these criticisms, which confounded many of his auditors, Dr. Liebreich is said to have demonstrated by means of a screen, a magic-lantern, a lens, and a copy on glass of one of Turner's Venetian pictures, painted before his eyesight had become affected. Placing the copy in the magic-lantern, he threw on the screen the picture as painted; then applying to the lantern a lens simulating the diseased eye, he showed to the audience the picture as Turner painted it on his second visit to Venice in 1839, "the resemblance to his pictures painted after this was certainly very striking," says the *Academy*.

Most of the English medical weeklies coincide with the foreign savant's demonstration. But *The Doctor*, a London monthly, attacked it bitterly, and exposed its fallacies, "and the *Saturday Review*, which is nothing unless critical, as everybody knows, and has been in times past savage on the Turnerites, disputed Dr. Liebreich's conclusions, though it blundered badly in its optics in doing so.

Later, a writer in the *Nation* defends Turner on the ground that whether the Turnerian effects may or may not be produced by a diseased lens and simulated by an artificial one, Turner, nevertheless, did wittingly what he put on canvas, as anybody can prove to themselves by looking at the sun and watching the effect on the visual powers of such excess of light. It will produce similar streaks of light and indistinctness of outline.

We presume the battle is by no means done yet. If the Turnerites take as their own the position that true art, the highest art, ought to represent objects as they appear to diseased or to half-blinded, tear-filled, dazzled eyes, and not to the eyes of

health and comfort, they will doubtless maintain it with the same obstinacy as they have other equally sensible theories, and will, indeed, add still further to the lofty contempt with which they have regarded those artists who love to portray nature in her calm simplicity, in her sane and clear surroundings, in her positive yet infinitely suggesting forms, in her austerity and firmness, in her minute fidelity, and in her rigid positivism—qualities which they rank too low to allow any place in art.—*Phil. Med. and Surg. Reporter.*

KING'S COLLEGE HOSPITAL, LONDON.

AMPUTATION OF THE THIGH.

The patient was admitted into King's College Hospital in March, at which time there was considerable tumefaction of the knee and wasting of the thigh; there was severe pain on pressure over the patella, and the external parts of the joints, frequent painful startings of the limb occurred at night, and the patient was much reduced in general health. Mr. Smith ordered local and general treatment, with the hope that ankylosis might occur; but, the symptoms continuing, it was resolved that excision of the knee should be performed. A very careful examination of the patient, however, was instituted, and it was ascertained that the urine contained a large quantity of albumen. Under these circumstances the operation was deferred, with the hope that the quantity of albumen might diminish, but no material change occurred in that respect, and amputation was determined upon and performed, the ordinary flap operation being executed. On examining the joint, it was found to be in progress of entire disorganization, the cavity being filled with purulent matter, the cartilages ulcerated, and the synovial membrane degenerated.

REMOVAL OF SCIRRHIOUS BREAST.

The patient was under the care of Mr. Henry Smith. She had presented all the usual signs of scirrhus disease of the breast; but on the operation-table a thin fluid was observed oozing from the nipple, which is not usually seen in this disease, but is common in cystic disease of the breast. After-removal, the tumour on section showed a good specimen of scirrhus. This case, Mr. Smith observed, was a

very favorable one for operation. No glands were implicated, and the skin over the tumour was not adherent. The more he saw of this class of cases the less eager was he to operate. for if the disease is at all far advanced, all efforts to preserve life are nugatory. He refuses to operate in more than fifty per cent of the cases which come under his observation, as the patients do not come early enough. However, in this case, he hoped both to relieve the patient from her present anxiety and pain and to prolong her life.

HARE-LIP.

After the operation, Mr. Smith showed a child on whom he had operated some weeks ago for hare-lip. The child had also a cleft palate. This was a very bad case. The child had been operated upon before in the country; but, owing either to some failure in the after-treatment or the crying &c. of the child, the edges of the wound had not adhered. Those who saw him perform the operation would remember that he expressed his fears that the result might be good, for he had to pare away a great deal, and also had to detach the cheek almost as high as the orbit, so as to bring the pared edges together. After the operation a spring cheek compressor was put on. The child, as they saw, had done well, and this result was extremely good.

LIGATURE OF THE SUBCLAVIAN.

Sir W. Fergusson ligatured the subclavian for aneurism of the third part of the artery. The patient, a man about forty years of age, had noticed a pulsating swelling at the root of the neck, on the left side, since Christmas. He had been under treatment, and was at last sent to the hospital. The tumour was near the mesial line, and it was difficult to decide, before operating, where the artery should be tied. An incision was made along the clavicle, and then others above and below at right angles to it. After a long and careful dissection the aneurismal tumour was come upon, overlapping the scalenus muscle. It was pushed outwards and downwards and then the scalenus was seen, there was then some delay in making out the artery; at last it was seen on the outer margin of the muscle, and was ligatured there. Sir William Fergusson said this was the fourth time he had ligatured the subclavian, the first time more than forty years ago. The operation was a troublesome affair, as most of them are. A curious thing was noticed towards the end of the operation—a white serous fluid was seen at the bottom of the wound, and probably the thoracic duct was injured, yet it might not be so, as the subclavian was not seen, and he did not think he was near the angle where the duct joins the vein. The danger in operating on the left side is always greater on account of the duct.—*Lancet*.

REFLEX PARALYSIS.

Cases have been met with and recorded by medical men, of paralysis, which the amount of disease present in the nervous centers or coverings in post-mortem examinations did not satisfactorily account for, but which were associated with injuries and diseases of organs remote, and not immediately contiguous to the spinal marrow or the medulla oblongata.

These cases, I believe, are now generally regarded by writers as cases of reflex paralysis. Dr. Brown-Séguard was the first to use this term in his Lectures on the "Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities," in 1861; and Dr. Jaccoud, in 1864, after objecting to this term, proposed to name this variety of palsy "paralysis from peripheral irritation;" and Dr. Handfield Jones, in the same year, employs the term "inhibitory paralysis" in his "Clinical Observations on Functional Nervous Diseases." Mr. Stanley, in 1834, records cases of paraplegia in which no morbid lesions could be detected in the cerebro-spinal axis, but where gonorrhœa, or diseases of the bladder, or renal affections had existed. Romberg, Graves, Rayer, Spencer Wells, and many others, from time to time, have recorded similar cases, showing that paralysis of remote parts may be associated with, and follow as an effect of renal disease, disease of the uterus, dysmenorrhœa, metritis, irritation from worms, teething, carious teeth, etc. If you scratch a pimple, the itching sensation is thrown to other and distant points, a homely but forcible illustration of the principles now under consideration.

But it is now my desire to briefly call attention to a variety of reflex palsy first spoken of by Drs. S. Weir Mitchell, George R. Moorehouse, and W. W. Keon, of Philadelphia, in 1864, which results suddenly from mechanical injuries, particularly gun-shot wounds: "for example: a wound involving the muscles of the right thigh, followed by reflected paralysis of the right arm and left leg; a wound of the right thigh, causing paralysis of the right arm; a wound of the right chesticle, followed by paralysis of the right anterior tibial muscle and peroneus longus; a wound of the external part of the left thigh, producing anæsthesia and

analgesia of a corresponding part of the right thigh; a wound of the right thigh, probably involving the crural nerve, in which there was motor paralysis of the right arm." More examples might be given, and cases farther cited, but I deem those above quoted sufficient for illustration, and will give but one other example that came under my observation and care. Last fall, a German, forty-five years of age, fell from a loaded wagon; the wheel ran over his right leg, producing a very severe compound comminuted fracture, contusing and fearfully injuring the soft parts. Profuse suppuration came on, gangrene was strongly threatened, but eventually the wound healed. The man walked, but suddenly, on the 6th day of April, 1872, some six months or more from receipt of injury, paralysis of the right arm manifested itself, especially affecting the deltoid and extensor muscles, but not involving the use of the flexor muscles. By placing the palm of the hand flat upon a table he could not raise it; by turning it over he could, with ease. Now, May the 20th, he has almost entirely recovered the use of his arm, thus, by another example, supporting the remarks of prognosis made by Mitchell, Moorhouse and Keen: "That however great the lesion of motion or sensation at first, in all cases it grows better early in the case, and continues to improve until the part has nearly recovered all its normal powers; but in nearly all some relic of paralysis remains, even after eighteen months or more from date of wounding." They further remark that, "In some the part continues weak, in others there is still some slight loss of sensibility, and in others there persists considerable loss of power and sensory appreciation. In a case of reflex paralysis from a wound, we have, therefore, some right to expect that the patient will rapidly recover up to a certain point, but that in most cases a small amount of loss of power and sensation may be left." I have thus lengthily made the quotations above, because deemed so very applicable to the case cited, and hope they may be of interest, especially to those that may, perchance, have similar ones.—(*Dr. Simmons in the Med. & Surg. Reporter.*)

APPOINTMENT OF CORONOR.—Dr. P. H. Spohn of Penetanguishene, has been appointed coronor for the county of Simcoe.

ASPIRATION IN THE REDUCTION OF HERNIA.

At the meeting of the Académie de Médecine on May 21st, (*Medical Times & Gazette*), "M. Demarquay presented a man 21 years of age, in whom he had reduced a strangulated congenital inguinal hernia by the aid of aspiration. On May 5th a tumour appeared in the left groin, accompanied by severe pains and vomiting, which persisted next day. At the end of twenty-four hours he was taken to the Paris Maison de Santé, where the taxis was employed without success. Ico was applied during the next twelve hours when M. Demarquay saw the patient. His features had undergone a great change, and fever was set up. A congenital, elongated, voluminous inguinal hernia was found to exist, and M. Demarquay paid the more attention to other measures, inasmuch as he had never succeeded in curing this description of hernia by operation. He applied carefully the taxis, while the patient was put into a deep sleep, with no effect, and he determined to try the effect of removing the intestinal liquids and gases by means of aspiration. A fine trocar was passed into the centre of the tumor, and by means of Potain's aspirator, about 120 grammes of intestinal liquid were drawn into the recipient. The tumor subsided completely, and the trocar having been removed, some minutes were allowed to elapse without touching the tumor in order to observe whether new liquids or gases would enter the strangulated intestine. No renewal of the tumefaction took place, and very slight pressure upwards sufficed to procure the return of the intestine into the cavity of the abdomen. The patient was kept quiet, and on low diet, fractional doses of opium being administered. No ill consequence followed. The case M. Demarquay regards as striking, and he proposes to apply this new mode of treatment—1. In all congenital herniæ and to recent herniæ which become strangulated at the time of their formation. 2. To old herniæ which were quite reducible a few days prior to strangulation, and in large umbilical herniæ that have been recently strangulated. 3. Aspiration, which has for its object facilitating the employment of the taxis, should only be employed at an early period, when one can be well-nigh certain of returning into the abdomen the intestine in an unaltered state, and capable of resuming its functions."—(*Medical Cosmos*.)

The Canadian Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Editorial Communications selected on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canadian Lancet," Toronto.

TORONTO, AUGUST 1, 1872.

MEETING OF THE MEDICAL COUNCIL.

The meeting of the newly elected Medical Council, the proceedings of which we give in another place, was held in this City, commencing on the 10th ult., and continuing three days.

There was not a very large amount of actual business before the Council, a great amount of it being merely routine; yet the meeting was, upon the whole, an interesting and pleasant one. Considerable discussion took place on various matters engaging their attention, and a great deal of time was spent in this way, not wholly unprofitable, although, in some instances, much was said that might better have not been said—we refer to those personal issues which are always cropping up when men of different views are brought in contact. The first day was occupied chiefly in the appointment of the officers, committees, &c.; Dr. Dowar, of Port Hope, who has been a member of the Council since 1866, was unanimously elected President, and Dr. Campbell, the leader of the Homœopathic and Eclectic section of the Council, was elected Vice-President. Dr. Dowar, in returning thanks to the Council for the honor conferred on him, took occasion to refer to the high standard of examination, which he said would compare with any board in the world. He also referred to the matriculation examination, to which he took exception. He would waive the examination in Greek, but would make compulsory an examination in German or French,

and would also insist on a thorough examination in the English branches. He said it was impossible to speak of a man as highly educated who was deficient in English. He also alluded feelingly to the illness of Dr. Hodder, the representative of Trinity College Medical School, which deprived them of his presence and assistance. Dr. Campbell also returned thanks for the highly honorable position in which the Council by an unanimous vote had placed him. He entirely concurred in the remarks made by the President in reference to the matriculation examination, and expressed himself strongly in favor of a stringent examination in the English branches.

We congratulate Dr. Campbell and those he represents, and also the Council, on the change of sentiment which has taken place since they first met, in that the old feeling of antagonism has died out, and that while they still differ in reference to the treatment of disease, all are united in raising the standard of medical education, without reference to school or creed. Whatever Dr. Campbell may have done under the old Homœopathic Board, we can bear testimony to his earnest and willing desire to carry out the intention of the present act, and to raise the standard of medical education to its legitimate place in this Province; and, whatever may be his creed in reference to dilutions in the treatment of disease, he is no dilutionist in matters connected with medical education.

The committee appointed to investigate the protest against the election of two members of the Council brought in a report of a very indefinite nature. They found that from *some cause or other*, many of the voters did not receive voting papers in time to have their votes recorded. They made no suggestion by way of remedying this state of things in future, and no word of censure for the culpable neglect on the part of the Registrar in not sending voting papers in time. In some instances, voting papers were not sent at all. We protest most strongly against the election of members of the Council being left in the hands of the Registrar, we do not care who he may be, and we trust that an amendment may be obtained before the next election, by which the elections may be simplified, and the power of the Registrar curtailed. Considerable discussion took place on the report of the committee on amendments to the Medical Act, especially in reference to the

7th clause, suggesting a diminution in the number of members of the Council and also of the examiners. Dr. Clarke, in introducing the report, said, that as the Eclectics had nothing distinctive in their body, they ought to fuse with the general profession, and in this way a reduction would take place without doing violence to any one. There were no new students applying from their body, nor was at all likely there would be, as the difference between them and the general profession was so slight, and they would therefore become extinct in time. Dr. Muir, (Eclectic) said, that the extinction of the eclectic body was inevitable, as the facilities afforded students in Canada for preparing for the allopathic examination were more favorable than for Eclectics. He thought it would be better to merge into the general body, as there was not enough difference to warrant the perpetuation of a sect. Dr. Cornoll, (Eclectic), fully endorsed the statements of Dr. Muir. Drs. Bogart and Morrison were not yet prepared to accept that position. Dr. Aikins expressed himself as pleased with the turn things had taken, as it would henceforth allow Allopaths and Eclectics to meet in consultation.

Although the clause was not carried, we are very glad that the subject was brought under discussion. Enough was brought out to show that the current of feeling is setting strongly in favor of the amalgamation of the two bodies, and thus doing away with a useless division in the Council; as it is at present, the Eclectics must either continue under the wing of the Homœopaths and the leadership of Dr. Campbell, or join the general profession; and of the two alternatives it is not difficult to see which they will eventually choose. Of course Dr. Campbell is opposed to fusion, as he would at once lose the support of that body in the Council. There is no desire on the part of the general profession to urge, much less to coerce the Eclectics into amalgamation, but whenever the latter are disposed to come in, the general profession will most cordially extend to them the right hand of fellowship.

In regard to the clause proposing an annual tax on the profession for the support of the Council, it is to be contingent on the passing of the penal clause. The Council will by no means tax the profession unless they get a *quid pro quo* in the shape of protection against unlicensed practitioners: and, we believe,

there will be no opposition to the payment of a small annual tax, provided the profession is thoroughly protected against all kinds of quackery.

A matter brought up by Dr. Coburn, in reference to a breach of etiquette on the part of Dr. Carson, a member of the Council, elicited considerable discussion of a personal character. The substance of the charge was, that Dr. Carson is engaged in the manufacture and sale of patent medicines. One of these nostrums, the "*female regulator*," was singled out for attack. Dr. Carson tried in various ways to wriggle out of the position, but enough was elicited to show that he was connected with this disreputable business, and a resolution was moved, to strike his name from all Committees of the Council.

Dr. Berryman taxed him with a breach of faith, in promising a year ago to abandon this business, and said that he was not sure but that Dr. Carson could be tried for felony for selling one of these medicines. He felt sorry that an alumnus of Victoria College would be guilty of such practices, and he was bound to indicate the honor of the University. He supported the resolution. Dr. Campbell, while condemning the medicines as abominations, argued that the Council was exceeding its power, that Dr. Carson was there as one of the representatives of the Eclectic body, and they could not freeze him out of the Council in that way. They might leave his name off any Committee, but they had no power to pass a resolution striking him off all Committees. Dr. Lawrence was of the opinion that the Council was only half-doing its duty in removing his name from all Committees. He deemed it monstrous that they should have one amongst them guilty of such acts. Dr. Edwards looked upon Carson's advertisement as sheer quackery. He thought it time for the Council to put its foot down in the matter. McGill College, Montreal, had threatened to cancel the diploma of a man who had put forth such medicines. Dr. Carson was severely censured by many other members of the Council, including members of his own body. The motion was carried by a majority of 14 to 6, and recorded in the minutes of the Council.

CANADA MEDICAL ASSOCIATION.—We beg leave to call the attention of the profession, to the meeting of the Canada Medical Association, to be held in Montreal on the 11th of next month, (September). We trust there will be a larger attendance than last year.

SUN STROKE.

During the heated term through which we have just passed, there have been a great many cases of sun stroke. In the city of New York, there were no less than 150 cases in one day, (3rd of July), one half of which were fatal. Dr. H. C. Wood has lately written a very interesting paper on this subject in which he says in regard to the old theory, that the disease depended on an alteration of the blood, he considers it no longer tenable. The changes which the blood undergoes in protracted cases are secondary, not primary. By vivisections and other experiments he established the fact that death was not caused by failure of the hearts action, but by failure of respiration, and that the peculiar hardening of the heart caused by the coagulation of the myosine of the heart muscle takes place *after not before* death. This arrest of respiration, Dr. Wood believes to be of nervous origin, and he instituted certain experiments which showed that a brain temperature of 112° to 114° F, was fatal to small animals as cats, rabbits &c. Heat was applied directly to the head by surrounding it with tubing, in which hot water was made to pass, an animal so treated becomes insensible, stupid and finally asphyxiated. The brain of man being more highly organized than that of the lower animals, it is probable that a less degree of heat will produce in man the same series of symptoms. The plan of treatment recommended and almost universally adopted is the external application of cold water or ice, both as a curative and prophylactic remedy. In this there is really nothing new—the cold douche having been long recommended by Indian Physicians who have had considerable experience in the treatment of this affection.

DIPLOMA OF MEMBERSHIP.

At its last annual meeting the Council of the College of Physicians and Surgeons of Ontario, ordered that a Diploma of membership should be issued to any member of the College who might desire it upon the payment of five dollars. Upon transmitting five dollars to Dr. Pyno Registrar of the College, Toronto, the Diploma referred to, printed upon parchment, in a suitable

japanned tin-box, will be forwarded either by Express or any other manner preferred, to any Registered member of the College of Physicians and Surgeons of Ontario.

This Diploma which has been shown us, is very beautifully and tastefully got up and well worth the small amount charged for it.

CLOSE OF VOL. IV.—With the present number, we close Vol. IV. The index to the present Volume will be found in this number. Any one wishing to have the volume complete for binding, can be supplied with back numbers.

CORRESPONDENCE.

To the Editor of the "Canada Lancet."

DEAR SIR:—In the June number of the LANCET under the article of "Canadian Graduates," are you not in error? You say "when we bear in mind that all Colonial Graduates are compelled to spend *one year* in a Metropolitan Hospital before their admission to examination at the College of Physicians or Surgeons, London, &c."

Having attended the examination of the College of Surgeons London, lately, the question was not asked as to whether I had attended a Metropolitan Hospital or not. All I had to do was, to show my class tickets and my Diploma from Queen's College, Kingston. I know several other Canadian Graduates who were in England only a few months, who presented themselves at the examination and obtained the Diploma of the College of Surgeons.

My reason for drawing your attention to the above is for fear some of my brethren in the profession might be dissuaded from going to England to obtain the Diploma of the College of Surgeons, if they were required to attend a Metropolitan Hospital for the time you mentioned. You have very truthfully said, that it is "very expensive," hence, some might be deterred on that account, if they had to remain in the old country for one year, under considerable expence all the time. The restriction

you mentioned, if it was the law of the College of Surgeons, must at the present time be obsolete.

Yours, &c.,

J. McCAMMON, M.D.; M.R.C.S., Eng.

Kingston, July 8th, 1872.

[We beg leave to refer the writer of the above letter, to the rules and regulations of these colleges, as to the correctness of our statement. We are well aware, that neither he nor any graduate, who has been in practice for several years, is required to comply with this regulation, but all recent Colonial graduates,—to whom we referred—are obliged to spend one year in a Metropolitan Hospital prior to admission to the College of Physicians, London.] Ed.

(To the Editor of the *Lancet*.)

SIR,—In the May number of the *Lancet* I notice, on page 437, "University of Toronto, first year scholarship," the name of W. Ferrier. This young man a short time ago, after I had given up practice, came to this village, opened an office, put up a sign as "Doctor Ferrier," and an advertisement in the local German paper, announcing himself as "M.D.," and "Physician, Operating Surgeon and Accoucheur." The young man openly tells the public that this proceeding is sanctioned by the authorities of the University of Toronto, which I, as a matter of course, at once branded as a falsehood. For the honour of the Medical Profession of Ontario at large, I am bound to carry the law into effect and shall tell you the result afterwards, at the same time I have addressed a letter to Rev. Dr. McCaul, President of the University, stating the facts to him.

Yours, very truly,

GEO. NIEMEIER, M.D.

Neustadt, Ontario, }
 July 6th, 1872. }

 DEATHS.

Died, on the 28th of June, of congestion of the lungs, James Hackett, M. D., of Newmarket, aged 42. The deceased was a graduate of Trinity College, Toronto. He received his licence from the old Medical Board in 1857, and has therefore been in practice twenty-one years. He was highly respected by all classes of society, and his loss will be much felt.

On the 14th ult., Wm. R. Gilmour, M. D., Penetanguisheno, in the 35th year of his age. Dr. Gilmour was also a graduate of Trinity College, Toronto, and received his licence in 1855. He was a very successful practitioner and possessed many fine traits of character.

On the 10th of July, Dr. Warren of Brooklin, Ont., in the 32nd year of his age. He leaves a wife and two children to mourn his untimely loss.

 BOOKS AND PAMPHLETS RECEIVED.

- WATSON'S PRACTICE OF MEDICINE, 5th Edition, revised and enlarged.—By Henry Hartshorne, M.A., M.D. Philadelphia: Lindsay and Blakiston. Toronto, Willing & Williamson.
- HISTORY OF MEDICINE.—By Robley Dunglison, M.D., LL.D. Edited by R. J. Dunglison M.D. Philadelphia Lindsay & Blakiston. Toronto: Copp, Clark & Co.
- INJURIES OF NERVES.—By S. W. Mitchell M.D. Philadelphia: J. B. Lippincott & Co. Toronto. Willing and Williamson.
- ANGULAR CURVATURE OF THE SPINE.—By Benjamin Lee M.A., M.D. Philadelphia. J. B. Lippincott & Co. Toronto: Willing & Williamson.
- DR. RIGBY'S OBSTETRIC MEMORANDA.—Edited by Alf Meadows, M.D. Philadelphia. Lindsay & Blakiston. Toronto Copp, Clark & Co.
- MEMORANDA ON POISONS.—By Thos. Hawkes Tanner, M.D., F. L.S., 3rd edition. Philadelphia. Lindsay & Blakiston. Toronto: Copp, Clark & Co.