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CANADA

MEDICAL & SURGICAL JOURNAL

MARCH, 1883.

Original Communications.

NOTHNAGEL'S KLINIK.

(From our Special Correspondent.)

VIENNA, Jan. 25, 1883.

The latest addition to the teaching staff of the General Hospital in this city is Nothnagel. He was formerly director of the medical klinik in Jena, a town containing not over 10,000 inhabitants. He is considered by those who claim to know all about such matters, the most distinguished clinical teacher of the many eminent German physicians of the present day. He is a hard, thorough, and honest worker. For a number of years he has occupied a high position as a scientific writer, not alone in Germany, but wherever medicine as a science is studied. He has written several of the articles in Ziemssen's Cyclopædia. Three years ago appeared his most important work, "The Topical Diagnosis of Diseases of the Brain." Such a work could only be written by a very learned and accomplished physician and physiologist. He has also written, in conjunction with Rossbach, the best work in the German language on Pharmacology and Therapeutics. He is no sceptic as to the value of drugs, and loses no opportunity of impressing upon his hearers the vast importance of an accurate and sound knowledge of the actions and uses of drugs. The physicians of the Vienna school have of late years prided themselves on their scepticism. This is in a great measure owing to the teaching and example of the late Professor Skoda. It is a good illustration of the evils of *authority*, and the harm that great men sometimes do. I heard

a prominent physician saying a few days ago that Skoda's influence was so great that it has very considerably retarded the progress of scientific medicine in Vienna during the last ten years. His successors were satisfied if they could even follow in his footsteps; they did not dream of making footsteps of their own in the great untrodden ground. Now, however, Vienna has in Nothnagel a physician who will, if I mistake not, leave a deeper and better influence on the coming men.

The klinik, which is held in the amphitheatre in connection with his own wards, commences at 8 A.M. and lasts two hours; during this time, one and sometimes two cases are investigated. The method of examination is as follows: After the patient's complaints are ascertained, and a general survey of the external surface of the body is made, the history of the present trouble, together with the previous and family history, are read aloud. Then the examination of the different systems and organs begins, and this is done in such a thorough manner that leaves nothing to be desired. After making a diagnosis (if this is possible), the treatment of the case is considered. A series of cases belonging to the same system are taken up in succession. This order is only interfered with when an acute case is received into the wards, the examination of which is able to teach some useful lesson. During the past week the following cases were examined:—Lead Palsy (extensors of the hand); Chronic Simple (?) Basal Meningitis in a man aged 35; Subacute Basal Meningitis in a girl aged 15, arising from an injury of the third cervical vertebra; Tetanus, following a slight wound of the forehead, in a woman aged 30; Chorea of five years' duration in a girl aged 10; Syphilitic Basal Meningitis in a man aged 30; Hemiparesis, from Syphilitic Endarteritis, in a man aged 40; from a similar cause, Hemiparesis with Hemianæsthesia, in a man aged 30; Tabes Spastica (syphilitic?) in a man aged 35. During the present week, a series of cases of diseases of the chest, exclusive of tuberculosis, are being considered. He devoted ten days to different cases of tuberculosis some weeks ago. When any of the cases that have been publicly examined prove fatal, all the class are present at the *post mortem*, which is performed by Kundrat, the professor of pathological anatomy.

This morning there was a *post mortem* performed on the body of a woman aged 65, whose disease was diagnosed as pernicious anæmia during life. Although no cause could be found to account for the anæmia, Nothnagel was suspicious that it might be a case of cancer of the stomach running its course without any direct proof of its presence. His suspicions were probably rather aroused by the fact that recently some physicians in connection with the hospital had been surprised to find at the *post-mortem* of a case, diagnosed by them as idiopathic anæmia, extensive malignant disease of the stomach, than by any evidence of the existence of such disease. The only changes found were extensive hemorrhages into the retina and fatty degeneration of the heart. The medullary cavities of several of the long bones looked normal to the naked eye. The liver was atrophied, but not fatty.

Recently, Nothnagel, in connection with a case of chronic obstruction of the bowels in a young man, gave his hearers a detailed account of some valuable experiments he performed during the summer months on the intestinal movements. Before referring to these investigations, I will give an account of the case. The patient, aged 23, complained of frequent nausea, pain in the belly and vomiting. He was much emaciated, and very anæmic. His present troubles commenced about four months ago, with pain in the abdomen and vomiting. The pulse varies between 30 and 50; temperature under the normal. The tongue is red and dry. There is great thirst and loss of appetite. He vomits three or four times daily, and generally from two to three hours after eating. The vomited matters are colorless, slightly acid, and distinctly fæculent. There is obstinate constipation. The injection per rectum of a 10 per cent. solution of common salt brings away fluid exactly resembling the vomited matters, and which is found, on microscopic examination, to contain muscle fibres colored by the bile pigment, fatty needles, and starch. From the presence of the latter it was concluded that the intestinal digestion was faulty. In speaking of the clay-colored stools, it was remarked that they may appear in disease of the liver and intestines, where there is not a trace

of icterus. Bamberger, thirty years ago, pointed out that colorless stools are found in obstruction of the bowels without the presence of jaundice. The abdomen is *retracted*, and every few minutes distinct peristaltic waves can be seen, from even a distance of 20 feet, passing from the epigastrium downwards to the pubes, and confined to the middle of the abdomen. During these movements the patient complains of nausea. The urine was found to contain a large quantity of indican. In all the cases of abdominal diseases examined during the present session indican was found in increased quantity in the urine. The best test for its presence is to add to a small quantity of urine in a test tube, an equal amount of hydrochloric acid and from one to three drops of a concentrated solution of chlorate of potash. If indican is present in an increased quantity, the mixture becomes blue, and, after a few minutes, if the quantity is very large, black. The latter change, from blue to black, is said to only appear in obstruction of the bowels.

The diagnosis made in this case was obstruction of the bowels at the ileum. The reasons given for placing the seat of the obstruction in the small intestines was that the ascending colon was not dilated, and that it was free from peristaltic waves. On account of the extreme and progressive wasting, the obstruction was considered to be owing to a neoplasma, although no tumor, thickening or resistance could be felt anywhere. For the same reason the prognosis was unfavorable, and the treatment by surgical interference not feasible. The most important part of the palliative treatment was said to be to favor the passage of the bowels. Unless this was attended to, the over-active intestinal muscles would soon loose their power. The best means of preventing this paresis is to give daily injections of a 5 or 10 per cent. solution of common salt. This patient continued to grow gradually worse, and died ten days after the examination. For three days previous to his death, the matters vomited and the stools were of a dark-brown color. This change in color was owing to the presence of hæmoglobin. At the *post-mortem*, a sarcomatous tumor was found uniting the stomach with the splenic flexure of the colon. Its centre was broken down, thus making

a direct communication between the stomach and colon. The stomach was found to be healthy. The duodenum was dilated, but the ascending colon was normal in size. In commenting afterwards on the results of the *post-mortem* in this case, as regards the mistaken topical diagnosis, Nothnagel said that it was much more difficult to locate exactly diseased processes in the intestines than it was in the brain. He admitted that he could not explain how the ascending colon remained normal in size and free from peristaltic waves during life. He was of the opinion that the communication between the stomach and transverse colon took place about three days before death—at the time that the matters vomited and the stools became dark in color.

In speaking of his experimental studies, Nothnagel said his method of investigation was to keep chloroformed animals (dogs and rabbits), with their abdomens opened, immersed in a bath (100°F.) of a half per cent. solution of common salt. He has demonstrated by this method that, in animals at least, no peristaltic actions occur in uninjured intestines. The effect of injections into the rectum was examined, colored fluid being used. It was found that a small quantity of water had no effect on the peristalsis. A considerable quantity distended the rectum without exciting any action. Iced water caused action sufficient to move the fluid from 15 to 20 centimetres up the bowel. Olive oil had a similar action. A strong solution of common salt, forced up by a syringe a distance of 10 centimetres, was carried up, together with a mass of fæces, by the antiperistalsis to the cæcum. Similar results were obtained by using concentrated solutions of nitrate of potash and bromide of potassium. The common salt injections always caused contractions, which passed both ways. In a case of ileus in the human subject, an injection of colored salt solution, which was used during life, was found, after death, to have reached the cæcum. The conclusions to be derived from these experiments are that in intestines in a healthy condition, or containing only unirritating contents, peristalsis only occurs from above downwards, and if there are any irritating substances in the bowel, antiperistalsis occurs also. To explain the occurrence of fæcal vomiting in intestinal obstruction, ligature of the small

intestines was resorted to. It was found that unless irritating substances were introduced into the bowel, no ascending contractions occurred. When the intestine is ligatured, the part above becomes filled and the part below empty. Descending contractions are generally seen commencing at the stomach and terminating at the distended portion, and as the distension ascends higher and higher, the waves of descending contraction travel less and less, until finally they are limited to a narrow segment near the pylorus. There is no such thing noticed as antiperistalsis sufficient to bring about fæcal vomiting. Its true cause is due to the action of the diaphragm and abdominal muscles. The paralyzing effect of distension of the bowel above the ligature proves clearly the well known injurious effect induced by the use of purgatives in intestinal obstruction. By increasing the peristaltic contractions, they carry the contents of the intestines more rapidly and violently to the seat of obstruction, and in this way the paralysis which follows distension is more quickly brought about.

Nothnagel had many opportunities of noticing the occurrence of intussusception during the course of his experiments. The invagination always occurred from above downwards, a part that was contracting strongly slipping into a portion that was at rest. He was often able to remove these invaginations by injections of salt, which set up an antiperistaltic movement. Morphia, in doses of from one-sixth to two-thirds of a grain, has the power of preventing the antiperistalsis induced by salt injections, but if larger doses are given, from a grain and upwards, then, not not only does the antiperistalsis appear, but in an aggravated degree. This anomalous effect Nothnagel ascribes to the small doses stimulating and the large one paralyzing an inhibitory mechanism which is antagonistic to the nervous mechanism stimulated by a salt solution. This action is comparable to that of digitalis on the innervation of the heart: small doses stimulating and large ones paralyzing the inhibitory fibres of the vagus. The constipation produced by morphia is thought to be owing to a stimulation of a nervous mechanism which other experiments have located in the splanchnic nerves.

Tetany.—During the last few weeks there has been an epidemic of this strange disease in this city. Up to the present I have not heard of any fatal results. It is mostly young people that are affected. The following case may be taken as an average sample of the present epidemic :—

A boy, aged 18, who, on his admission into hospital, complained of cramps in his fingers. The cramps came on suddenly two days before, and at that time he was feverish. On examination, it was found that there were tonic contractions of the fingers and thumbs of both hands. The points of the index and little fingers met in front of the other two fingers. Both hands were in a state of partial flexion. It required considerable force to overcome this contraction. The facial muscles were contracted in such a way as to produce what is known as the *risus sardonicus*. The muscles of the upper arms, lower extremities, trunk and neck were free from spasm, but their mechanical and electric irritability was much increased. This change was even more marked in the muscles affected with the cramps. Strong pressure on the brachial arteries increased the spasm.

Five days after this patient's admission, he was discharged as cured. He was warned, however, that the spasms might return, but as two days had passed in freedom from them, this was not considered probable. He was treated by the internal administration of bromide of potassium and the faradization of the contracted muscles.

As to the causes of this disease, little is known. The great majority of the cases in Vienna are seen during the months of January, February and March. The epidemic form is most common in boys about the age of puberty. It is not uncommon in women who are nursing. It is sometimes seen during the course of Bright's disease and cancer of the stomach. It has been seen accompanying the onset of one of the acute specific fevers. It is seen following the removal of enlarged thyroids, especially in girls. In severe cases, the muscles of both upper and lower extremities, together with those of the face and trunk, are the seat of spasms. The spasms are not always constant, but often intermittent. They last, as a rule, from one to twelve

hours, and the intervals of freedom from them from one hour to three days. The most remarkable symptom of the disease is the enormously increased electric excitability of the nerves, not alone of those which supply the muscles, the seat of the spasms, but of nearly all the peripheral nerves of the body. The only exception to this, and that is only occasional, is the facial. What is still more remarkable, is, that during the "latent period," when the patient, to all appearances, is quite well, this increased electrical reaction is present, and although not so prominent as during the cramp period of the disease, it is marked enough to be considered as absolutely diagnostic of the disease. So decided is this irritability, that in some cases, without causing the patient much uneasiness, a tetanus of the muscles can be produced by opening the kathode—the kathode-opening tetanus (*Ka O Te*). In a normal state of the nerves and muscles, the above reaction requires such a powerful current as to be very dangerous to life. Why the nerves of the extremities and trunk should always respond in the manner described, and the facial only sometimes, is not known. The increased excitability of the nerves to mechanical irritation, which was first pointed out by Dr. Weiss of this city, is always present, and it is especially marked in the facial. A slight pressure on the skin over the part where the facial divides into its terminal branches in the case reported was sufficient to set the muscles supplied by this nerve into contraction. Very few cases of the epidemic form of the disease prove fatal, but it is otherwise with those following the removal of enlarged thyroids. In Vienna there have been five deaths from tetany due to this cause. Since the introduction of antiseptic surgery has banished septicæmia in these cases, tetany leads the list as the cause of death following these operations. It is often very chronic. In one case it lasted, with intervals, for eighteen months, and eventually proved fatal. I believe that all the very chronic cases are those that follow Goitre removals.

As to the nature of the disease, nothing definite is known. Weiss, taking, as a starting point, its frequency after thyroid operations and its intermittency, throws out the suggestion that it may be owing to irritation of the sympathetic nerves, by means

of which alternate waves of dilatation and contraction are carried to the spinal grey matter. Billroth appears to be satisfied that it cannot be owing to any interference with the recurrent laryngeal, as he, in all his operations, has been particularly careful to preserve this nerve from irritation. In the treatment of the idiopathic form, the stabile galvanic current, or the interrupted current, can be used. There is, however, nothing definite, as yet known, as to the value of either form of electricity in this disease. In all cases that I have seen, bromide of potassium was given in large doses. In those cases following the removal of enlarged thyroids, Billroth recommends the application of an ice bladder to the nape of the neck.

TONSILLOTOMY AND UVULOTOMY.

By T. WESLEY MILLS, M.A., M.D., L.R.C.P., Eng.
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[*Read before the Medico-Chirurgical Society of Montreal.*]

Both of these operations the general practitioner is occasionally called upon to perform, and both might be undertaken with advantage oftener, as I shall endeavor to show in this paper.

There is an ill-defined, but influential misgiving on the part of patients as to having either the tonsils or the uvula lessened by any sort of cutting procedure; most persons supposing, when operation is proposed, that the entire removal of the parts is intended. Not infrequently the question is asked, Why remove parts that surely were intended to fulfil some function? The question is not an unnatural one, and the patient is entitled to an answer, and a clear one, too. When should a portion of the tonsils be removed? It must be borne in mind that the tonsil in the adult, as it lies between the pillars of the fauces, is scarcely visible, and it may be considered more or less enlarged if it project beyond their edges. It must further be remembered, that in swallowing, speaking and singing, especially in the higher register, the pillars of the fauces on each side approximate very considerably. It is plain that tonsils so much impede, or are in the way of those actions in proportion to the amount of enlarge-

ment. Tonsils, therefore, that may be left alone in one person, may be advantageously removed in another, if the latter be a public speaker or singer. A pair of hypertrophied tonsils must hinder a singer or speaker, as weights or such like impediments would an ordinary laborer. Sometimes persons assert that the enlarged tonsils do not hinder them in the discharge of the functions that belong to the throat, yet, after removal, declare they experience a sense of freedom formerly unknown to them. I have had two such cases of late in persons accustomed to sing. It is very much to be questioned whether a singer can do himself justice with a pair of tonsils at all seriously enlarged; certainly there must be much greater effort to attain the same result, which would tell upon the powers if much vocal work were to be undertaken.

No doubt enlarged tonsils contribute greatly to increase, if not to cause, pharyngeal irritation. According to my own observation, they keep back secretions which otherwise would be removed; and in cases of naso-pharyngeal catarrh, I have noticed special accumulations of discharge on that side on which there was enlargement of the tonsil. These are a few aspects of the subject not usually presented in the books. There are others so obvious that they have arrested the attention of all observers such as oral respiration, snoring, altered visage, occasional deafness, &c. But a condition occurring in an infant of three years that was brought under my notice by an officer of this Society was so remarkable that an account of it may illustrate the subject of this paper better than a lengthened general description. A child of three years of age, that had for some time shown some evidences of throat obstruction, within a few weeks passed into an acute condition that was positively dangerous. The little one had more or less noisy breathing, kept the mouth constantly open, had grown pale and feeble, and, within the two weeks previous, had several choking fits when attempting to swallow food or drink. At night she was two or three times so nearly suffocated that she seemed afraid to go to sleep, and when she did rest, her sleep was evidently disturbed by dreams. Examination showed a pair of tonsils so enlarged, they almost met in the

middle line. Both were removed by Mackenzie's Tonsillotome at one sitting, the operation occupying not more than one minute. All the symptoms disappeared at once.

Should tonsils be removed when acutely inflamed? On this subject there is some diversity of opinion. As a rule, in my own opinion, they should not; but to this there is one exception. When tonsils have become somewhat, though not much, enlarged, and are subject to repeated attacks of follicular inflammation, their glandular structure is largely, if not wholly, destroyed; they are foreign bodies, and nothing can restore the functions of the superficial parts—at least, I see no reason why a portion of such tonsils should not be removed, for, on the slightest provocation, they take on inflammation. But until they are inflamed, they do not protrude sufficiently beyond the edges of the pillars of the fauces to allow of a neat and otherwise satisfactory operation. Operating during the acute attack seems justifiable and desirable in such cases.

How should the operation of Tonsillotomy be performed? Not with a bistoury, unless in the most exceptional cases. The dangers that belong to the operation are *the dangers of the bistoury*. There is an amount of dread on the part of the patient, and of anxiety on the part of the practitioner, which a suitable instrument reduces to a minimum. The instrument which to me seems vastly superior to all others is Mackenzie's Tonsillotome. It offers so many advantages that it seems to be almost perfect. It is strong; it can be kept sharp; it is easy to place in position; by it the amount to be excised can be definitely regulated by a practiced hand; it is swift of action; it acts as a gag to keep the mouth open; and it is free from the risk of causing serious hemorrhage, at least by opening the carotid. Velpeau reports four fatal cases from opening the carotid, but in all these the knife was used; and it has been asserted that it would be impossible to cut the carotid with Mackenzie's instrument. There are different sizes of the tonsillotome; but two, a very small one for children and a large one, will answer almost every purpose. Another advantage, and an important one, that may be claimed for this instrument is, that it cuts away the whole zone of tonsil

operated on, and does not leave a portion at the lower part to cause irritation, as other instruments are likely to do. The class of instrument represented by Fahnestock's seems to me too light.

In operating, in the case of children, some assistant, not necessarily a trained one, may help by pressing over the tonsils from without. In the case of the adult, he may do this for himself. When the tonsils are of the pale, tough, fibrous kind, a good deal of force in pushing home the cutting blade may be requisite, and a naturally strong hand is an advantage; but it is in just such cases the superiority of the instrument is shown most, for its weight, strength, and the other qualities it possesses all come into play. Usually there is not much hemorrhage. Occasionally the tonsil has become *adherent to the pillars*, and then as vessels may be cut in their length, there may be a little more blood lost. Should the bleeding continue, pieces of ice may be sucked, or ice-cold water held in the mouth. If these fail, then a strong solution of tannic acid may be tried, or, better still, pressure with cotton wool either simply moistened with cold water or with a solution of tannic acid. It is customary at the Golden Square Throat Hospital in London to give each patient, before he leaves the operating room, a saturated solution of tannic and gallic acid, to be sipped slowly if required by after hemorrhage. I never witnessed a case of severe hemorrhage from tonsillotomy at that hospital. The bistoury was never used in any of the numerous cases that came under my observation.

The function of the uvula is chiefly two-fold. First, to complete the soft palate as a curtain, which is to close perfectly the posterior nares; secondly, to prevent, in speech, involuntary vibration of the soft palate, which must necessarily interfere with good utterance. It follows that the uvula should never be cut away *close*. The amount to be removed may be regulated in each case by the rule: *To leave as much as would be there if the parts were natural.* This must depend on the size and general configuration of neighboring parts. When properly done, it is an operation causing so little actual pain, that it may often be desirable to perform it to facilitate further treatment of the throat or nose. An elongated uvula may be seriously in the

way of the use of a post-nasal douche or atomizer. For this operation, no instrument that has been devised seems to me to suit half so well as a *pair of forceps to hold the tip and a pair of scissors to snip off the excess.* My own method is briefly as follows: Placing the light (I use artificial light and the head mirror for all throat work) at such a height that my own hand will not obscure the view when operating. I seize the uvula by the tip with a long pair of forceps; having determined what proportion of the whole to remove, I then stretch the uvula to some extent, direct the scissors so as to cut squarely across, but somewhat upwards. The results are: less bleeding, because less tissue is cut through, and a pointed stump so like the natural in the most successful cases that the best trained eye could not decide that an operation had been performed at all. Unless the hemorrhage demands it, it is better to use nothing to arrest it, for all sorts of hæmostatics, even cold water, increase the soreness that sometimes follows this operation.

REPORT ON THE BRAINS OF RICHARDS AND O'ROURKE.

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(Read before the Medico-Chirurgical Society of Montreal.)

Although Benedikt's conclusions have been shown to be unwarranted, and we shall probably never be able, in a given collection of cerebra to pick out those which have belonged to criminals, still, a certain interest and value is attached to the examination of the brains of individuals who have rendered themselves notorious by the commission of great crimes.

I.—Richards, aged 52, a large, powerfully-built man, murdered a comrade in the Eastern Townships last summer. He was tried at Sweetsburg and condemned to be executed, but the evening before the appointed day he cut his throat with a small pen-knife. He appears to have been a thorough-going criminal, "smacking of every sin that has a name." Dr. H. LeRoy Fuller of Sweetsburg kindly sent the brain for examination, and furnished the following brief report of Richards:—"According

to his own statement, he has been a thief, a robber and a liar since ten years of age. A portion of his life was spent in the army, from which he had deserted, and bore the brand on the left side; was taken back and afterwards discharged as unfit from a moral point of view. About fourteen years of his life were spent in prison, and in addition to hard drinking, he was, according to his own account, much given to women. He may have had syphilis, though there were no external signs of it, nor had he any manifestation during the eight months that he was under my observation. While here he has been healthy, with the exception of an attack of diarrhœa and occasional frontal headaches. He had a scar at or near a point corresponding externally with the small spot of softening found on the frontal lobe. This, he said, was caused by the thrust of a bayonet."

Brain.— Organ weighed 47 ozs.; was well formed; hemispheres cover the cerebellum. Membranes and substance very anæmic. Membranes were normal: arachnoid a little opaque over the sulci. Vessels empty.

Fissures.—In right hemisphere, neither the fissure of Sylvius nor the fissure of Rolando joined contiguous ones, though a shallow groove connected the precentral with the latter. Both the retro- and pre-central were well marked; the latter was longer than the fissure of Rolando, and passed deep into the operculum. A short sulcus passing from the precentral fissure, split the hinder end of the superior frontal gyrus for 3 cm. The sup. frontal fissure was separted by a narrow bridge from the precentral fissure, and, anteriorly, sent three or four secondary sulci into the superior and middle gyri. The inferior frontal fissure was well marked, and had many secondary sulci. The interparietal fissure arose from the middle of the retro-central, and sent numerous secondary sulci into superior parietal lobule and angular convolution, joined the horizontal occipital, passed around the angular and united with the first temporal sulcus. Wernicke's fissure was marked. The temporal fissures were normal. On the median surface, the fissure of the corpus callosum passed deep into and had many secondary sulci in the precuneus; parieto-occipital and calcarine fissures were normal. On the left hemis

phere, the fissures of Rolando and Sylvius did not join contiguous ones. The superior and inferior frontal ran out from the pre-central, and were exceedingly well defined. The retro-central was separated by a very narrow bridge from the fissure of Sylvius, and had three deep branches in the superior parietal lobule, and a deep and wide fissure in the hinder part of parietal lobe, which joined the horizontal occipital. The fissure of the corpus callosum was interrupted about the middle of its course by a convolution uniting the gyrus fornicatus and the first frontal. The parieto-occipital and calcarine fissures were very deep, and ran to the sassura. Calcarine was normal. Wernicke's fissure was not marked.

Convolutions.—On the right hemisphere, the frontal gyri were well developed, the ascending was wide and large. The superior was split in its hinder part. The middle and inferior presented nothing special. The orbital gyri were normal. The ascending parietal was narrow. The other parietal and the occipital gyri presented nothing noteworthy. The gyrus fornicatus was narrow. There were five gyri in the insula. On the left hemisphere the ascending frontal was large; the superior, middle and inferior well defined, the first not divided; the middle ran out from the ascending, interrupting the pre-frontal fissure. In the parietal lobe, the ascending was isolated and well defined. The supra-marginal was large; the angular was much fissured. The first and second temporal gyri were divided by fissures, and there was a junction of the two by a narrow bridge. The gyrus fornicatus was split; precuneus well marked. There were five gyri in the insula. On the anterior angle of the third left frontal gyrus, just where it joins the orbital gyri, there was a superficial patch of softening, 1 by 1 cm., apparently hemorrhagic, involving the grey matter.

Summary.—The asymmetry between the convolutions and fissures of the hemispheres was very slight. The organ was not of the marked confluent fissure type. The secondary and cross sulci were not excessively developed. The majority of the convolutions were arranged in a normal and typical manner.

II.—O'Rourke, on the 20th of January, 1882, in the

county of Nelson, Ont., killed a farmer and his daughter, with whom he had quarrelled. He was an uneducated man, and had led an irregular life, going about as a day laborer. He had served two years in the Penitentiary for perjury. Dr. Freeman of Milton writes to me: "He had illusions, believed that he saw ghosts, particularly that of his mother and that of a late Dr. Ford. He was so timid that he required either a light in his room or somebody to sleep with him. The reading of murder trials to him was his greatest treat. He left the house of the Mahers in the morning with the most friendly feelings, went to an hotel and got three pints of whiskey; returning to the house about nine o'clock in the evening, he had some words with Maher and his daughter, and murdered them both with an axe, and attempted to kill the son on his return. He told the neighbors that young Maher had killed his father and sister, but when arrested in the morning he confessed. He was indifferent before and after the trial, and said a person had only once to die. He never expressed any remorse." Insanity was pleaded in his defence.

Brain.—Received in good condition from Mr. Freeman, medical student. Hemispheres symmetrical; they scarcely cover the cerebellum.

Frontal lobes.—Right side—The ascending branch of the Sylvian fissure passed up and formed a precentral fissure extending to within an inch of the longitudinal fissure, completely separating the 2nd and 3rd frontal gyri from the ascending frontal convolution. A short precentral fissure passed parallel to the upper half of the fissure of Rolando, and was then separated from the portion just described by the base of the second frontal gyrus. The first frontal fissure was well marked. A secondary fissure united it in the middle of its course with the lower prefrontal fissure, and divided the 2nd frontal gyrus into two portions. The second frontal fissure was well marked anteriorly. The first frontal gyrus was typical; the second was split in its posterior part, and, anteriorly, the lower division unites with the first frontal gyrus. The third convolution was small. The orbital surface was small, and showed only four radiate fissures. On the *left side*, a deep precentral fissure extended

across the hemisphere without interruptions. The first frontal fissure was well marked in the middle region, but did not extend into the præcentral. The second frontal fissure had many secondary branches. The ascending frontal gyrus was large. The first was typical; the second was much fissured, and, anteriorly, was partially divided into two. The third was normal. Orbital fissures and gyri presented nothing notable.

Parietal lobes.—Right side—Fissure of Sylvius was partially confluent by a shallow groove with the first temporal, and by a deeper one with the retro-central. The ascending branch passed far up into the frontal lobe. The fissure of Rolando was not confluent. From a deeply placed, small convolution in the middle of the parietal lobe, five fissures radiated; three passed down, of which the anterior formed a short retro-central fissure, which joined the Sylvian; the middle joined the first temporal; the posterior had two branches, one could not be traced owing to injury of the brain by the saw, and the other passed up and joined a fissure in the situation of the posterior part of a normal interparietal fissure. This lobe was much and irregularly fissured, and the supra-marginal, angular and superior parietal convolutions were greatly intersected. The retro-central gyrus was well developed. *Left side.*—Sylvian fissure was not confluent; fissure of Rolando normal. The retro-central was marked, and the inter-parietal passed out from it at right angles and back into the occipital lobe, but did not join any of its fissures. It had several secondary branches, which passed into the angular gyrus. The retro-central convolution was not so well marked on this side. A small triangular convolution separated it from the supra-marginal.

Temporo-sphenoidal lobes—In the removal both had suffered, particularly the right. So far as could be traced, the first temporal fissure joined the inter-parietal and also the Sylvian by a narrow groove. The third temporal fissure was marked, and joined the calcarine. The first convolution was large. On the left side, neither the first nor the second fissures were marked anteriorly, but vertical sulci divided the convolutions. The hinder part of the lobe was broken. The third was well marked, and joined the inferior occipital and Wernicke's fissures.

Occipital lobes.—The saw had passed through the lateral part of the lobes. On the right side there was a small Wernicke's fissure, which united with the horizontal occipital and (so far as could be made out) with the second temporal. On the left side Wernicke's fissure was very marked; it joined the third temporal.

Median surface.—Left hemisphere—Calloso-marginal fissure normal. Parieto-occipital deep, and extended an inch on the convex surface. The calcarine also passed over the margin. The continuation of these two passed to the scissura hippocampi. The collateral joined the calcarine by a deep fissure. The convolutions were normal. The precuneus was deeply fissured. On the right hemisphere, the calloso-marginal fissure passed far back, and was separated from the parieto-occipital by a narrow convolution. In its anterior half it was double; one branch fissured the gyrus fornicatus in the front part. An ascending portion formed the anterior boundary of the præcuneus. Parieto-occipital was deep and marked, and curved over the margin. The calcarine was not so well defined. The united fissure ran to the scissura hippocampi, and also joined the collateral by a deep sulcus. The gyrus fornicatus was split into two portions. The precuneus and the cuneus were much fissured. The cerebellum, pons and medulla presented nothing of note.

Summary.—The two hemispheres presented a marked asymmetry in the convolutions and sulci. There was no special degree of confluence of the fissures, with the exception of those of the right parietal lobe. In both frontal lobes there was a partial splitting of the 2nd frontal convolutions, and an approach to the type of four frontal convolutions. The secondary sulci and furrows were unusually abundant.

QUARTERLY RETROSPECT OF SURGERY.

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Mr. Charles Roberts, F.R.C.S., in an article in *London Lancet*, Sept. 10th, 1882, on "*Some Deformities of the Body incident to the Period of Girlhood*," remarks that Orthopœdic-

Surgery as a speciality is a great evil both to the profession and the public. The specialist who concentrates all his attention on a narrow field of study and practice is tempted to exaggerate its importance, and to analyse and disintegrate his facts till he loses sight of their relation to and dependence on each other; while, on the other hand, the general practitioner is disheartened and repelled by the apparent complication of the subject, and is induced to hand over to the specialist many cases which he is quite competent to treat, or, as is often the case, to undervalue the importance or deny the existence of many deformities. The author says no deformity of a child's body gives rise to so much alarm to parents, or is the subject of greater diversity of treatment among medical men, as lateral curvature of the spine, and, this is due he believes to an imperfect acquaintance with its origin. Specialists are accustomed to treat lateral curvature, knock-knee, and flat-floot as distinct deformities, while in truth tney are all links in the chain of one deformity. Mr. Roberts thinks in all cases lateral curvature is due to the loss of lateral balance of the body in the upright position, and is an effort of nature to maintain the centre of gravity of the body and support the head and shoulders in the position which requires the least expenditure of muscular effort. The paralysis, wasting, or loss of a limb, or shortening of one of the legs by disease of a joint, rickets, knock-knee, or flat-foot in growing children will produce lateral curvature, and these are its chief if not its only causes. He does not think it a deformity owing to general debility or to awkward sitting position. The curvature thus produced is antero-posterior or round-shoulder. It is almost peculiar to girls verging on puberty, is found in the strong and healthy as well as in the weak and delicate. It is less common among the labouring classes than among the rich and well to do. He is satisfied, after a careful examination of the subject, that acquired lateral curvature in girls is due to the change of position of the lower limbs resulting from the development of the pelvis from the infantile to the female type a year or two before the accession of puberty. At puberty the knees in women are brought closer together, and the peculiarity in her gait in running is due to the fact that she has to move her knees round

each other and to throw the feet in a succession of small semi-circles. A little additional strain will convert this condition into knock-knee, and by throwing the weight on the inner ankle the arch of the foot is quickly broken down and flat-foot is produced. This deformity is exceedingly common among women, and a French *savant* has lately quoted it as a proof of the physical inferiority of woman to man. To a slight extent flat-foot may exist in all women, and Mr. Roberts suggests that it may be Nature's plan to promote what anthropologists call marriage by capture. To a large extent, however, flat-foot is the result of civilization, and he says that the highly arched in-step and the everted foot are peculiar to civilized peoples. Both conditions owe their existence to the wasting of the muscles which flex the toes and foot by the constant use of tight shoes. It is owing to this that Europeans have small ankles and large calves, of which they are so proud. High heels also assist in producing this deformity by removing the centre of gravity forwards. In treating deformities of the spine and legs incident to healthy girls, it is obvious, says Mr. Roberts, that attention must be directed, in the first instance, to correcting the deformed knees and feet. On the very first signs of the arch of the foot giving way, the girl should wear flat-soled well-fitting boots with India rubber or felt pads inside to support the arch, and special exercises favourable to the development of the flexor muscles should be undertaken. Support to the arch of the foot prevents knock-knee and lateral curvature. If knock-knee should come on, it can be corrected by the temporary application of long splints, especially in bed at nights. No apparatus is necessary for the curvature of the spine in its earlier stages, as it will disappear on restoring the lateral balance of the body. Much walking and standing should be avoided and short but vigorous gymnastic exercises substituted, and, when possible, the recumbent position assumed. Sitting on the ground or on a sofa in the cross-legged Oriental position serves to expand the pelvis, evert the knees and invert the ankles and counteract all deformities, while sitting on chairs with the legs crossed, directly favours them.

This very interesting article of Mr. Roberts is full of most useful ideas, and should be read carefully in the original by every practitioner interested in the health of the female sex—but, like all men with a hobby, Mr. Roberts rides it to death. That all cases of lateral curvature are due to flat-foot is rather a sweeping assertion, and, as far as my experience goes, not an exactly correct one. If flat-foot produces lateral curvature, and lateral curvature is more frequently seen in the well to do classes than in the labouring classes, how does it happen that flat-foot is so frequently seen in the labouring classes? In my experience it is more common in these, and this I hold is due to their often being compelled to carry weights about the age of puberty when the ligaments are relaxed, the system taxed by the momentous changes going on at that time, and the feet having to carry increased weight. How is it, again, we do not see lateral curvature in boys, yet flat-foot is not uncommon among them? Anatomists have always held that the large calf in European races is due to the less prominent os calcis requiring more leverage power and so more powerful muscles, and the slender calf in dark races is due to prolonged heel requiring the less leverage and not so powerful muscles—thus there is always a constant relation between the size of the calf of the leg and the length of the heel. The highly arched instep is not peculiar to civilized people. The North American Indian, as is well known, has a very high arched instep: although, as a rule, he does not go bare-foot, still the play of the muscles is not interfered with by the mocassin he wears to protect his feet.

On the Treatment of Glandular Inflammation.—It is now four years since Kapesser (an army surgeon in Darmstadt) described his method of treating glandular inflammation by the inunction of soft soap. One of the first observations he made was in the case of a badly nourished scrofulous little girl, whose neck was immensely swollen and discharged copiously fœtid pus from 6 to 8 fistulous openings, there was also corneal ulceration, and no improvement by previous treatment. Recollecting a case in which, by ordering inunction of soft soap for scabies, the phenomena of scrofula disappeared together with the scabies,

Kapesser adopted this method again with such success, that in four weeks the unsightly swellings had been reduced to a few small easily movable glands about the neck, and the inflammation of the eye had subsided, leaving only slight haziness of the cornea. When the treatment was discontinued, the child returned to its bad condition, and when treatment was resumed improvement rapidly followed. Recently Kapesser has gone a step further, and treated phthisical patients with pleuritic exudations, hæmoptysis, night sweats, &c., in a similar manner, with the result of cessation of the pathological processes, increase of body weight and return of the capacity for work.

Beetz, who used this method in Von Ziemssen's clinic at Erlangen in 1873, can corroborate Kapesser's observations. In addition to scrofulous tumors, he has used it in the lymphadenitis of adults, and finally in every case of subcutaneous inflammation, using different preparations of soap as the case required. He says a whitlow, if not already too far advanced, yields very promptly to the influence of warm applications of spiritus saponis viridis (a solution of two ounces of soft soap in one ounce of alcohol). But one of the most satisfactory of affections to treat is bubo, and since Beetz has introduced his treatment, he has never found it necessary to treat buboes otherwise. For the last nine years his treatment has been as follows:—For chronic glandular indurations or abcesses in places in which it is difficult to apply dressings, he uses inunctions in the evening with green soap which is washed away the next morning, and repeated during three or four days with a subsequent interval of a day or more according to the sensitiveness of the skin. For acute glandular inflammations, whitlows, and abcesses in easily accessible positions, linen rags are steeped in spirits of green soap, applied to the part and covered with gutta percha tissue, these must be accurately applied by the surgeon, and not left for the patient to apply himself, there will be no tedious suppuration by this process; a very small abscess may form in a bubo thus treated, but there will be no trouble in walking. Hausmann and Kohlmanns speak even more strongly than Beetz. Kohlmanns reports cures of cases of

caries of the sternum and tarsal bones by the inunction of soap rubbed in twice a week in the evening. Soft soap cleans the skin by being split up into acid and basic salts by abundance of water. The excess of alkali in these salts combines with the fat of the skin, forming soaps which can be washed off by water. The caustic potash softens the skin and acts better when in the form of a fomentation, the tension of the surrounding parts is relaxed, blood-stasis does not go on to diapedesis of the white corpuscles. Sinitzins has shown that in addition to softening the skin, soft soap dilates the blood-vessels and thus checks the inflammation, the spot in which there is most pus has not the tension around it as before, and the pus can easily push through the softened corium (*London Med. Record*, Aug. 1882). Prof. Senator considers that amid the many new remedies introduced, some of the old have fallen undeservedly into disuse, among these especially soft soap (*Berl. Klin. Woch.*, No. 38, 1882). He has used inunction of soft soap in numerous cases with most distinct benefit, viz., in chronic non-scrofulous glandular swellings, indolent syphilitic glandular swellings, and in serous exudations, including the exudations in synovial cavities. He cannot come to a definite conclusion as to the *rationale* of the action, whether it is the massage employed, or the irritation produced, or the alkali absorbed, but the fact of the increased absorption under this treatment he considers undoubted (*London Med. Record*, Oct. 1882.)

The treatment of skin diseases by the inunction of soft soap, was a favorite one of the late Prof. Hebra of Vienna. I have been much pleased with the success of this mode of treating glandular enlargements, and, in the few cases I have tried it, have been amazed at the rapidity with which inflamed and indurated glands disappear.

Prof. Von Nussbaum, in cases of lymphatic swellings of the neck, after incision and evacuation of the pus, introduces iodoform freely into the wound with successful result. The iodoform has both a chemical and mechanical effect, setting up a local inflammation and inducing granulation of callous tissue. The iodoform should always be used as a coarse powder (*London Med. Record*, Nov. 1882).

I have found that painting lymphatic swellings with iodoform dissolved in flexile collodion (1 to 10) as recommended by Mr. Lennox Browne an excellent method. Two months ago a woman with greatly enlarged glands of the neck came to the General Hospital and was thus treated, the solution being painted on daily, after three weeks the glands were reduced by more than one half, in two weeks more there were only three or four glands to be felt, and these were not much larger than marbles.

New Antiseptics. Peat Dressings.—Prof. Esmarch has lately, at the suggestion of Dr. Neuber, used in his hospital at Kiel, bags of peat-dust impregnated with an antiseptic; a small bag is placed over the wound and over this a larger bag is abjusted. These bags are retained in place by a gauze bandage, of late, however, Dr. Neuber has been using glass bandages. The first or smaller bag is filled with peat-dust impregnated with $2\frac{1}{2}$ per cent. of iodoform, and the larger or outer bag is filled with peat-dust soaked in a 5 p.c. carbolic solution. Such a dressing may remain undisturbed for from several days up to two weeks. Prof. Esmarch has used this dressing in fifty-five cases, among which were included seven resections and osteotomies, five amputations, twelve extirpations of tumours, and two herniotomies. The results are said to be most satisfactory. In only five cases was it necessary to remove the dressings. There was one death in a case of tabes dorsalis, where the operation of nerve stretching was followed by pyæmia. The advantages of the mould are that it is inexpensive, a powerful absorbent of gases and liquids, and that it checks decomposition. —*Lancet* and *Brit. Med. Journal.*

Naphthalin.—Owing to the numerous cases of poisoning which have followed the use of iodoform in German and Russian hospitals, a less dangerous substance is being sought for. Fischer & Djankonow recommend Naphthalin. They say it requires a less complicated apparatus and manipulation than other substances used in dressing, and is very much cheaper. Naphthalin a hydro-carbon, with the formula $\frac{C}{10}\frac{H}{8}$, is formed in large quantities in the distillation of coal and is found in heavy oils and coal tar. It is not soluble in acid or alkaline solutions,

nor in the secretion from wounds. It is freely soluble in cold ether, in warm alcohol, and strong sulphuric acid. Fischer first used these Naphthalin dressings in Strasburg, and came to the conclusion that it was a powerful antiseptic. It is a useful disinfectant for sick rooms, closets, &c. Djankonow has used it extensively and found it most useful in unhealthy granulating wounds and ulcers. The wound is first saturated with a 3 p.c. solution of chloride of zinc and then wool, dipped in Naphthalin, is laid on the wound and a bandage applied over it, then another layer of wool covered by oiled silk and lastly another bandage. Dr. Djankonow particularly recommends Naphthalin dressings for surgeons, who like himself, have to treat patients in hospitals deficient in funds and with an insufficient supply of nurses. —*Brit. Med. Journal*, Nov. 25th, 1882.

Oxide of Hydrogen.—This has of late been much used in France. M. Pean operates in an atmosphere of oxygenated water, instead of carbolic acid. M. Baldy employs gauze and wool soaked in the peroxide. It has been successfully used by ophthalmologists, and many French surgeons use it for washing and dressing ulcers and abcesses. It was first (New York *Medical Record*, January 6th, 1883) introduced by Mr. C. G. Kingsett of London, in 1876. Much is hoped for it as an inhalation in pulmonary troubles.

Cholecystotomy and Floating Kidney.—Abdominal surgery is still making progress, in fact, we are only now realizing what great possibilities there are in this field of surgery. The whole or part of every organ in this cavity has been at one time or other removed, with one exception, viz, the pancreas. Mr. Lawson Tait (*Lancet*, Nov. 18th, 1882), has reported his third and fourth cases of incision of the gall bladder. The third case, a lady, aged 28, was by many eminent men, (whose names, with questionable taste he mentions), diagnosed as a case of floating kidney, but Mr. Lawson Tait has "no belief in its (floating kidney) existence as a pathological incident," having never seen such a thing, either in life or a museum, or never having met any one who has. Without difficulty he made the diagnosis of gall-bladder, distended by occlusion of the duct by a calculus.

He opened the abdomen over the tumour by a vertical incision, and came at once on the distended gall-bladder, and removed a pint of glairy mucus from it with an aspirator, then laid it open and took out 80 gall stones. The aperture in the gall-bladder was then stitched to the wound in the abdominal wall, and the peritoneum carefully closed and a drainage tube left in the gall-bladder. The patient's recovery was uninterrupted and in three weeks only a small sinus was left, the patient having gained flesh and being free from pain. No antiseptics were used.

The fourth case was similar to the last; a tumour could be occasionally seen in the position of the gall-bladder, and the woman (age 37), suffered intermittingly from severe attacks of colic. On cutting down and opening the gall-bladder, 16 gall stones were removed. The drainage tube was taken out on the fourth day, and in ten days the wound was almost healed.

Mr. Tait's opinion with regard to the occurence of floating kidneys is, to say the least, remarkable. I have certainly seen them in *post-mortem* examinations, and numberless cases of their removal or fixation are on record. The last case of fixation is reported by Dr. Weir in the New York *Medical Journal* of Feb. 17th, 1883. Landau (1881) reports 314 cases. Dr. Harris of Philadelphia tabulates 18 cases of nephrectomy for the relief of symptoms due to displaced kidney.

Dr. Wm. M. Polk, (New York *Medical Record*, Feb. 17th, 1883), reports an interesting case of *Removal of a Congenitally Displaced Kidney*, (in a girl age 19), which was felt in the left iliac fossa and caused such severe pain that it was necessary to keep her under morphia. The kidney was successfully removed and the patient lived eleven days. She passed no urine after the operation. The *post-mortem* examination revealed the sad fact that her *only* kidney had been removed. There was also absence of the vagina and uterus. This had been diagnosed before the operation.

Extirpation of the Gall-Bladder.—Dr. Carl Langenbuch, (*Berlin Klin. Woch.*, Nov. 1880), has indicated a method, (illustrated by a successful case) of *extirpation of the gall-blad-*

der. An incision is made in the right hypochondrium parallel to the lower border of the liver, and joined by a second incision running along the outer border of the right abdominal rectus muscle. The abdominal cavity being thus opened the transverse colon and small intestines are pushed aside by a large sponge and the liver elevated, so as to bring the hepatico-duodenal ligament into prominence. The gall-bladder is then easily separated from the liver by a few strokes of the knife, and the cystic duct laid free and ligated in two places with silk threads; catgut should not be employed. After removal of the gall-bladder, the wound in the abdomen is closed and the operation completed. Strict antiseptic precautions employed. The case in which this procedure was practised, was that of a man aged 43, who for fifteen years suffered from calculous formations in the gall-bladder, healing was completed in two weeks, since then his general health has greatly improved and he has gained 15 lbs. in six weeks. He has no pain and has entirely given up the use of morphia, which before the operation, had been constantly employed in large quantities.—*American Journal of Medical Sciences*, Jan., 1883.

Total Excision of the Sternum.—At the recent Congress of German Naturalists, at Eisenach, Prof. Kœnig reported a case in which a woman had been treated by several physicians, for more than two years, for a sternal tumour which, without being excessively painful, gave great uneasiness from its steady increase in size. The tumour was as large as a child's fist, was moderately hard and clearly arose from the sternum, and passed laterally into the ribs. It was sarcomatous in nature. It was decided to remove the sternum after experimenting on rabbits. The operation consisted first in the division of each rib near the sternum. A slight opening was made in the right pleura, and on further dissecting it was found that the pericardium was adherent to the tumour, and it was accidentally torn, as was also the left pleura. In spite of these openings the patient was only dyspnœic for a few moments. The wound was then closed after the removal of the sternum and dressed with iodoform. The dressing was not disturbed for 12 days, when it was found

that part of the skin had sloughed, and that the heart was bathed in pus. Improvement was steady, and the patient was shown to the Congress with the wound quite healed. (*All. Wiener Med. Zeit.*, Sept. 1882; quoted in *American Jour. Med. Sciences*, January 1883.) This is a remarkable operation, and the successful result makes it justifiable; but another European surgeon, who lately extirpated a portion of lung for phthisis and lost his patient, has been much criticised, and the operation is now being made the subject of a judicial investigation.

Amputation at the Hip Joint.—Notwithstanding the very great advances made of late years in operative surgery, this operation is still a very fatal one, and one which the surgeon undertakes only after the most careful consideration. The control of hemorrhage is still the chief difficulty. Davy's lever, it was thought at one time, would make the operation an almost bloodless one, and therefore lessen the risk. But of late two fatal cases have been reported, death being due to peritonitis. On post-mortem examination it was found that the lever had torn through the rectum and perforated the periteneum. In the last fatal case Mr. Davy himself was the one who manipulated the lever. The right side artery was compressed. As the rectum lies to the left side of the pelvis, in passing the lever up the rectum to compress the right common iliac artery, the bowel would have to be put considerably on the stretch, and so the risk of rupture would be much greater than if the left artery had to be compressed. These cases have destroyed the confidence of the profession in the usefulness of the lever, at least for compressing the right iliac artery. It may still probably be used with safety to compress the left iliac artery.

Dr. MacLaren (*Brit. Med. Journal*, Jany. 27, 1883) reports a successful case of amputation of the hip for necrosis of the femur in a child six years and eight months old. Mr. Furneaux Jordan's method was employed; that is dissecting out the thigh bone by a vertical incision, and making the circular incision through the soft parts some distance down. Davy's lever was used to compress the right iliac artery, and answered admirably,

hardly any blood being lost. This is Dr. MacLaren's fourth case, with one death.

Mr. Lewis Marshall (*Brit. Med. Jour.*, Oct. 1883) reports four cases of amputation at the hip by Mr. Furneaux Jordan's method. All were in children—two aged seven, one aged five, and one aged two years and five months. In all, the fingers were used to compress the femoral. No more than two vessels were ligatured in any instance. Two drachms would represent the maximum blood loss. Catgut ligatures were used, and the wounds dressed with carbolic oil and lint. One case died three months after the operation from visceral lesions. Mr. Marshall fully agrees with Mr. Jordan that in this method of operating there is less shock, less hemorrhage and less opportunity for septic infection. The vessels cut are more easily dealt with. It should only be employed where the soft parts are intact. Mr. Jordan holds the danger is much less when the femur is enucleated and the soft parts cut across at some distance from the hip joint and where they are smaller. The stump, though at first flaccid and limp, soon retracts. Mr. Marshall says his chief object in bringing these cases forward is to call attention to the somewhat tardy manner this method has been adopted by the profession, while all the London surgeons are endeavouring to find means of arresting hemorrhage from the posterior flap, they never even give this method, in which wounding of the gluteal vessels is altogether avoided, a trial. [Mr. Jordan's method is fully described in his book on "Surgical Inquiries," and in the *Lancet* of March 23, 1879.]

Mr. Shuter, at a late meeting of the Clinical Society in London (*Brit. Med. Jour.*, Feb. 17, 1883), reports a case of subperiosteal amputation at the hip, performed after Jordan's method. The patient recovered, with new bone in the stump. When shown to the Society, he could walk easily by means of an artificial limb which was attached to the stump.

Dr. R. Varick (*Am. Jour. of Med. Sci.*, Oct. 1882) reports a case of amputation of the hip joint, with recovery, Trendelenburg's method of controlling hemorrhage being resorted to. The method is as follows: A steel rod is passed obliquely through

the soft parts between the femur and the femoral artery, coming out at the fold of the scrotum. An elastic band or tube is now wound in figure of eight fashion round the ends of the rod passing in front of the thigh, the knife is then introduced and the anterior flap formed. Having ligated the vessels and removed the compressing band and rod, the femur is next disarticulated, and the posterior flap formed in like manner. Dr. Varick says this is the first operation performed in this way in America. It was done for a case of compound fracture of the right leg and thigh, with considerable laceration of the soft parts.

Question as to Amputation.—Mr. Wm. S. Savory, F.R.S., in a short paper (*Lancet*, Jan. 6, 1883) remarks that perhaps in no case is the judgment of the surgeon more severely taxed than when he is called on to decide the question of amputation in an injury to a limb. Mr. Savory says, in endeavouring to form a judgment in such cases one has to consider, first of all, whether the injury is greater than the operation for its removal. If the injury be greater, then of course amputation should not be thought of. Secondly, if operation be decided on, is the chance of recovery from the operation so much greater as to cover the risk from the second shock which the operation would necessarily cause? It was formerly held that less risk to life is incurred by operating immediately after the injury than at a remote period; but Mr. Savory thinks that opinion on this question has gradually changed, owing to the different experience civil surgeons have had from military, who always advocated primary amputations. In attempting to save a limb, we should consider "whether it is worth while, for the prospect of such future use in the limb that might remain to him, for a man to run, in order to preserve it, any additional risk of his life, and if so, to what extent?" With regard to secondary amputations he says: "Secondary amputations are more favorable than primary ones when there is a choice of time—that is, when we can afford to wait till the temperature and other signs of general disturbance have subsided; but secondary amputations are less favorable than primary if the operation is forced upon us at a period in the case when a high degree of fever still prevails.

Herein, too, lies the difference in the prospect between secondary amputation after injury and amputation in disease, for in the latter case there is almost always a choice of time."

In the *Lancet* of Feb. 3rd, 1883, Mr. Savory, when speaking of *Symes' Amputation*, says the tendency of surgeons of the present day is to make the incision in the sole of the foot obliquely backwards at the expense of the flap, and thus lose a considerable portion of the thick integument of this region, which makes such a capital pad. This change is due to the fact that the further back the surgeon goes in his incision, the less difficulty he will have in dissecting off the integument from the heel. But this difficulty may be overcome, after making the incisions, by opening the joint and working from above down. The dissection is thus rendered comparatively easy, and there is no danger of scoring the flap. I have seen this method of dissecting off the heel-flap performed many times in Germany, and have taught it in my operative surgery class for the last six years. In addition to the method of dissecting the flap, the incision for the heel flap in Vienna is always commenced by making a transverse incision on the plantar surface of the heel, as far forwards as the line of the tip of the external malleolus, and then extending the incision to the required point on each side. In this way there is no temptation to sacrifice the heel flap. In the same article, Mr. Savory, in speaking on *Ligature of Arteries in their continuity*, condemns the present practice of, after making the preliminary incisions, laying aside the knife and then endeavoring to expose the artery by tearing through the intervening tissues with a director. He points out that it is almost impossible to avoid bruising the artery or vein, or to make a clean and satisfactory isolation of the artery by this plan, and prefers the old-fashioned method of using the knife to expose the artery. He has never seen the artery cut by the knife, even when it has been used freely in awkward hands, but has seen the artery injured on the living and dead by the abuse of the director. Mr. Savory also prefers carrying the needle round the artery without the ligature, and passing the thread through it afterwards.

Treatment of Frost-bite.—Dr. Lapatin of Tiflis makes known

a remedy which, he says, never fails, if mortification has not set in (*Phila. Med. Rep.*, Oct., 1882). This is Balsam of Copaiba. It should be spread thickly on a piece of muslin or linen, and the affected parts covered with it during the night, a stocking being put over the whole. In daytime some balsam is merely spread over the parts. After one or two applications, the redness and pain cease, and a few more not only remove every sequelæ, but seem to impart to the surface a remarkably increased resistance against frost-bite, if common precautions are used. I have employed this in one case, but as the patient never returned to hospital, I cannot give the result.

Treatment of Soft Chancres and Buboes.—Antier states that salicylic acid is highly efficacious as an application to soft chancres and buboes. It is odorless, only slightly painful in its application, soluble in alcohol and glycerine, and leaves no stain upon linen. (*Practitioner*, Feb'y, 1883.) This application might be of use in those cases of chancres where iodoform appears to irritate, or where the odor is objected to.

Surgical Treatment of Mammary Tumors.—Surgeons are beginning to lose confidence in the method of removing cancerous mammary glands which has lately been in vogue. The dissecting out of the gland neatly, and sewing up the skin so that healing takes place by first intention, and the patient discharged cured in 10 to 15 days, is all very well for the time, but is it the safest method? and is the disease wholly extirpated? I think not, as a rule, judging from the time that elapses between the operation and the fatal issue. A surgeon, perhaps, reports 20 or 30 cases of excision of cancerous mammæ, and glories in the fact that in all, union was by first intention, and that the average time each patient was under treatment was only, say, two weeks; but he does not write a sequel, telling us of the condition of these same patients a year or two after. The tendency of surgeons of the present day is to report cases or series of cases too soon after operation, and the final result is rarely published. One can easily see what fallacies we may fall into by adopting such methods, and how little benefit these hastily prepared papers are to the community. Dr. Mitchell Banks (*Brit. Medical Jour.*,

Dec. 9, '82), asserts that surgeons, as a rule, do not remove cancers of the breast; they persuade patients that they do, and almost persuade themselves. He says if we look at the surgical works of a hundred and fifty to two hundred years ago, the true method of removing a cancerous breast will be found. The breast was laid hold of with great cutting pincers, and having been cut clean off, the raw surface was rubbed over with a red-hot poker. Dr. Banks advises that if the cancerous lump be deep, then some of the skin at the margins of the breast may be kept; but, if any part of the skin be involved, then a circle should be drawn round the breast, and it should be cut clean off without the remotest regard to flaps or coverings of any kind. The breast wound being settled, the incision should be carried into the axilla about an inch below the margin of the great pectoral muscle, and all the glands removed, whether enlarged or not. He has come to the conclusion that, *in every case where the breast is removed, the axilla should be cleaned out as a necessary accompaniment.* The one operation is useless without the other. As you cannot tell whether the glands are diseased or not, remove them and dissipate the doubt. Dr. Banks has records of 46 cases, with 6 deaths; he admits this is a serious mortality (13 per cent.), but adds that if the operation is to be of any service at all, it cannot be otherwise than a serious one. Five cases died of septicæmia and erysipelas, and one of bronchitis. All the fatal cases were from 44 to 67 years of age, and they died from three to six weeks after the operation. In 11 cases the patients died from recurrence of the disease in from 3 to 12 months. Three cases died from one year and two months to two years after the operation from other diseases. Ten cases are still alive without return, in whom the operation has been performed 2 to 10 years, and three are alive on whom the operation has been performed one to two years. Nine cases on whom the operation was performed within the year are not tabulated, and one case has been lost sight of. Dr. Banks thinks if going to reappear, it will generally do so under 18 months. Gross says if the patient lives three years, the probability is that it will not recur, and the author agrees with him, and adds that it is a perfect de-

lusion that the operation prolongs life even if the disease reappears. Although Dr. Banks usually practises Listerism, he does not do so in these cases, because he says the spray seriously lowers the temperature and vitality of the patient on account of the exposed condition of the upper part of the body for the 30 or 40 minutes which this operation should take. He contents himself with simply washing the wound well with carbolic lotion.

Prof. McLane Tiffinay (*Maryland Med. Journal*, Jan., '83) reports 30 cases of mammary tumors operated on by him during the last eight and a-half years, only about half being malignant. Twenty-seven cases were in whites and only three in mulattoes. He remarks that mammary tumor in the full-blooded negro is extremely rare. In all the cases the tumor was excised, and all recovered from the operation. Many have since been lost sight of, but of the cases of malignant tumors, one is alive four years after operation, without recurrence, and one case the disease returned four years and a half after operation. The growth was a second time removed, and patient continues well to the present time. Dr. Tiffinay is a strong advocate for removal of all the glands in the axilla in cases of carcinoma, even if they do not appear diseased to the naked eye. He also agrees with Gross in thinking that union by first intention after operation is not so much to be considered as the free removal of the disease.

Dr. Sprengel (*Archiv f. Klin. Chir.*, 1882) has carefully analyzed 131 cases of mammary cancer operated on in Volkmann's Klinik from 1874 to '78; 112 were married, 8 of whom had never borne children. Of 98 cases, 21 had mastitis once, four more than once, and in four both mammæ had been inflamed. Sprengel concludes that puerperal mastitis most often predisposes to mammary cancer. In 44 cases, traumatism was alleged as the cause, but Sprengel says this must be accepted with reserve. There was a clear history of heredity in 109 cases. The tumor affected the right breast 56 times, and the left 75. It is stated that the carcinomata developing in immediate connection with pregnancy and lactation ran a peculiarly malignant course. The skin was always involved earlier than the muscular tissue. The rule that the entire gland should be removed was only twice de-

parted from. The results of 131 cases, with 200 operations (including secondary operations), were 10 deaths—one from shock, two from embolism of the lungs, one from hæmatemesis, one gangrene, one erysipelas, and four from septicæmia. Recurrence took place most often within six months of the operation; 15 cases are reported cured, 13 remain free three years after the operation, and of the other two, one died of cancer of the opposite breast and one of a tumor entirely distinct from the original disease three years after operation. In 29 cases where the axillary glands were not involved, six were cured; but of 102 cases where the glands were affected, only nine had a like favorable result.—*Centralblatt f. Chir.*, July, 1882.

These results are not very encouraging to the operating surgeon; still, if even 10 per cent. recover, the operation is quite justifiable, though no doubt, while some lives are saved by the operation, others are considerably shortened. Mr. Banks had 10 out of 46 cases operated on by the method of removal of the whole breast and axilla living from two to ten years after, which is a considerably better result. However, in Volkmann's cases, the ones living since being operated on in 1878 are not included in his list.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

SURGICAL CASES UNDER THE CARE OF DR. RODDICK.

Two Cases of Stone in the Bladder—Lateral Lithotomy—Recovery.—Reported by DR. T. N. MCLEAN, House Surgeon.

Clinical Clerk and Dresser, Mr. J. C. Bowser.

CASE I.—George T., æt. 6, was admitted into hospital March 9, 1882, suffering from pain over pubes and in perineum; also incontinence of urine. Patient is a well nourished, healthy looking boy. Has always been very healthy till two years ago, when present trouble began. Parents say that during past two years he has never passed his urine in a stream, but it constantly dribbles away. Clothing is always wet. Suffers from

very severe pain in perineum and in hypogostric region. When the pain is very severe he lies on his face and draws on the penis; wakes up with these pains two or three times every night. And during the day jumping and tumbling about always brings on an attack. Has never complained of pain in point of penis; no history of renal colic. Never passed any blood; never suffered from retention of urine, nor prolapse of rectum. Prepuce is very much elongated. As he lies in bed one notices a few drops of urine pass from penis every two or three minutes. Comes away in this manner all the time.

Feb. 10*th.*—Was etherized to-day and a sound passed, when a large, hard, rough stone was felt. To have castor oil to-night followed by an enema in the morning.

11*th.*—Patient was etherized to-day, when Dr. Roddick, assisted by Drs. Fenwick, Ross and Shepherd, proceeded to do a lateral lithotomy. Operation was not complicated: no hemorrhage. A stone weighing fifty-seven grains was removed, which was very rough and hard, consisting wholly of uric acid. Patient was put to bed, and a sponge soaked in a warm solution of carbolic acid was applied to the wound. No tube left in the wound. 8 *p.m.*—Is feeling very comfortable; no hemorrhage; urine is passing through the wound.

12*th.*—Rested fairly well. Very little pain. T. 99°F, last night 99½°F, this morning pulse 100. Urine is coming away nicely through the wound; sponge was changed about every three hours.

13*th.*—T. 102°F this morning; pulse 110. Complains of pain over region of the bladder, which is very tender. Urine has not been passing through the wound since midnight. Bladder appears to be slightly distended. Ether was administered and a gum-elastic catheter was passed through the wound into the bladder, followed by the introduction of the little finger, the intention being to re-open the wound thoroughly; to have hot poultices applied over the region of the bladder. 8 *p.m.*—Feels much more comfortable, urine is passing through the wound.

14*th.*—Wound is closed up this morning again. A small amount of urine passed through the urethra this morning. A

gum-elastic catheter was passed through the wound again, to re-open it. Surface of wound looks very unhealthy; is covered by a dirty greyish diphtheritic looking membrane. No discoloration or thickening around the wound. Tenderness over region of bladder is much less to-day. T. 102½°F, pulse 118. To have wound washed, every four hours, with acid carbolic ʒss, glycerine ʒi. Iron to be given internally.

16*th*.—Is feeling much better to-day. T. 98½°F; pulse 118. Hypogastric tenderness all gone; poultices discontinued; urine is passing through the urethra now. Surface of wound looks much healthier. To be dressed with iodoform.

Patient made an excellent recovery. Incontinence of urine and pain all disappeared. Left hospital Dec. 14, 1882.

Clinical Clerk and Dresser, Mr. E. S. Wood.

Case II.—Allan M., aged 20, farmer, was admitted into hospital Jan. 26, 1883, complaining of severe pain in perineum, and frequent micturition, which has troubled him since he was five years of age. Patient is a well developed, healthy looking young man. Has always been quite healthy till present trouble began, which was fifteen years ago. Says he has to get up three or four times every night to micturate, and very often during the day. Has always suffered from pain in point of penis after micturition; stream often stops suddenly; often notices that he passes a small amount of blood, especially after exercise. Pain in hypogastric region and in perineum is often very severe, especially after riding in a wagon or on horseback. When his pain is so severe, he says he lies on his stomach which relieves him. Has never had any prolapse of rectum; no history of renal colic. To have castor oil to-night, followed by an enema in the morning.

Jan. 27*th*.—Was etherized and sounded to-day, when a large, hard, rough stone was felt.

31*st*.—To have castor oil to-night, followed by an enema in the morning.

Feb. 1*st*.—Ether was administered to-day, when Dr. Roddick, assisted by Drs. Fenwick and Shepherd, performed lateral

lithotomy, and removed a hard, rough stone, as large as a hen's egg, weighing nine drachms. Stone was composed entirely of oxalate of lime. Operation was not complicated. There was slight oozing, but it was easily counteracted by applying hot water to wound. A silver tube was passed through the wound into the bladder, and retained to drain off the urine. To have a hot carbolized sponge applied to wound, and internally to have Tr. Aconite (B.P.) ♏v; 2 q.h. 8 *p.m.*—Complains of pain; no hemorrhage. Gave Liq. opii sed. ♏x hypodermically.

2*nd.*—Slept well all night. Feels very comfortable this morning. No pain; no hemorrhage. T. 100°F last night, and 101°F this morning; pulse 80. Tube was taken out, thoroughly cleansed and re-introduced. Urine draws away nicely.

3*rd.*—Had a very good night. T. 102° last night, 98° this morning. Aconite to be discontinued.

5*th.*—Tube removed to-day, wound looks quite healthy. Says he has not been so free from pain for years. T. 98°F; pulse 80.

12*th.*—Passes his urine through the urethra without any pain, occasionally a drop or two passes through the wound. Wound to be dressed with iodoform.

18*th.*—Feels quite better; wound is almost all healed. To have his clothes to-day.

21*st.*—Discharged cured.

Remarks by Dr. Roddick.—It will be noticed in connection with the first case that much trouble resulted from too rapid closure of the wound, and from the presence doubtless of blood clot. This I have known to occur in more than one of my previous cases, causing troublesome retention and feverish symptoms. In the second case, however, these were obviated by the introduction of a tube, and I am disposed to think that the latter is, in all cases, the safer practice. The occurrence of diphtheritic exudation on the wound in the first case is also a point of some clinical interest, as well as its rapid disappearance under the treatment ordinarily adopted in the hospital for diphtheria. It might be mentioned that several cases of the disease were under treatment in the hospital at the time.

MEDICAL CASE UNDER CARE OF DR. ROSS.

Syphiloma of the Brain—Hæmiparesis and Clonic Spasms—Choked Disc—Rapid Improvement.—Reported by Dr. J. A. MacDonald, House Physician.

H. B., aged 52, admitted Dec. 12, 1882, complaining of severe headache in the left frontal region, with some weakness of right side. Present trouble began with headache about one year ago. At first the headaches were not severe, and he was able to be about his work. In June last, headache so severe that he had to give up work, and spend most of time in bed. Headache always worse at night, and about this time he suffered from noises in the ears and beginning failure of sight. Was under medical treatment, and at the end of three months was so far improved as to be about his work again, but still suffered from his head. On Oct. 29th, while going down stairs, became dizzy and fell a few steps; was seized with what from his description was probably an attack of clonic spasms of right side; did not loose consciousness; spasms lasted three hours. Next day he was able to walk, but from that time his right arm and leg were weak. On Nov. 26th had another attack of spasms of right side. After this attack side was weaker, but was still able to walk. On Dec. 9th another attack of spasms, and since then walked very badly, and finds that besides weakness of right arm there is some inco-ordination. Has never been free from headache, but not so severe as he had in the summer; always worse at night, and usually confined to left frontal region. No pain or abnormal sensations in extremities. No history of syphilis.

Patient is a rather aged-looking man. Marked arcus senilis. Left eye blind, due to some old corneal affection; stands with difficulty, and if not supported is inclined to stagger backward; it is not more difficult to stand with eyes closed than open. Walks with left foot in front of right, and if he attempts to bring right foot to the front he staggers backwards; as he moves forward the left foot is lifted clear from the ground, and the right dragged after. While lying in bed it is seen that

right leg is very much weaker than left. Right arm is about half the strength of left, and there is marked inco-ordination; cannot feed himself with right hand; tell him to touch an object in front of him and he lifts the hand close to it, and only after fumbling about for a time finds it. No ankle clonus; tendon reflex of left knee slightly increased; that of right very much so. Sensation is good; muscles are small, but no special wasting on right side. Optic disc considerably congested and outlines indistinct. Several choroidal patches, indicative of old syphilis; no scars of syphilis anywhere about body; urine contains no albumen; heart normal; arteries slightly fibroid; temperature normal; pulse 78; respiration 18.

Dec. 17*th.*—Patient had one of the attacks of clonic spasms he describes; was confined to right side, and lasted about half an hour. General condition is about the same; headache very severe, and so bad at night as to require opiates.

Dec. 19*th.*—Another slight attack of spams of right side. Ordered Pot. Iod. gr. xx; Potass. Bromid. gr. x, t.i.d.

Dec. 22*nd.*—Slight spasms again.

Dec. 26*th.*—Headaches not so bad; still requires opiate at night. Walked decidedly better; can now bring right foot in front of left; foot does not drag so much. Arm improving.

Jan. 8*th.*—Patient was discharged from hospital to-day. Since last note made rapid and steady improvement; no headaches. Uses arms and legs perfectly, though right side still a little the weakest; patellar reflex still exaggerated. Has reported himself several times since; continues well.

REMARKS.

Although in this patient there were no evidences whatever of past syphilis, either from history or remains of ancient lesions, still it was thought from other circumstances that the probability of his having suffered in this way was very great. Besides, as Dr. Buller has recently strongly urged, the existence of optic neuritis of itself was an indication for the exhibition of Potass. Iodid. The case shows the admirable results obtained from this drug, in a very severe case of cerebral disorder of only doubtful syphilitic origin.

Reviews and Notices of Books.

The incidental effects of Drugs, a Pharmacological and Clinical Hand-Book. By Dr. L. Lewin, Assistant at the Pharmacological Institute of the University of Berlin, Translated by W. T. Alexander, M.D., New York: Wm. Wood & Co.

This book is an entirely original contribution by an original worker, upon a subject to which but little attention has ever been directed, and which yet is of much interest and may often assume even great importance. From repeated experiments, and from prolonged clinical observations, we have had deduced for us the typical actions of all the drugs of our Pharmacopœia. This is what is set before us in the systematic delineation of a Materia Medica. "But," to quote from the author's preface, "in the therapeutic employment of certain drugs, deviations sometimes occur from this typical and, as one may say, normal action, whose recognition and correct interpretation are not always easy. A knowledge of them is, however, of great importance to the physician, since they may, in a given case, shed light upon the cause of the unexpected phenomena which show themselves, and also furnish indications to guide him in his practical interference." Every physician of experience can fully corrobate the statement, and will admit, how puzzling it sometimes becomes to disentangle symptoms and determine what are certainly produced by the malady itself, and what by possible effects of drugs which have been administered. In a short notice of this kind it is impossible to particularize in order to show further the scope of such a work, and its character can readily be gathered from the foregoing remarks. The various classes of drugs are taken up *seriatim*, and the most important members of each selected for discussion. Great numbers of references are given to recorded cases, illustrating the peculiar or abnormal effects stated to have been produced. As it is not sufficient for a physician to have a knowledge only of the typical forms of disease, for he must also study and observe cases differing from these types, so he should also be familiar with the

occasional freaks known to occur as results of the exhibition of medicinal substances. Lewin's treatise shows much research and extended observation, and, in every section will be found much to repay perusal.

Lectures on Electricity (Dynamic and Franklinic) in its relations to Medicine and Surgery.—By A. D. ROCKWELL, A.M., M.D., Electro-therapeutist to the N. Y. State Women's Hospital: Member of the American Neurological Society, &c. New York: Wm. Wood & Co.

This is an excellent manual on the practical use of electricity, written by an experienced operator. It contains in well arranged order, short and clear instruction upon all points necessary for the information of the practitioner on the general principles of the subject, which is followed by references to the use of this agent in various special diseases. Electrical technicality is abstained from as much as is possible, compatible with making the subject understood. Some novelties are also introduced, especially a lecture upon the employment of Franklinic electricity, some authorities believing that by means of sparks and shocks certain results can be procured which are otherwise unattainable. The surgical department receives its due share of notice, and a new instrument is described called a galvanic accumulator, which has been made use of by the author for the cautery-wire. If found to work well, this will surely come into vogue amongst operators from being so handy and compact. We can recommend Dr. Rockwell's lectures to all practical men desirous of being safely guided in this special department.

The Illustrated Quarterly of Medicine and Surgery. Edited by GEO. HENRY FOX and FREDERIC R. STURGIS. Vol. I., No. IV., and Vol. II., No. I. New York: E. B. Treat.

Interesting and rare cases continue to be illustrated and treated of in this popular journal. The present numbers contain the following:—No. IV. has articles on sarcoma of the breast and of the pharynx, by Drs. Bull and Stinson; a club-foot case

by Prof. Sayre; on syphilitic ulcerations in the upper air-passages, by Dr. Carl Seiler. A remarkable example of laryngo-tracheal diphtheria in an adult, by Dr. Cheeseman; cases of empyema by Drs. Ranney and Mears, and a communication on some peculiar tumors of the hands, by Dr. Rex.

No. I. contains a paper on Dental Development, by Dr. Wm. Hailes, Jr.; palato-pharyngeal sarcoma, by Dr. Eliot; excision of the shoulder-joint, by Dr. Winslow; complicated hair-lip, by Dr. Little; cysto-adenoma of the thyroid gland, by Dr. Chas. Buckley; secondary myeloid disease of pleura and lung, by Drs. Osler and Ross (of Montreal); congenital union of the fingers, by Dr. Posby; a teratological contribution, by Dr. Engelmann; and apparatus for fracture of the patella, by Dr. Wright. The lithographs and wood-cuts introduced continue to present the same excellent appearance as hitherto.

A Treatise on Fractures.—By LEWIS A. STIMSON, B.A., M.D., Professor of Surgical Pathology, Medical Faculty, University of the City of New York; Surgeon to Bellevue and Presbyterian Hospitals; Member of the New York Surgical Society. With 360 illustrations on wood. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

Dr. Stimson has long been known to the profession as the author of a remarkably practical little work on "Operative Surgery," and hence comes to us again as an old friend in a new garment, and we find him fully as welcome now as he was before. The author does not trouble us with a long preface and a host of apologies for his publication, but seems to have just conceived the idea of writing a book on Fractures, and then at once dived *in medias res*. The matter is admirably arranged, and the wood-cuts are very good. Of course, as must naturally occur, very much of the material is a mere *resumé* of the experience of others, but this is judiciously selected.

In the chapter on the "remote consequences of fracture," we find a section devoted to the interesting pathological condition known as *fat embolism*. It is to be regretted that the case

recently reported by Dr. Rodger of this city was not known to the author, as it would have added somewhat to the value of the article. In the same chapter, reference is made to the *inclusion of nerves in the callus*—an accident of more frequent occurrence than is generally known. We happen to have just now, in private, two cases of fracture of the lower end of the humerus, in which the ulnar nerve has become involved in the callus, and the functions of the nerve seriously impaired. In due course we purpose cutting down and attempting to release the nerve. In the treatment of fractures of the vertebræ, the author strongly recommends the gypsum jacket, but has not seen much benefit from extension. In the case of fracture of the clavicle, the form of dressing preferred appears to be that recommended by Sayre, and we are quite in accord with the author here, although we have long contended that without rest in bed no apparatus will succeed in every case.

Altogether, the author seems to have had a thorough conception of what should constitute a practical treatise on fractures, and carries it out in a most satisfactory manner. The work is one which we feel certain will be read with interest and profit by all.

Materia Medica and Therapeutics. Inorganic Substances. By CHARLES D. F. PHILLIPS, M.D., M.R.C.P. Late Lecturer on Materia Medica and Therapeutics at the Westminster Hospital Medical School. Edited and adapted to the U.S. Pharmacopœia by Lawrence Johnson, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of the City of New York. Vols. I and II. New York: Wm. Wood & Co.

These volumes form a continuation to that which was published from the same author, including "the Vegetable King dom," in Wood's Library of Standard Medical authors. They belong also to the same series and bear the impress of the same thoroughness and care in preparation which characterized that just alluded to. They form a most complete and reliable guide to this portion of the Materia Medica. The therapeutical

portion of the treatise is particularly full and brings forward all the most modern ideas concerning the methods of employment of and indications for, our various remedial agents.

Transactions of the American Ophthalmological Society.—18th Annual Meeting, 1882. New York: Published by the Society.

This series of papers forms together a little volume of 120 pages, full of interest to the specialist and containing also, much that is of value to the general practioner. Pulsating tumor of the orbit, treated by electrolysis, by Dr. Bull; cases of tumor of the eye, by Dr. Hayes; sarcoma of the lachrymal gland, by Dr. Harlan, are all well worthy of notice from surgeons. Dr. Loring, of New York, contributes a paper upon the induction of premature delivery for the prevention of blindness. He describes cases exemplifying the very serious results produced in the retinæ of patients who have become uræmic during pregmancy, and lays down important practical rules with reference to the course which should be adopted in order to obviate these. Dr. Buller, lecturer on Ophthalmology at McGill University, describes a very singular case of alopecia of the eyelids and furnishes a plate of the microscopical appearances. These are a few only selected from the transactions, which appear to have been of unusual interest.

Books and Pamphlets Received.

MEDICAL DIAGNOSIS. By J. Graham Brown, MD. Edinburgh: Bell & Bradfute. Toronto: Carswell & Co.

THE IMMEDIATE USE OF THE UTERINE SCOOP OR CURETTE IN THE TREATMENT OF ABORTIONS *versus* WAITING, OR THE EXPECTANT PLAN. By T. Johnson Alloway, M.D., L.R.C.S. and P., Edin.

THE IMMEDIATE REMOVAL OF THE SECUNDINES AFTER ABORTION. By Paul F. Mundé, M.D. Reprints from "The American Journal of Obstetrics and Diseases of Women and Children." February 1883.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, FOR THE USE OF STUDENTS AND PRACTITIONERS. By James Nevins Hyde, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

SCROFULA AND ITS GLAND DISEASES, AN INTRODUCTION TO THE GENERAL PATHOLOGY OF SCROFULA, WITH AN ACCOUNT OF THE HISTOLOGY, DIAGNOSIS AND TREATMENT OF ITS GLANDULAR AFFECTIONS. By Frederick Treves, F.R.C.S, Eng. Philadelphia: Henry C. Lea's Son & Co.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, February 2nd, 1883.

DR. T. G. RODDICK, VICE-PRESIDENT, IN THE CHAIR.

Dr. Gardner exhibited the following specimens :—

1. *Fibroma of both Ovaries and Uterus*, occurring in the practice of Dr. Mullin of Hamilton. The specimen was removed *post-mortem*. Each ovary is of the size of a child's head. One ovary was impacted in the pelvis ; the other could be felt through the abdomen as a hard, movable tumor projecting above the brim. The morbid growth consists apparently of an expansion of the whole ovary rather than an outgrowth from the organ. The fibroma of the uterus is a small subperitoneal outgrowth. In structure the tumors are very dense, and present all the characters of fibromata. Dr. Mullin promises a full report of the case. Dr. Gardner remarked that the specimen was one of exceedingly great interest, from its rarity of both nature and size. The most exhaustive articles on the subject he knew of were Leopold's paper in the 6th Vol. of the Berlin *Archives für Gynecology*, published in 1876, and a paper by Dr. Coe in the *Am. Jour. of Obstet.* for July and October, 1882. Leopold had collected 56 cases of solid tumors of the ovary of all kinds of fibroma—carcinoma, enchondroma, and sarcoma—and from the reports at his command, which, however, were derived from the statistics of ovariotomists, he estimated that they constituted about 1.5 per cent. of all ovarian tumors. As, however, the tumors do not always attain a size calling for surgical interference, it is probable that if the records of *post-mortem* examinations were also taken, the proportion would be somewhat increased.

2. *A Uterus of normal size, with two small submucous fibroids projecting into the cavity of the body, and a smaller one projecting into the cavity of the cervix.*—One of those in the body is situated near to the internal os, which, however, it does not appear to have obstructed.

3. *An imperfectly developed Uterus, with an interstitial fibroma almost subperitoneal, of the size of a hazel nut, in the*

fundus.—In neither of these latter cases was there a history of any symptoms having been caused by the tumors. Dr. Osler, speaking of the frequent occurrence of these small fibroids, ventured to say that over half of the women over fifty would have fibroids, they are so excessively common.

4. *A Fibrocellular Polypus of the size of a small orange*, which he had removed a fortnight ago from a lady of over sixty years of age. It was attached by a short, thin pedicle to the posterior wall of the cervix, a little below the internal os. When first examined, the surface of the tumor was of a deep, livid, blue color; when removed three days later, this appearance was intensified. On section of the tumor, it presented the usual appearances of intersecting trabeculæ of condensed areolar tissue, with interspaces, which were filled with recently effused undecolorized blood-clots. The patient is the mother of several children, and several years past the menopause. For the first five years after the menopause she suffered from symptoms of prolapsus uteri. She then remained well and entirely free from symptoms till last summer, during which she had a long attack of a fever of remittent type, accompanied with leucorrhœa and profuse night sweats, which exhausted her very much. For some months previous to the removal of the growth she suffered from aching in the lumbar region and occasional hemorrhages, only one of which was profuse. It was removed by Thomas' serrated scoop, with a view of reducing to a minimum the by no means great danger of hemorrhage. No bleeding followed. The recovery was speedy and perfect, except for the sacral pain, which is still present. The specimen is of interest from its unusual size (not rarity) for a polypus of its kind growing in this situation. Dr. Gardner had removed a good many polypi of this kind, but never saw one so large as the one in question. Gusserow gives the size as varying from a pea to a walnut. It possessed some medico-legal interest, as when removed it presented appearances whereby, if spontaneously expelled, it might have been mistaken by a careless or ignorant observer for the products of conception, and so abortion have been suspected.

5. *Malignant Disease of the Uterus*.—This specimen con-

sisted of the uterus and appendages matted together by the products of pelvic peritonitis and cellulitis. There was a quantity of pus in the pelvic cavity, and recent lymph in the abdominal peritoneum. The depth of the uterus was reduced to 1½ inches; its wall at the fundus thick. The vagina, in its upper part, ulcerated. The Fallopian tubes were dilated, and contained pus. The ovaries engaged in a mass of exudation. Pockets of pus in the cellular tissue, between the layers of the broad ligaments. The patient, a domestic servant, unmarried, aged 35, had consulted Dr. Gardner first in January, 1882, for continuous bleeding from the vagina for nearly six months previous. The vaginal portion of the cervix, as well as its cavity, were found covered with soft, spongy tissue, bleeding easily. It was decided to remove as much as possible of the diseased tissue. Scissors and curette were freely used. It was found that the diseased action had extended to the uterine cavity. The curette, applied to the fundus and walls, brought away a large quantity of tissue similar to that on the cervix. Fuming nitric acid was then freely applied to the whole surface. Patient recovered from effects of the operation without a bad symptom, and for some months gained strength, but the disease returned, and three months after the first curetting it was repeated, with the result of producing another short respite from the symptoms. In June she began to suffer pain, and after this the disease ran a steady course to death, which occurred somewhat suddenly in the beginning of January, 1883, from acute peritonitis. After the curetting, hemorrhage was never severe, and the vaginal discharge was never fœtid.

6. *A case of Double Tubercular Pyosalpingitis*, from a patient dying of chronic pulmonary phthisis, with general tuberculosis. Both Fallopian tubes are dilated to the size of sausages and filled with pus and softened tubercle. No symptoms were known to have been referred to the pelvic region. The uterus appeared healthy. There were evidences of pelvic peritonitis.

Dr. Alloway referred to a recent operation for the removal of cancerous disease of the uterus devised by Dr. Baker of Boston, and published in the *American Journal of Obstetrics*, April,

1882. In this operation, a funnel-shaped mass is removed, having its apex at the fundus uteri and base on a level with the internal os. The actual cautery is then applied. Dr. A. spoke of the possible relation of the specimen of salpingitis exhibited to the condition known as tubal dropsy and ovarian disease, for which Mr. Lawson Tait has recently devised an operation: removing the uterine appendages for recurrent inflammations. Tait advises early operation, and reports a series of 61 cases, with only three deaths. (*Brit. Med. Jour.*, July 29th, 1882.) Dr. T. G. Thomas of New York endorses Tait's views, and reports 4 cases upon which he had operated, with 3 recoveries.

With regard to Dr. Gardner's case of cancer uteri, Dr. Trenholme remarked that unless seen early, before infiltration of surrounding tissues had taken place, curetting was of doubtful value as to prolonging life. Of course in some hemorrhages or offensive discharges it would be helpful. Dr. T. said that the specimen of fibroma of the ovaries would be of much more interest if a history of the case could have been had. Their being free in the pelvis would seem to have warranted a hopeful interference for their removal, thereby probably saving the life of the patient. The other specimen of multiple fibromata, also without history, was of interest, as it showed conditions apt to be met with in daily practice. Doubtless many cases of uterine trouble were due to such a condition, and not recognized during life. He related a case under treatment, where a small fibroma pressed on the calibre of the cervical canal and rendered menstruation painful.

Dr. Gardner, in reply to the remarks from Dr. Trenholme on curetting operations in uterine cancer, said that although of no permanent benefit in this case of cancer, he would treat a similar suitable case in the same way. He did not think the operation of extirpation of the uterus, with its very large mortality, had as yet reached a settled basis. In reply to Dr. Alloway in regard to the acceptance of Lawson Tait's operation of removal of the ovaries and fallopian tubes in cases like that of the specimen presented, Dr. Gardner said that in this case he had not heard of any symptoms which would have justified interference,

but although the operation was still to some extent *sub judice*, he believed that it would be demonstrated to be the only cure for the obstinate class of cases indicated by Mr, Tait, viz., recurrent menstrual pelvic cellulitis and peritonitis, with the long list of local and reflex symptoms which usually accompany this condition.

Dr. Osler exhibited *the lungs of a horse which had died of pneumonia*, following the epidemic influenza which has been present in the city for some time ; it was a well-marked example of *red hepatization*, involving both posterior lobes.

Dr. Roddick exhibited *an oxalate of lime calculus, weighing nine drachms*, which he had removed that day from a patient, a young man, who had suffered with symptoms of stone for fifteen years. It was easily recognized, and from its size and hardness its removal by lithotomy was decided upon. The usual lateral operation was performed, and the calculus delivered entire with comparative ease, the forceps slipping once during the operation.

Dr. Mills read a paper on "Tonsillotomy and Uvulotomy." It appears among our original communications.

Dr. Campbell said it was his custom formerly to leave what would have been as much as an ordinary-sized uvula, but he found the subsequent retraction so great that he now only removes the tip, and finds that quite sufficient in most cases.

Dr. Osler said that many cases of pigeon-breast now existing might have been obviated if the condition of their upper pharynges had been properly attended to in early life.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

The semi-annual meeting of this Association was held at Ottawa, on Wednesday, Jan. 17. There were present Drs. Cranston (President), Arnprior; Baird, Packenham; McFarlane, Almonte; Groves, Carp; Scott, Hazledean; Stevenson, Chelsea ; Fraser and Wallace, Metcalf; Bell and Wilson, New Edinburgh ; and Drs. Hill, Sweetland, Grant, S. Wright, Robillard, McDougall, Church, Malloch, Bentley, H. P. Wright, Powell, Horsey, Mark, Cousins, Baptie, Henderson, Prevost, Small (Secretary), of Ottawa.

The morning was spent in the wards of the city hospitals, where special preparations had been made to render a visit interesting and profitable to the profession. In the afternoon the members assembled in the City Hall. The meeting was opened by an address from the President; after congratulating the Association upon the interest shown by its members, and reviewing the changes in the division, he concluded with some very practical and valuable remarks upon the results of the treatment of fractures.

A discussion upon Public Health was opened by Dr. Sweetland, who dwelt at some length upon the work begun in Ontario, eulogizing the system, and moved the following resolution—which was carried unanimously—

"That this Association approves of the step taken by the Ontario Government in the formation of the Provincial Board of Health, and will co-operate in promoting the object it has in view." Dr. Robillard, in seconding the resolution, spoke hopefully of the results likely to be accomplished.

The following papers were then read, each provoking a lengthy discussion: Pleural Effusions, Dr. Grant; Hæmaturia, Dr. Baird; Counter-Irritation, Dr. Horsey. Dr. McFarlane reported a case of twin birth where the cord was doubly knotted, exhibiting the preparation.

Arnprior was selected as the place for the summer meeting, to be held in June.

In the evening the city members entertained their rural brethren at the "Royal Exchange," where three hours of social intercourse terminated a most successful meeting of the Association.

MEDICO-CHIRURGICAL SOCIETY OF WINNIPEG.

In response to a circular issued by Dr. Whiteford, a number of medical men met at the Potter House on Saturday evening for the purpose of forming a medical society in this city. The following gentlemen were present: Drs. Codd, Thibodo, Patterson, Munroe, McAdam, Blanchard, Minaker, Sutherland, Jackes, Brett, Seymour, Covernton, Turnbull, Jones, Kerr, Grey, Jamieson, McEachran, Mewburn, Phillips, Ferguson, A. H.,

McDiarmid and Whiteford. Dr. Codd occupied the chair, and Dr. Mewburn acted as Secretary.

Moved by Dr. Jackes, seconded by Dr. Brett, that this meeting resolve itself into a society, to be named the "Medico-Chirurgical Society of Winnipeg." Carried.

Moved by Dr. Phillips, seconded by Dr. Seymour, that each officer of the Society be elected separately. Carried.

Moved by Dr. Phillips, seconded by Dr. Whiteford, that Dr. Lynch be President. Carried.

Moved by Dr. Patterson, seconded by Dr. Jackes, that Dr. Whiteford be First Vice-President. Carried.

Moved by Dr. Kerr, seconded by Dr. Munroe, that Dr. Codd be Second Vice-President. Carried.

Moved by Dr. Whiteford, seconded by Dr. Brett, that Dr. Covernton be appointed Secretary-Treasurer. Carried.

Moved by Dr. Whiteford, seconded by Dr. Sutherland, that the following gentlemen constitute the Council: Drs. O'Donnell, Patterson, Jackes, Brett, Phillips and Kerr.

At this stage of the proceedings, Dr. Whiteford, First Vice-President, in the absence of the President elect, Dr. Lynch, took the chair. He thanked the members present for the honour they had done him in electing him First Vice-President, and was glad to see such a large number present at the first meeting, which augured well for the future of the Society. He was glad to feel that his efforts in getting the medical men together had met with such a hearty response, and he hoped that in 1884 the Canada Medical Association, sending delegates from all parts of the Dominion, would meet in Winnipeg. He had been informed that it was the intention to do so, and it was pleasing to think that there would be a medical society to receive them. He suggested that the rules and regulations of other similar societies be obtained and submitted to the Committee, and that a meeting be called at an early date to discuss them.

Dr. Jackes suggested that the meetings be called twice a month, but the majority present seemed in favour of meeting once a month for the present.

After mutual congratulations at the success of the meeting, the members adjourned.—*Winnipeg Free Press.*

CANADA

Medical and Surgical Journal.

MONTREAL, MARCH, 1883.

WANTED—A NEW ANATOMY ACT.

During the present Winter Session, hardly a week has passed without some body-snatching case being reported in the newspapers. In former years, although, probably quite as many bodies were snatched, the work was more skillfully done and fewer scandals came to light. The reckless way that, during this winter, vaults have been broken into and graves rifled of their contents, has given rise to a considerable amount of popular resentment and a demand for more stringent measures for the detection of the culprits on the one hand and a more efficient carrying out of the Anatomy Act on the other. Practically, the present act, with its numerous amendments, has always been inoperative, simply because no penalty for non-compliance with its provisions, is attached to it. As far as we know, one institution only, has complied with the law as laid down in the Anatomy Act. The Coroner has seldom, if ever, to our knowledge, given a subject to the schools, but on the contrary, has had the friendless bodies coming under his jurisdiction, buried at the public expense and this has been going on for years. We are informed that the authorities of the Lunatic Asylum at Longue Pointe have been burying yearly, thirty or forty unclaimed bodies of friendless patients dying there. And why? Is it because it pays better to get ten or twelve dollars for burying a body than to notify the Inspector of Anatomy and get nothing? The law requires that every student before graduation should do a certain amount of dissecting and yet does not provide the material to dissect. Body-snatching will continue as long as the act is not enforced.

It is satisfactory to learn that the Local Government has taken up this matter, and, it is said, are thoroughly in earnest in their intention to make suitable provision for the wants of students. The following are the resolutions which have been introduced by the Premier, Hon. Mr. Mousseau, and which will form the basis of the expected bill. The exact provisions of the Act will be looked for with some interest:—

RESOLVED,—That for the purposes of the study of anatomy, the Province of Quebec be divided into two sections, which shall be known as "Quebec Section" and the "Montreal Section," which sections shall respectively comprise such judicial districts as the Lieutenant-Governor-in-Council may be pleased to specify, and that it shall be lawful for the Lieutenant-Governor-in-Council to appoint during pleasure an Inspector of Anatomy for each of such sections, and a sub-Inspector of Anatomy of judicial districts, except those of Quebec and Montreal, in which the office will be filled by the Inspectors of Anatomy; but persons so appointed shall not in any way be connected with any University or School of Medicine, or be practising physicians.

RESOLVED,—That every University or School of Medicine shall pay to the Inspector of Anatomy, in addition to the cost of transport and of burial, a sum of $10 for every corpse delivered, and the Inspector shall pay to the Sub-Inspector for every corpse which the latter shall deliver to him the sum of $5 over and above the cost of transport.

RESOLVED,—That every superintendent or director of a public institution receiving a grant from Government, and every coroner who shall knowingly omit, or who shall neglect or refuse to comply with the provisions of the Act to be based on these resolutions, and every University or School of Medicine which shall receive corpses in its dissecting room, or allow dissecting within its establishment of corpses which have not been supplied to it by the Inspectors of Anatomy, shall, upon a complaint to that effect before a Justice of the Peace by the Inspector or Sub-Inspector of Anatomy, be liable to a penalty of not less than $100, or more than $200, for each offence, and the amount of such penalty and costs of suit shall be retained by the Treasurer of the Province out of the next grant which such Institution, University or School of Medicine is to receive, or shall be retained from the emoluments which may become payable to such coroner, as the case may be.

THE ELECTION OF OUR PROVINCIAL BOARD.

On the occasion of the last Triennial meeting of the College of Physicians and Surgeons of this Province, we took occasion to draw attention to the method of election of the Provincial Board. A certain number of the members of the Board are independent of election, holding their seats as representatives

of the various teaching bodies. But the remainder are chosen by the votes of those present (personal or by proxy) at the Triennial meeting. Provision has been made by the Act for the representation of the several districts of the Province thus far, that so many physicians from such and such cities and districts must be elected. Real representation, however, is not provided for, because every member has a vote for every representative from every district. With as much truth would it be called representation, if every political vote in the Province had a vote for every member of the Local Parliament from every electoral division. No such incongruity is thought of in our political system, and of course could not be tolerated for a moment. The voters of each section of the country elect their own representative or representatives. They are supposed to be able to choose from amongst themselves the person whom they consider best fitted to attend to their interests, and whose views are in consonance with those of the majority in matters of public moment. Why should any different principle be adopted in selecting a Board which, during three years, shall govern all matters medical in the territory under their jurisdiction? Why should we of Montreal, and the country parts, help to decide the best men to represent the City of Quebec? or why should Trifluvians have a say in the representation of the Gaspé district? As it is, it is quite plain that the voting is carried on in the blindest way imaginable. Take *e.g.* a medical man from the City of Montreal attending the Triennial meeting. He is supposed to fill in a paper with the names of suitable representatives from all the country parts. It is a chance if he knows the name, standing, or local reputation of one single man in any of these rural districts, and yet he votes. He simply gets, through some of his friends, names which they may have heard mentioned as candidates. Is it to be expected that, on this system, there is the slightest chance of an intelligent selection being made of the most capable men to whom we shall intrust such highly important interests?

We believe that at the last election the majority of the voters appeared to govern themselves, as well as they could, by what

seemed to be the desire of the profession in any given locality with reference to their representative; and the result was the selection of a Board to which no exception has been taken. We do not, therefore, wish in the slightest degree to detract from the efficiency of the present, soon expiring Board. But it is quite possible that, under other circumstances, the result would not be at all so satisfactory. It is quite conceivable that an excellent representative who was strongly supported by those of his own district (who certainly ought to be best able to judge) might lose his election by means of factious opposition on the part of opponents, easily worked up amongst the outside men. At any rate, the principle appears to us absurd and indefensible, and we have never heard any good reason given why it should continue in operation, instead of our having territorial representatives by local election, as is done in Ontario and elsewhere. As the Triennial meeting will soon again take place, we should be glad to know that this matter was receiving some consideration.

MEDICAL MEN IN PARLIAMENT.

Canada is fortunate in having a large number of doctors both in the Dominion and Local Legislatures, as now-a-days many questions arise involving, directly or indirectly, the interests of science and public health, questions upon which the special knowledge of medical men may be of great value. Compared with other countries, the representation of the profession is here unusually large. England, with over twenty thousand practitioners, has not a single medical man in the House of Commons; Ireland has but two, and Scotland only three. We have been at some trouble to get reliable returns from the different Provinces, and have given after each name the college or school and the year of graduation:—

DOMINION PARLIAMENT.

Senate.—Pierre Baillargeon (Harvard, '40), Quebec; Anselme H. Paquet (Sch. of Med., Montreal, '53), St. Cuthbert; C. E. Boucher De Boucherville (McGill, '43), Quebec; William J. Almon (Glasgow, '38), Halifax; Thomas R. McInnes (Rush, '69), New Westminster; John Schultz (Vict., '64), Winnipeg; Louis Robitaille (McGill, '60), New Carlisle, Q.—7.

Commons.—Derby Bergin (McGill, '47), Cornwall, O.; J. G. Blanchet, late Speaker, (Prov. Lic., '50), Levis, Q.; Hugh Cameron (Univ. Penn., '61), Mabou, N.S.; Louis L. L. Desaulniers (Harvard, '46), Montreal; J. E. A. De St. Georges (Schl. of Med., Montreal, '—), Portneuf, Q.; Charles F. Ferguson (Queen's, '59), Kemptville, O.; John Ferguson (Vic., '64), Welland, O.; James F. Forbes (Univ. of N.Y., '42), Liverpool, N.S.; John T. Jenkins (F.R.C.S., Eng.), Charlottetown, P.E.I.; John M. Platt (Vic., '69), Picton, O.; Pierre Fortin (McGill, '45), Gaspe, Q.; Paul E. Grandbois (Laval, '69), Riviere du Loup (*en bas*) Q.; Chas. A. Lesage (Laval, '—), St. Claire, Q.; Chas. E. Hickey, (McGill, '66), Morrisburg, O.; Geo. Landerkin (Vict., '62), Hanover, O.; Peter A. McIntyre (McGill, '67), Souris, P.E.I.; George T. Orton (St. Andrew's, '60), Fergus, O.; Côme J. Rinfret (Sch. of Med., Montreal, '70), St. Croix, Q.; James E. Robertson (McGill, '65), Montague, P.E.I.; Louis Springer, Hamilton, O.; Thomas S. Sproule (Vict., '68) Markdale, O.; Sir Chas. Tupper (Edin., '43), Ottawa; John H. Wilson (Vict., '58), St. Thomas, O.—23.

QUEBEC.

Lieutenant Governor.—L. T. Robitaille, (McGill, '58).

Legislative Council.—C, B. de Boucherville, (McGill, '43), Quebec; John J. Ross, (Sch. of Med., Montreal, '53), Quebec.—2.

Legislative Assembly.—Louis Duhamel (McGill, '66), Wight, Q.; Edouard Laberge (McGill, '56), Ste. Philomene; Alex. Cameron (Glasgow, '63); V. P. Lavalée (Sch. of Med., Montreal, '60), St. Felix de Valois; Isidore Frégrau, (Sch. of Med., Mont., '61), Stukely; D. Martel, (Sch. of Med., Mont., '65), Chambly; H. J. Martin, (Laval, '68), Carleton; R. Rinfret, (Harvard '45), Quebec.—8.

ONTARIO.

Chas. H. Brereton (Vict. '68), Bethany; Jacob Baxter (Univ. N.Y., '54), Cayuga; John Cascaden, (Univ. Toronto, '63), Iona; John F. Dowling, (McGill, '75), Eganville, Co. Renfrew; James W. McLaughlin, (Univ. Toronto, '64), Bowmanville; James McMahon, (Univ. College, Toronto, '50), Dundas; Robt. H. Preston, (Queen's, '64), Newboro; J. Henry Widdifield, (Victoria, '69), Newmarket.—8.

NOVA SCOTIA.

Legislative Council.—D. McNeill Parker, (Edin., '45). Halifax.

Legislative Assembly.—C. H. Munro, (Harvard, '63), West River, Pictou; Duncan Campbell (Harvard, '69), Port Hood, N.S.; Angus McLennan (Univ. Penn., '73), Margaree, N.S.—3.

PRINCE EDWARD ISLAND.

Legislative Council.—James Fraser, (Harvard, '71), St. Peter's Bay.

Legislative Assembly.—Peter McLaren, (McGill, '69), New Perth, P.E.I.; John A. F. Gillis, (McGill, '77), Summerside, P.E.I.—2.

NEW BRUNSWICK.

W. J. Lewis, (Glasgow, '55), Hilsboro; E. A. Vail, (Glasgow, '37), Sussex; Chas. A. Black (Univ. Penn., '59), Baie Verte.—3.

MANITOBA.

D. H. Wilson, (Toronto, '78), Nelsonville.

There are in all sixty members of the profession in the Legislatures—thirty in the Dominion House and thirty in the Local Assemblies. Distributed according to Schools and Colleges, there are from McGill, 13; Victoria, 8; Harvard, 6; School of Medicine, Montreal, 6; Univ. Toronto, 4; Glasgow, 4; Univ. Pennsylvania, 3; Laval, Edinburgh, Queen's (Kingston), Univ. of New York, each 2; Royal College of Surgeons, St. Andrews, Rush, each 1.

MEDICAL SCHOOL FOR WOMEN.—It is reported that a School of Medicine for Women is about to be established in Toronto. While not opposed, in certain instances, to lady doctors, we are strongly of opinion that no such institution is needed in this country; the demand does not yet exist to such an extent as to warrant the necessary outlay for a proper establishment. It is said that any Canadian woman wishing to enter the profession, cannot do so by studying in American colleges, as the prominent boards demand a year's additional study in the case of American graduates, but we feel sure that if, after passing the matriculation, four years were spent in study at one of the *reputable* American schools for women, the Licensing Board would be quite safe in admitting them to examination. We predict for the School of Medicine for Women, started under the present circumstances of the country, a wretched and brief existence.

LICENCED QUACKS.—We are often asked how it is that in Ontario quacks of all kinds seem to flourish in spite of the penal clauses of the College of Physicians and Surgeons. The papers teem with advertisements of institutes of various kinds, and Medical and Surgical associations, many of them with headquarters in the States, and travelling agents in this country. The reason is that the organizers and proprietors of these establishments have either themselves come "within the fold" by qualifying before the Council, or have duly qualified assist-

ants. The notorious Drs. K. and K., of Detroit, have a special staff for Ontario, and take good care to send only those whose names are on the register. They get men easily enough; the profession is not without members "so base and full of wretchedness" that their poverty, when not their wills, makes them consent to be participators in these concerns.

PUBLIC VACCINATION.—It has been found by comparison of the birth-records with the reports of the public vaccinators in this city, that a considerable number of infants fail to be vaccinated, at any rate, within the specified time of three months. A meeting of these officials has lately been held at which this matter was discussed and it was maintained that further provision should be made for ensuring the vaccination of every infant registered within the city limits. A report to this effect was adopted and will be laid before the Board of Health.

MEDICAL STATISTICAL OFFICER.—Dr. A. B. LaRocque, medical health officer of Montreal, has received a communication from the Minister of Agriculture to the effect that he has been appointed by the Governor General in Council, statistical officer for the collection of mortuary statistics for the city of Montreal, under the rules and forms of the department of agriculture, respecting the collection of mortuary statistics approved by the Governor General in Council on the 26th of December last. A full supply of the necessary forms has also been forwarded. Dr. LaRocque will enter upon his duties at once.

MCGILL COLLEGE EXAMINATIONS.—The Spring Matriculation Examination of the Medical Faculty, McGill College, will be held in the High School on Friday and Saturday the 30th and 31st of March. Primary Examinations begin on Monday the 19th, and the Final on the 22nd. Convocation will be held on Saturday the 31st, at 3 p.m., in the Molson Hall. We hope to see a full turn out of the graduates from the city and neighbourhood.

—We have received from Dr. Hingston, of this city, a "Note-book for Cases of Ovarian and other Abdominal Tumors," which he has recently had prepared, and which can be obtained from

the publishers. The arrangement is mainly that followed in the similar books of Mr. Spencer Wells and Dr. Hodges; but Dr. Hingston has also made some additions and alterations under the heading of diagnosis, which his experience has led him to believe will assist in the prevention of errors. It contains also diagrammatic charts for noting the exact location, etc, of tumors. A schedule of this kind is no doubt highly useful, and should be in the hands of every one having to undertake the diagnosis of these important cases.

—We have received an early number of *The Planet*, the last claimant for the attention of the medical world—this time from New York. *The Planet* follows no beaten track, as well-behaved planets should. It is "all original," no effete matter from other journals to clog it in its onward flight, and, better still, "no rejections." Ho! all ye who, affected with *cacoethes scribendi*, have had your long-drawn articles returned with thanks by unfeeling editors: here is one who will not treat you thus. We are not impressed with the editorial matter of this number of *The Planet*, and predict that, if not improved upon, it will never hold a place in a centre of learning like New York. Besides, the tone of some of its remarks is certainly not commendable, *e.g.*, with reference to the death of Gambetta, it is seriously contended that he died of a bullet wound of the abdomen and it is insinuated that the public report was hocussed. Is this decent on the part of a medical periodical when we know that the autopsy was made by no less a person than the well-known Prof. Cornil, and vouched for by Profs. Charcot, Verneuil, Filat, and Bronardil?—a tinge of modesty would become *The Planet*.

—The number of the *New York Medical Journal* for 24th of February will be found one of great interest to the number of men about to graduate at this season. It is called the "College Commencement Number," and contains a series of articles upon the New York Hospitals, and the arrangements for their resident staffs; very interesting editorials specially devoted to the interests of the recent graduate; an article by Prof. St. John Roosa, upon the opportunities for the study of medicine in New

York City after graduation; and letters from Washington, Philadelphia, Baltimore, Boston and St. Louis concerning matters connected with medical education.

—The Toronto City Council has decided to appoint a Health Officer for the city, with a salary of $1,500 a year. From the discussion which took place at the meeting, many of the aldermen appeared to know very little of the duties of such an important officer, and wished him burdened with the professional care of the city poor and the goal. Dr. Canniff's name is mentioned in connection with the appointment, and if he can be secured, the Queen City may be congratulated, as he is one of the few medical men in the country who has given proper attention to public health matters.

—From the advertisements in the Toronto journals, one learns that the Ontario Council Final Examinations will be held in Toronto and Kingston on Tuesday, April 3rd. The Primary Examinations will take place in Kingston on Friday the 13th, and Toronto on Monday the 15th.

Obituary.

PROFESSOR CROFT, TORONTO UNIVERSITY.—Though not a member of the medical profession, Dr. Croft was, in many ways, connected with it. The medical students of Toronto School of Medicine had for many years the privilege of attending his lectures, and during his long career the profession of Ontario looked to him for assistance in all matters requiring a chemical expert. For 35 years he filled tae Chemistry Chair in University College, and his exertions during that long period conduced largely to the prosperity of that Institution. Though a young man when appointed to the Chair, he had received a very thorough training in England and in Germany, and brought to his work an enthusiasm which did not wax old with years, and which made him a great favorite with the undergraduates. His death took place from heart disease, at Texas, on his son's ranch, to which he retired after his superannuation two years ago.

ARTHUR MOREN, M.D., (EDIN.)—Many of our readers will hear with deep regret of the death of Dr. Moren, of Halifax, the City Health Officer. He had been in ill-health for some time, and had had hemorrhage from the stomach. The attack to which he succumbed came on suddenly on the 27th ult. He

was a native of Halifax, and a graduate of Edinburgh University (1860).

W. D. Ross, M.D. (McGill).—We regret to see reported the death of this gentleman, at Pembina, Da., from diphtheria. He was the son of Judge Ross of Ottawa, studied medicine at McGill, and graduated in 1875. He had been in practice in Pembina several years, and was very successful.

Personal.

A son of Dr. Oliver Wendell Holmes has been made a Judge,

W. D. Montgomery, M.B. (Toronto), has passed the M.R.C.S., England.

Dr. Kennedy, who has been ill for several weeks, is now convalescent.

H. A. Higginson, M.D. (McGill, '80), of Portage-la-Prairie, Man., has left for Europe.

Dr. Augustus C. Hamlin, of Bangor, Me., has been appointed Surgeon-General of the State.

Duncan A. Carmichael, M.D. (McGill, '73), Assist.-Surgeon Marine Hospital Service, is stationed at Pittsburg, Pa.

We regret to see that Dr. Jenkins, of Prince Edward Island, has been unseated by the Supreme Court.

S. R. Rogers, M.B. (Toronto), and W. H. Macdonald, M.D. (Trinity), have received the double qualification of Edinburgh.

Dr. Kollmeyer has been ill for some time, and unable to attend to his duties. We regret to hear that he is not any better.

Dr. Buller has completely recovered from an attack of rheumatism which had confined him to the house for several weeks.

H. H. Gardner, M.D. (McGill, '78), who has been practising for several years with great success at West Lynn, Man., has moved to San Francisco.

Dr. Sommer, formerly German pastor in this city, and a graduate in medicine of Wurzburg, is editing the Listowel (Ont.) *Volksfreund.* The paper shows evidence of the Doctor's well known literary ability, and his many friends in the profession here will be glad to hear of his success.

W. J. Neilson, M.D. (McGill, '78), has been appointed Health Officer at Winnipeg, with a salary of $1200 a year. We feel sure, from our knowledge of Dr. Neilson and his abilities, that he will give great satisfaction in the performance of his important duties.

T. W. Mills, M.A. (Toronto), M.D. (McGill, '78), has been appointed Demonstrator of Physiology and Histology in the Medical Faculty of McGill College. Since his return from University College Laboratory, Dr. Mills has acted as assistant to Professor Osler during the past two sessions, and has conducted the most thorough and systematic course in Practical Physiology ever given at a Canadian school. The papers and practical examinations for the Morrice Scholarship in Physiology shew the nature of the training in this important branch. Dr. Mills left on the 14th for an extended course of study in the laboratories of Strasburg and Leipzig on Experimental Physiology and Physiological Chemistry in relation to general Medicine.

Medical Items.

—The Integrity Medical Aid Fund of Toronto, referred to in our last, has collapsed.

—The committee of the American Medical Association, appointed to arrange for the publication of an Association journal, have recommended the undertaking.

—We hear that the Kingston lady students are to have a separate examination in the spring, and their standing not to be ranked with the males. A special prize will be offered for those going up for the final examination.

What's in a Name.—A learned professor in one of our Canadian Colleges Engineering Department, saw advertised a work on "Cuttings." Believing it to be just the one he wanted, it was ordered, and on arrival, judge of his horror!—the volumes were full of *patterns of underclothing*,. It is said that the professor has arranged with the librarian not to shelve the work.

—*Science* is the name of a new American weekly, issued at Cambridge by Moses King. It aims to be to American science what *Nature* is to British, and from the eminent names on the staff, we have no doubt that it will be equally successful. The editor is Mr. Scudder, of Harvard. To any of our readers who wish to be kept posted in recent scientific matters we can heartily recommend it.

Cooper Medical College.—The Medical College of the Pacific, established in 1859 by Dr. Elias T. Cooper, has had the magnificent donation of a college building, costing about one hundred thousand dollars. The donor is Dr. Lane, a nephew of the founder, and the only condition of the gift has been the change of name to the "Cooper Medical College." A full three years course has been established, and all the requisites furnished

for conducting a first-class institution. We have received a copy of the addresses delivered on the occasion of the formal opening of the school. That of Prof. Lane indicates that he had laid to heart Sir Thomas Browne's precept, "If thy riches increase, let thy mind keep pace with them."

—The Chicago correspondent of the *Medical News* gives the particulars of a pending lawsuit which exposes the *two session* system of many American Colleges. Three students, who had been attending the spring course at Rush, entered the College of Physicans and Surgeons with the hope of graduating at the end of the winter term, the hope based, they affirm, on a promise from the Faculty. The arrangement has been cancelled by the Faculty, and one of the students has entered an action against the College. Doubtless a number of students economize time by attending two sessions in one year, the arrangement of classes at many of the Colleges being specially adapted for the purpose. A certificate of a year's study with a doctor and two sessions qualifies a student at the majority of the American schools, and an instance of the way in which this works came to our notice a few years ago. A young man from the State of New York registered in the summer session of McGill Medical Faculty, which is an optional three months course. He had not studied with a physician, but had been engaged in teaching school. At the conclusion of the session he received the certificate of attendance. The following October he entered a medical school in one of the large American cities—a member, we believe, of the "Association of American Medical Colleges"—and graduated from the same by the first of March, about eleven months from the commencement of his studies. He had attended two sessions, and the doctor's certificate was not hard to produce.

The Universal Stomach Pump and Enema Syringe.—We have received one of the above instruments from Mr. F. Gross, instrument maker, 688 Craig Street. It is manufactured by him from a recently-patented improvement. Its advantages consist in its very flexible and durable tube, its simplicity, and the readiness with which it can be employed even by persons without much skill. The fact that the same instrument can also be used for the administration of enemata, or for washing out cavities, &c., will further recommend it to physicians. We can speak highly in its favor.

The Portable Electric Light.—At last we can have the electric light where it can do the most good. That is to say, we can put it now on our desks, on our tables, on our mantel-pieces, anywhere, in fact, where a clear, bright, safe light is wanted. The Portable Electric Lighter, patented in 1879 and again in 1882, is now before us, and we look at it with surprise and happiness. Surprise, because it is evident how great a progress we have made in the science of electricity; happiness, because it gives us a clearer, better, more movable light than any we have ever enjoyed. Here is a lamp, so called, occupying only the space of five square inches, which can be carried anywhere, and is, besides, an ornament. By simply pressing upon the knob to the full extent of the spring (which connects with the battery), an electric current is produced by which the spiral of platinum is heated to incandescence, and the light is instantaneous. The material lasts about two months, and can be renewed at a small cost through any chemist. It will not be long before everybody will have a portable electric lighter. The price ($5) is so low that it cannot fail to become popular at once. The principal office is at 22 Water Street, Boston, where all applications for this most novel lamp should be sent.—*New York Real Estate Chronicle*, Dec. 16, 1882.