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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

The Antiseptic theory and proper application of Carbolic Acid. By ARCHIBALD E. MALLOCH, M.D., Hamilton, Ont.

Having acted, during six months of the year 1868, as Prof. Lister's House Surgeon in the Glasgow Royal Infirmary, I read with much interest a paper which appeared in the *Canada Medical Journal* for January, 1870, entitled "An examination of the merits of Carbolic Acid as a remedial agent in the practice of surgery, with a glance at its history," by Prof. Canniff.

The writer states, "Mr. Lister has placed on record, very fully, the principles upon which he bases his treatment of surgical affections with carbolic acid:" but, from a perusal of this paper, and also one by the same writer, which appeared in the *Canada Medical Journal* for January, 1868, I am led to believe that Prof. Lister's antiseptic system and its application are not fully understood.

At the very outset of his consideration of this system, the following sentences are to be found: "In his (Prof. Lister's) papers he enunciates the doctrine that the air is inhabited by myriads of minute organisms, and that when a wound is made in the external structures of the body, these minute animals swarm into the wound, and by their presence lead to suppuration and decomposition of organizable fluids and even of tissue itself. According to Lister, it is in the case of contused wounds with fracture of bone, that the living germs prove most active; but no wound, not even an incised one, is safe, unless protected from the air from the first, or treated with some agent to destroy the vitality of the organisms. The agent he employs is carbolic acid, which is understood to have the power of destroying the lower forms of life."

As the writer, in the above and other sentences, places suppuration first, and decomposition last, the inference naturally follows, that in Prof. Lister's opinion, the occurrence of decomposition is of secondary importance to suppuration, and that the formation of pus is due, more immediately than decomposition, to the action of these organisms.

Now, Prof. Lister, so far from holding these views, states distinctly, and reiterates the statement, again and again, in his papers, that decomposition is the chief source of mischief in wounds, and the common cause of suppuration. as the following extracts prove :

"Decomposition, or putrefaction, has long been known to be a source of great mischief in surgery, and antiseptic applications have for several years been employed by many surgeons. But the full extent of the evil, and the paramount importance of adopting effectual measures against it, are far from being generally recognized."—*Amer. Edit. Lancet*, 1868, p. 92.

Again: "That all the local inflammatory mischief and general febrile disturbance which follow severe injuries, are due to the irritating and poisoning influence of decomposing blood or sloughs."—*Amer. Edit. Lancet*, 1867, p. 742.

"It is now six years since I first publicly taught in the University of Glasgow, that the occurrence of suppuration in a wound under ordinary circumstances, and its continuance on a healthy granulating sore treated with water dressing, are determined simply by the influence of decomposing organic matter."—*Amer. Edit. Lancet*, p. 92.

Dr. Canniff, in alluding to the practical application of carbolic acid by Prof. Lister, states that "the mode of applying carbolic acid with water amounts to a frequent and much needed washing of the parts."

The following extract will prove that Prof. Lister's practice is not a simple "washing of the parts." "Admitting, then, the truth of the germ theory, and proceeding in accordance with it, we must, when dealing with any case, destroy in the first instance, once for all, any septic organisms which may exist in the part concerned; and after this has been done, our efforts must be directed to the prevention of the entrance of others into it. And provided that these indications are really fulfilled, the less the antiseptic agent comes in contact with the living tissues the better, so that unnecessary disturbance from its irritating properties may be avoided."—*Amer. Edit. Lancet*, 1868, p. 93.

The destruction of the organisms once for all, is effected by the injection of a solution of carbolic acid into the wound, so soon after its occurrence as possible, and the prevention of the entrance of others, by various antiseptic dressings, none of which contain water. That this is the practice of Prof. Lister may be seen by referring to the reports of cases which he has published.

It is not to be wondered at, that Prof. Canniff holding the above incorrect views of the antiseptic system and of its practical application, should seek on other grounds a solution of the undoubted success which has

resulted from Prof. Lister's practice. In the 301st and 302nd pages of the *Journal*, he attempts to prove that the good effects arising from the use of carbolic acid, applied according to Prof. Lister's directions, can be accounted for by its caustic "apart from its antiseptic properties." He states: "Probably, I may say, the more caustic its effects the more beneficial it proves to be." The principles on which he bases this deduction are so vaguely stated that it is impossible to appreciate them. The history, however, of the application of carbolic acid on the true antiseptic principle, clearly proves that the good effects which have resulted cannot be accounted for by its caustic properties. At first, Prof. Lister applied carbolic acid, "once and for all," of full strength, but latterly diluted (1 to 20), with results, to say the least, fully as striking. In Prof. Lister's chronic wards of the Glasgow Royal Infirmary, a plaster, composed of carbolic acid and emplastrum plumbi, was applied to healing ulcers, chiefly as an antiputrefactive agent. It was found that cicatrization proceeded more rapidly under it when of the strength of 1 to 100, than when of 1 to 40, or 1 to 20, in fact, the plaster of the latter strength retarded cicatrization by killing the weak, newly-formed cuticle.

Dr. Canniff, however, proceeds still further, and states that the use of carbolic acid, even as a caustic, is unnecessary, provided that certain principles, which he mentions, be faithfully practised, and relates a case in proof of this assertion. The principles which he urges regarding the treatment of wounds, are sound, and have been generally acted upon by good surgeons for many years: the results, however, have been far inferior, as has been generally conceded, to those which Prof. Lister has experienced. The excellent case of compound fracture and dislocation, which the writer has reported so briefly, proves that this system is wanting, for there was "unnatural heat," *i. e.*, local inflammation, the absence of which, and the resulting general febrile disturbance, is so striking in all Prof. Lister's cases. With regard to the case of fœtid perineal abscess, I may state that it is exceedingly rare to find the contents of an abscess fœtid, except when it has formed, as in this case, in the neighborhood of a mucous canal. In some similar cases, vibrios have been found in the evacuated matter, and in one, a previous connection with the mucous membrane was found after death.

When speaking of the germ theory, Prof. Canniff asks: "Why is it necessary to summon the aid of minute germs to account for degeneration and death and decomposition of organic matter in connection with bruised and lacerated tissues?" The most determined advocates of the germ theory have never summoned "the aid of minute germs" to account for degeneration and death of tissues, but only for their decomposition, which,

with exceedingly rare and doubtful exception, as in the case of perineal abscess, always occurs in, and is hastened by, the presence of the atmosphere.

Prof. Lister's simple yet beautiful experiment with urine (reported at length in the *British Medical Journal* for July 18th, 1868) is conclusive that the prevention of decomposition was not due to an absence of the gases in the atmosphere, but to the prevention, by mechanical means alone, of the entrance of particles suspended in the air. In this experiment the urine was kept clear and free from putrefaction, and from the formation of the lowest and most minute known organisms, for six months, though exposed to the action of the gases of the atmosphere.

Hamilton, Feb. 1, 1870.

Case of Hernia Cerebri resulting from the kick of a horse over the right supra-orbital ridge. By F. W. SHERIFF, M.D., Huntingdon, P. Q.

On the afternoon of the 25th April, 1869, Arenne Londre, aged 41, received a kick from a horse over the supra-orbital ridge. He remained insensible only for a few minutes and was immediately carried home. I saw him in about half an hour after the accident. I found a wound about three inches long filled with coagulated blood; on removing the clots I discovered that a considerable portion of the skull had been driven into the brain. Two portions of bone were removed by the forceps, one piece three quarters of an inch square, and of irregular shape, which had formed part of the orbit. A small portion of cerebral matter escaped when the bones were removed, there was considerable depression of the bone, but as there were no symptoms of compression, no attempts were made to elevate it into its place. The wound was drawn together and two stitches were introduced, which, with adhesive plaster, caused the edges of the wound to be drawn together accurately. Carbolic acid dressing was applied to the wound, with compress and bandages. A solution of *veratrum viride* was then prescribed to keep down vascular excitement.

26th. Twice visited; makes no complaint; pulse 70.

27th. Has rested well; complains only of soreness of the head; has twice vomited, which has caused a bulging out of the wound.

30th. Removed stitches and plasters; a considerable portion of the wound has united, but it is bulging and appears soft and spongy. Pulse has continued natural. The *veratrum viride* has been administered regularly every two hours.

May 1st. No unfavourable symptoms; pulse 70; a fungus is bulging partially through the wound, in which distinct pulsation is visible.

2nd. A graduated compress was made, and applied to the wound; and was kept in place by a tight bandage.

3rd. Was unable to bear the pressure, so the bandage had to be slackened. The fungus has now completely opened out the wound. It is of a reddish colour, and resembles in appearance the outside of the brain. From the 4th to the 13th the patient was visited regularly twice a day; there was no particular change in his symptoms; pulse continued natural. He sits up occasionally, but has been unable to raise his head from a pillow without assistance; appetite good; sleeps well. Various washes were applied, nitrate of silver, solution of sulphate of zinc, and carbolic acid, lime water, without any benefit resulting. The swelling entirely closes the eye, but the sight is perfect when the upper eyelid is elevated.

14th. I removed the whole of the tumour with a knife, shaving it close to the bone. The portion removed weighed half an ounce and consisted of the cortical and medullary parts of the brain; only slight hæmorrhage took place; a wedge-shaped compress about two inches in length was inserted in the wound, and strips of adhesive plaster were applied.

17th. No unfavourable symptoms have resulted from the operation; a thin sanious fluid has been discharging in small quantities from the wound, also tears from the lachrymal gland.

18th. Removed dressing. Fungus again protruding; applied compress again, with solution of sulphate soda and carbolic acid, there being a disagreeable smell.

20th. Removed dressing. Fungus nearly as large as before and pulsating; pulse natural; tongue clean; makes no complaint. Had vomited the night before from eating too much.

24th. Has continued as before until this morning, when he had a severe rigour, followed by fits; complains of pain in the head

26th. Slept well last night; no chill; pulse 80; fungus rather increased. solution sulphate of zinc and carbolic acid to be constantly applied to the wound.

27th. Has rested well: pulse natural; fungus much smaller and swelling diminished; wound still discharges serous fluid; no pulsation has been preceptible for four days in the mass. Painted the tumour with a thin plate of chloride of zinc and flour.

28th. Has little pain; pulse 90; vomited 4 times last night; fungus cased with a hard dry blackish scale, much smaller.

30th. Pulse 85; slough separated; tumour, nearly as large as before, and pulsation has returned.

31st. Pulse 90; fungus clean; complains much of his head; tumour very prominent; again applied the chloride of zinc freely.

June 4th. Slough separated ; is a little deaf ; pulse variable. Is now much excited, eats little and occasionally vomits.

17th: Since the 4th he has gradually become weaker, raves occasionally, brain still protruding ; his sight sometimes impaired, pupil of the affected eye largely dilated, although still sensible to light ; pulse variable ; can answer questions rationally.

24th. Tied a piece of cord round the tumour without causing any pain. Is very much excited ; swallows with difficulty.

26th. Applied a fresh piece of cord round tumour which is now nearly isolated. Patient is now dull and listless ; will often answer questions, and eats nothing.

28th. Tumour having become foetid, I removed it with my lancet ; a considerable quantity of limpid fluid escaped.

29th. Seems revived ; shows more sensibility ; answers questions and takes food ; tumour discharges freely bloody serum, which seems to come from brain.

July 2nd. Died at 9 P.M., 69 days after the accident. Has always shown since last report some consciousness ; put out his tongue when asked. Brain not protruding. Since last removal, has had considerable trembling of hands and arms ; grasped everything within reach.

Autopsy.—July 3. Body greatly emaciated. Brain sunk behind opening in skull ; we removed the calvarium, found the dura mater much congested. The brain was completely removed from its attachments ; there was much wasting and flattening of the right anterior lobe. Ventricle on both sides filled with purulent fluid, and freely communicated ; the cerebellum seemed to be darker in colour than natural, and was partially softened. There was also a quantity of pus round the base of the brain. It was the 24th of May, a month after the accident, that he had the first rigor and in all probability pus was then formed. From the first day he had great difficulty in lifting his head from the pillow, and during the last five weeks there was total inability. The opening through the skull was about $\frac{3}{4}$ of an inch in diameter, and just under the frontal sinus there was a small spicula of bone pressing inwards. He was quite intelligent during the whole of his illness except during the last fortnight.

Huntingdon, January, 1870.

NOTE.—The above interesting case was accompanied with a photograph, but the delineation is imperfect, and if copied would not have afforded a correct appreciation of the nature of the tumour. (Eds.)

Inversion of the Uterus, and Cystirrhœa. By JOHN H. Burland, M.D.,
C.M., Hatley, P. Q.

CASE I.

Inversion of the Uterus.—On the morning of March 30th, 1868, I was called to attend Mrs. V—in her first labour. The patient was about 26 years of age, and of rather a delicate constitution. The labour, though natural, was protracted, the pains being unusually severe and frequent. About three hours after my arrival the child was born. The mother being thoroughly exhausted I advised her to remain perfectly quiet, and at the same time administered a small quantity of brandy and water. My attention having been requested by the nurse to witness some supposed deformity in the child, I left the bedside for a moment, but was speedily recalled by the sudden and unexpected outcry of the patient, who declared she was being “torn to pieces.” It was evident that violent reaction of the uterus had taken place, and something unusual had occurred. On making examination I found profuse hæmorrhage, and that the fundus of the uterus had been forced through the neck, which, with the larger portion of the placenta adherent, occupied the vagina. Seeing the great peril in which the woman was placed, more particularly from the excessive hæmorrhage, I did not hesitate a moment to detach the placenta, although in so doing the inversion became complete, and now projected some inches beyond the labia. Grasping the uterus firmly with my right hand I returned it within the vagina, and then changing the position of the hand, so as to form a wedge with my fingers, I succeeded in gradually passing it through a now somewhat contracted neck, to its original position. Notwithstanding the immediate detachment of the placenta, and the pressure exercised upon the uterus by my hand, the hæmorrhage was persistently frightful, my anxiety on this account only being allayed when the womb was *in situ*—and some contraction had taken place. Cold applications were resorted to, stimulants were freely administered, and after a lapse of perhaps an hour the pulse indicated a better state of affairs. Convalescence in this case was remarkably slow, and very unsatisfactory. I apprehend a recurrence of trouble for the poor woman at her now approaching accouchement.

CASE II.

Cystirrhœa.—Mrs. D—, a native of the United States, aged 32 years, has had two children, and is now evidently in very delicate health. This patient presented herself to me for treatment on the 16th of August, 1868. History—Has suffered from the present disease for over 4 years, and has applied to a number of medical men without obtaining the slight-

est relief. Symptoms: she experiences great difficulty in making water, the calls to void urine being frequent, and the quantity small, its passage being attended by a scalding sensation, with much pain referable to the region of the bladder. There is a constant discharge of mucus, *streaked with blood*, amounting to, perhaps, a pint daily. This seems to be passed off independently of the urine. The patient supposes this discharge to be the "whites," for which she has been treated. Being permitted, I introduced the sound but found no evidence of the existence of calculi. On examining the urine, I found it extremely offensive to the smell, of a pale greenish colour and somewhat albuminous. At first I supposed it to be loaded with pus corpuscles, but subsequently discovered this peculiarity of appearance and odour to be due to an excessive deposit of the phosphate. My prognosis of this case was somewhat unfavourable; indeed, from the very anxious appearance of the patient and the duration of the disease, particularly as no previous local treatment had been directed to the bladder, I felt somewhat uncertain as to the result. After communicating my apprehensions relative to the result of the disease to the patient, who was a very intelligent woman, she expressed a strong desire that I should assume the treatment of the case, promising strict attention and faithful obedience in following all directions I might be inclined to give.

Treatment.—I directed the patient to take a sponge bath of salt and water every morning, and the skin to be rubbed dry with a coarse towel afterwards. The diet to be plain and nutritious, carefully avoiding an improper use of condiments and stimulating articles of diet to which she was somewhat addicted. I advised a wineglassful of good port wine at dinner, and just before retiring for the night. With the following:

℞	Tr. Cinchona-Comp.	̄ ij.
	“ Buchu	̄ ij.
	Aquæ ad.	̄ xij M.

of which she was to take a tablespoonful an hour before each meal. A suppository of three grains of opium rubbed up with castile soap was used every night. Having procured a double catheter with a syringe adapted for its use, I injected a solution of Arg Nit. (2 grs. to the oz.) very cautiously into the bladder every second day. This procedure being at first accompanied with much pain, I was loth to continue it, but after several injections had been made it was much better tolerated.

Aug. 30th. Finding that no perceptible benefit had been derived from the foregoing treatment, I have in consequence ordered:

℞	Quina Sulph.	grs. xij.
	Tr. Ferri Murias.	̄ ij.
	Aqua.	̄ xij M.

Take a tablespoonful an hour before meals. The suppository to be continued. Injection of muriatic acid. M. x. Vinum Opii. M. xx. in about two ounces of barley water (Dr. Golding Bird).

Sept. 24th. Some slight improvement in the symptoms, but I find it necessary to change the mixture previously ordered, in consequence of an irritability of the stomach.

℞
 Acid Phosphoric, dil. $\bar{\text{v}}\text{ j.}$
 Inf. Calumba $\bar{\text{v}}\text{ xij. M.}$

Take a tablespoonful an hour before meals.

Oct. 12th. I am now somewhat di-couraged with the small success attending the treatment. The urine is still albuminous and highly charged with the phosphates. There is evidently no decrease in the amount of mucus secreted, and it is decidedly of a purulent character. Nevertheless the urine is retained for a longer time without inconvenience, and it is voided without creating so much pain. I have used counter irritation applied above the pubes, and I have kept the bowels free by the constant use of saline cathartics, as recommended by the best authorities upon the subject of this disease. I have also returned to the use of the solution of Arg. Nit. (3 grs. to the oz.)

Nov. 4th. After mature deliberation and careful study, I am once more determined to change the treatment in part—and on this occasion depart from the recognized form of local treatment, and substitute a new agent for that already used in the injections. The medicine last ordered to be continued. To have 40 M. Liq. Opii. Sed. every night, and a scidlitz powder in the morning. The suppository to be omitted, injection of the bladder with carbolic acid, (Calverts). At first I followed the directions of the manufacturer - viz., "For internal use." "Dissolve 1 part of acid in 200 parts of water," but as marked relief to the patient followed its exhibition, I gradually increased the strength of the solution to 1 part in 100—and finally to about 1 part in 60.

Dec. 11th. Much improvement has resulted from the use of the carbolic acid, and the patient expresses much delight at the prospect of being permanently relieved from this distressing disease. Treatment the same, with the exception of substituting Ex Hyoscyami grs. ii. for the Liq. Opii. Sed.

Dec. 25th. The patient continues to improve rapidly, and I have therefore decided to use the injections but twice a week. Same treatment continued.

January 12th, 1869. Mrs. D.———visited me to-day, and expressed her gratitude for the great benefit she has derived from this treatment

Injections discontinued, to omit the Hyoseyamus and seidlitz powders, to continue the medicine for a month longer. At this date I consider her perfectly cured, the discharge of mucus has entirely ceased, the urine is quite normal, perhaps a little albuminous. No phosphatic deposit of any consequence, no pain in the bladder, no scalding sensation in voiding urine, and the quantity passed daily is but a very little from the healthy average. The patient has much improved as regards appearance, weight, and spirit. Mrs. D——returned to her home in the States on the 28th January.

July 24th, 1869. I received a lengthy communication from Mrs. D. on the above date, in which she affirms that no return of the disease has become manifested, and that she is perfectly well in every respect.

Hatley, January 12th, 1870.

CORRESPONDENCE.

To the Editors of the Canada Medical Journal:

REPORT OF AN ACT TO AMEND THE ONTARIO MEDICAL ACT.

(By a Correspondent.)

Results such as were anticipated have already begun to flow from the *unique Medical Legislation of Ontario*. Dr. Duncan Campbell and his *confrères* begin to think they have been somewhat outwitted by their "brethren of the General Profession," who assisted Dr. C. in obtaining the recent Act. They accordingly placed in the hands of the Hon. Mr. McMurrich, "An Act to amend the Ontario Medical Act." This new effort consists of about thirty sections and sub sections. The principal points contended for were:—

1st. That in the subjects common to the profession and the homœopaths and eclectic, (anatomy, physiology, chemistry, and operative surgery and midwifery), the latter should take part in examining *all* students.

2nd. That a complicated process of examination should be introduced, whereby the candidate should first pass a written examination in each subject before the examiners selected for the various subjects; the examiner should then lay the papers before the whole board, and should a favorable decision be given, the whole board should examine the candidate orally. At the same time it was provided that he should have a motto pinned to him; instead of his name, lest the Clarkes and other manipulators of the original Bill,—who "abhor and repudiate homœopaths," and who have been fondly dreaming, in the generosity of their hearts, that this Bill will "choke them off,"—lest these and other such-like drug-poisoners should wilfully and falsely nip the young homœopath in the bud.

3rd. The previous actions of the Executive Committee appointed at last meeting of the council, (which committee, Dr. Campbell says, was very naughty), were to be null and void; but hereafter their actions were to be as binding and weighty as those of the council itself, and to be free from all revisal by the latter body. This committee was, however, only to take cognizance of "matters requiring immediate interference," but it is hard to say how much interference may be made "immediate" in this Ontario of ours. On one occasion,—not very long ago,—the entire status of our Profession here received a tremendous hoist, (it matters not whether upwards or downwards), through the immediate interference "of a committee of council."

4th. All committees to consist of six. Each member of the council to name one, and the six highest names to be chosen, but there must be at least one elected by homœopaths and one by eclectics. Hence, these two little councils within the council were to get a double vote.

5th. This double vote also to extend to examiners.

6th. Pathology, diagnosis of disease, and sanitary science were not to be separated from theory and practice of medicine, surgery and midwifery other than operative, but must be left to the special examiners of each "school," as was evidently the intention of the original Act, until our friends explained it differently.

These are the main points. The rest of the Bill is taken up in correcting some errors of expression, in giving vent to a few suggestions by the registrar of the council, (the parentage of which, however, he denies by telegraph, though Dr. Campbell shewed them in his handwriting), and investing with parliamentary force a by-law of the old council providing for the election of homœopathic and eclectic members. In this latter a clause is inserted to provide for the payment of the postage of homœopathic and eclectic voters. We don't enjoy this privilege, but what of that? Why should not we pay their postage and our own too, in consideration of the honour of the new association?

This Bill, then, passed its second reading on the 13th Dec., 1869, and was referred to a committee selected by its promoters, who generously named on it two of our medical M. P. P's., and reluctantly consented even to a third, adding a large number of strong homœopathic antidotes.

This committee met very quietly on the 15th. It seems, however, that a few of the "allopaths," and even some of those who advocated such "monstrous nonsense" as a repeal of the Act, got wind of the meeting, and were there. Dr. LAVELL, happening to be in Toronto, the committee condescended to hear him before he left. His evidence was to the effect that the homœopaths had consented to what they, on more mature deliber-

ation, rebelled against. He also stated that he at first objected to the Ontario Medical Act, but afterwards agreed to work it, but that if these amendments passed, he and the other medical men of Kingston would go in for immediate repeal. It will be remembered that Dr. Lavell was not responsible for the present Act. In fact he was about to vote at the last meeting of the old council, against the passing of a by-law for the election of homœopaths, as ordered by the Act; but, being reminded by Dr. Clarke that he had the day before tacitly joined in a vote of thanks for the Act, and that he would now be "making a fool of himself," (the identical expression), he confessed "I believe we have swallowed the bigger pill;" which he and many others, in the council and out of it, have ever since been trying to digest.

Whilst Dr. Lavell was addressing the committee the ubiquitous Dr. Campbell enlivened the scene by frequent interruptions.

On the second day, the medical M.P.P's. endeavoured to hoist the amendment bodily; whereupon the Provincial Secretary told them that if medical men acted in that way, they would not be put on committees. Notwithstanding this threat they continued obstinate; and he then turned round to some of the members of our profession who dislike the present connection, and offered to assist them in obtaining a repeal of the Ontario Medical Act. To this they agreed, and so, if Mr. Cameron only sticks to his promise, we have gained a point, as he will surely have some influence in undoing what he has done.

At this point Dr. CLARKE arrived, and after some wrangling among members of the committee as to whether he should be heard, and some solicitation on his own part, the point was conceded. He waxed very wroth; (literally and figuratively), held himself up as a martyr at the hands of his brethren for his efforts in protecting the public from *uneducated* quackery, and as a patriot sacrificing his own feelings, time and money to the public good. Among other philanthropic designs he had endeavoured to persuade the Toronto medical schools to establish a chair of homœopathy, but they had refused. He then proceeded to condemn written examinations. The papers could not be printed without the whole printing office becoming aware of their contents, and communicating them to outsiders. He was not going to have all these fellows sending the papers beforehand to their students, (here poor Mr. McMurich got bewildered, and, not seeing the point, wanted to know why they intended to send the papers to the students' homes!) Dr. Clarke would therefore suggest that all the examinations should be oral, and seemed to indicate that the council would so order them, and thus all difficulty would be obviated; the whole of the happy family would meet together

and all should join promiscuously in the examinations. As to pathology and diagnosis, certain text-books had been set down at the suggestion of the homœopaths; and when examiners were thus confined to the books chosen by the homœopaths themselves, why should they now object to their students being examined in them in common with ours? Especially could there be no objection when it was known that there could be no difference of opinion between the several "schools" on these subjects,—as he maintained was the case. And here Henderson of Edinburgh did good service. Dr. Clarke did not think the executive committee had acted altogether rightly towards the homœopaths.

Dr. CAMPBELL agreed with this, and thought that if Drs. Clarke and Brouse had been present, justice would have been done them.

Dr. AIKINS here wished to make an explanation of what had occurred at the executive committee meeting. At that meeting he had reminded Dr. Campbell that he and his homœopathic *confrères* had agreed to what he then objected to. Dr. Campbell had replied that "his homœopathic *confrères* were d——d sneaks and scoundrels to desert him." Dr. Aikins had then nailed him by saying that *he* (Dr. C.,) had agreed to these points himself.

Dr. CLARKE continued that he regretted very much that the homœopaths had acted so hastily in introducing this Bill, as all would be made right at the next meeting of the council; and if they would now wait he would summon a special meeting of that body. He then told the committee that he did not expect such an affair to come up after the social manner in which Dr. Campbell and the rest had met over his champagne, on which occasion Dr. Campbell had expressed himself as glad to be back amongst gentlemen. (Great laughter.)

Dr. CAMPBELL had said "old friends" not "gentlemen." A good deal of wit followed, and members of the committee seemed to be coming round "all right" under Dr. Clarke's speech, delivered with his usual air of vehement and earnest truthfulness and integrity of purpose, which takes with the uninitiated, followed as it was by his accustomed wind-up of captivating fun.

Hon. Mr. CAMERON thought that it might perhaps be well, after the promises made by Dr. Clarke, to report the Bill back, with the understanding that it should be allowed to drop. He thought, however, that it was also desirable to hear the other side; and Drs. Campbell, Hall and Adams were called upon in succession. They being of the right stamp,—not allopaths,—members of the committee did not object to their being heard.

They endeavoured to prove, (what I think we should admit), that

homœopathic views of pathology and diagnosis of diseases differ somewhat from ours.

Dr. HALL did not consider Henderson and others alluded to, good homœopaths; "they were not advanced."

Dr. ADAMS corroborated the statement of Drs. Campbell and Hall; and also bore testimony to the fact that Dr. Campbell was acting on behalf of all the homœopaths, being empowered by them, and hence could not consent to the withdrawal of these amendments.

Dr. CAMPBELL would not consent to their withdrawal unless Drs. Clarke, Aikins and Oldright, (members of the council present), would sign a written agreement to endeavour to aid in redressing the grievances as proposed by Dr. Clarke.

Dr. CLARKE thought he might trust to their word. Members of committee also thought such a proceeding would not be in order.

Dr. OLDRIGHT then requested to be heard, stating that he did not wish as a member of the council to be compromised by a silent consent to the promises made by Dr. Clarke, nor to the appeal of Dr. Campbell. He therefore wished to be heard.

Dr. BOULTER, M.P.P., who had a hand in obtaining the Ontario Medical Act, seemed anxious to punish Dr. Oldright for his audacity in having on a previous occasion opposed that Act. He thought the matter had been decided and there was no use hearing anything more. The majority of the committee were, however, of a different opinion.

Dr. OLDRIGHT then proceeded. He did not wish to be factious; he would like to see harmony prevail; but he thought it was wrong to sacrifice for its sake the interests of a Profession destined to benefit mankind and in the tenets of which he honestly believed. He therefore objected to Dr. Clarke's proposals. In the first place he did not consider it wise to limit the curriculum and confine examiners to one work on diagnosis, and one or two on pathology; much less to select the one or two which best adapted themselves to the views of the promoters of special dogmas such as homœopathy and eclecticism. It was not desirable that all future students should tread the one narrow track, or build on such a narrow basis. Let students pick up their knowledge from all quarters, and let examiners give general questions, such as would test the extent of each man's research and knowledge. He was much surprised at Dr. Clarke's attack on written examinations. Having during the past ten years had opportunities of observing both as a student and as an examiner, the practical working of examinations at the University of Toronto, where they were chiefly written, he could state that on one occasion only had the papers been given out beforehand. It occurred through a mistake made

by an examiner in distributing the wrong paper in the hall, and fresh papers had to be prepared. Written examinations were not so embarrassing to a nervous student as oral, and they gave an examiner a better opportunity of going more deliberately over the whole ground of a man's knowledge. Lastly, though there could be no objection to homœopaths and eclectics being present at the examinations of our students, he did not think the Profession would approve of their joining or interfering in them.

One of the homœopaths said you won't let us examine yours, but you wish to examine ours.

Dr. OLDRIGHT said he was not anxious that we should have anything to do with theirs.

Somebody then suggested that he had better try again for repeal.

Dr. OLDRIGHT did not think the repeal question fell within the province of this committee; but that when the proper time arrived an effort of that nature would be made, and he was glad that they had a promise of the support of the Provincial Secretary.

The committee then rose resolving to report the Bill back, with the understanding that it was to be withdrawn.

Dr. CAMPBELL slapped his papers down on the table and entered a vehement protest on the part of the homœopaths of Ontario.

Dr. Aikins was present, and though he made very few remarks to the committee collectively, he did good service against the amendments by whispering suggestions, and handing slips of paper, to Drs. Clarke, McGill and Boulter, whilst these gentlemen were speaking against them; and by privately combating the arguments of other speakers.

Toronto, Dec. 30, 1869.

The Editor may add, (if he consider it advisable), to what he has already said, that the same correspondent has forwarded him the following announcement of the Executive Committee of the Council, extracted from the *Globe* of February 1st. It shows how far the Executive Committee have gone in meeting Dr. Campbell's amendments, and it remains to be seen whether the Council will endorse this action at its next meeting in April.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The Executive Committee of the Council of the College met in this city yesterday, and, among other matters transacted, passed the following important resolutions with reference to the examinations to be held in Kingston in April:—1st. The questions for the WRITTEN examinations to be prepared by the gentlemen whose names were returned by the Education Committee in the several subjects allotted to them. 2nd. The papers not to be signed by the candidates with their names, but a number is to be

attached to them by each candidate. After the documents entitling him to examination have been certified by the registrar, a number is to be allotted to him. 3rd. The papers to be then examined by the examiners above referred to, and an order of merit, from 0 to 100, to be attached to each. 4th. The papers to be finally submitted to the whole Board for approval or rejection. 5th. The ORAL to be conducted by the whole Board of Examiners, any member of which may put such questions as may appear proper to him to the candidate, upon any of the subjects of examination. 6th. The passing or rejection of any candidate to be decided by a vote of the whole Board. It was also resolved that the registrar be notified to bring and produce all certificates and documentary evidence as regards the curriculum of candidates, on Thursday, the 24th day of March; and that a copy of this resolution shall be forwarded to the heads of the various Educational Bodies. Dr. Joseph Tuck, of Guelph, was appointed examiner in *Materia Medica* and Botany, in place of Dr. H. A. Gordon, resigned. It was resolved that the next meeting of the Council be held in Hamilton, on Tuesday, 12th April, 1870. Certified, Thos. Pyne, M. D., Chairman.

REVIEWS AND NOTICES OF BOOKS.

Manual of Hypodermic Medication. By Rob. Bartholow, A.M., M.D., Professor of *Materia Medica* in the Medical College of Ohio. Philadelphia: J. P. Lippincott & Co., 1869. Montreal: Dawson Bros.

The truly wonderful success which has followed the method of hypodermic medication in a great variety of cases, has placed it in the front rank of medical resources, especially in those diseases where pain and suffering form prominent symptoms. Although casually mentioned in works on practice of medicine, we know of no manual having been published which furnishes us with all the necessary directions for its use, and is complete in every detail. The appearance of this little volume is therefore very opportune, and meets a want which we feel sure must have often been felt by medical practitioners. Some doubt seems to have arisen as to whom the honour belongs of having first drawn the notice of the profession to this manner of introducing remedies into the system; but there can, we think, be no doubt that the first honour belongs to Dr. Alexander Wood of Edinburgh. This gentleman used it for the relief of local pain. It was not till 1859 that Mr. Charles Hunter demonstrated the fact that the same effect was produced whether the injection took place at the seat of pain or at a distance, the medicine acting through the blood. The ground taken by Mr. Hunter in his paper, which was entitled "experiments relative to the hypodermic treatment of disease," was the rapid absorption of the fluid

injected, and consequent speedy action, as well as smallness of the dose, compared to that necessary to produce similar results when taken by the mouth. Mr. Hunter was most indefatigable in disseminating his views, and met with a large amount of success in England, but it was in France and Germany that it was most favourably received. This can be accounted for by the conservative character of the great mass of English physicians, who seldom can see any advantage in things that are new and untried. Within the last year or two it has gained much headway in Britain, although Dr. Anstie, in one of his recent publications, informs us "there are many who still fail to see the use of giving medicine in this way." The author of this little volume states that even in the United States much prejudice did and does still exist among some against its use, but that now that its great value as a therapeutical agent is becoming so apparent, its adoption is becoming much more universal. Several varieties of syringes are described, and a decided preference given for a pure silver one, properly graduated. We fail to see that he has given sufficient reasons for this preference, and after considerable experience in the method of hypodermic medication we have found every purpose answered by an ordinary rubber syringe, and in some cases, such as the injection of certain minerals, it is decidedly preferable to any other. In the manner of giving the injection we gather one useful hint, and that is, to inject slowly, drop by drop, so to speak. This should be done so that the fluid may diffuse itself without rupturing any small vessels or the fibres of the connective tissue. Under the head of general therapeutics, lists are given of articles used for hypodermic injection. The first embraces all articles that have ever been employed in this way; the second, those that are really necessary for the ordinary contingencies of practice. They are the following:—Morphia (sulphate), atropia (sulphate), strychnine (sulphate), quinia (sulphate). As we have before mentioned, our experience during the last five years has been considerable in this method of employing remedies, and when we state that this experience is of two kinds, viz., its employment some fifty odd times on ourselves, and its administration several hundred times to patients, we think that perhaps some value may be attributed to our statements. Our experience, therefore, leads us to refuse to accept the last table of solutions given in this book as complete. We do not find there any mention made of the liq. opii sedativus (Battley), which, we think, is, as a general rule, to be far preferred to the sulphate of morphia, when the effects of an opiate are desired. It was this solution that was employed upon ourselves, and which we have made use of constantly till a few months ago, when we were induced to try the sulphate of morphia, from several articles we had read in medical periodicals. We have the notes of twelve

cases in which we employed it, and in every one, the gastric irritation produced was such as to cause very great annoyance, and in three very serious alarm, two of them resisting every effort to arrest the emesis for fully thirty hours, the patients truly exclaiming the remedy was worse than the disease." No such effects have followed the use of Battley's solution in our hands, and similar results have been obtained by it in the hands of medical friends, Care, however, has to be taken that the solution is fresh, or else localized irritation, ending in a small abscess, will most likely follow. We can hardly account for the seeming silence as to the gastric irritation *likely*, at all events, to succeed the use of morphia, for similar unpleasant results have followed its injection in other hands, and caused them to abandon it. The various diseases in which hypodermic medication may be employed are briefly noticed, and some practical remarks made with reference to the particular solution which is likely to be made use of in each case. Altogether, we have experienced much pleasure and gained information from the perusal of this volume, and recommend it to our readers. The style in which it is produced reflects the highest credit upon the house which has published it.

The Science and Art of Surgery, being a Treatise on Surgical Injuries, Diseases and Operations by JOHN ERICHSSEN, Senior Surgeon to University College Hospital; illustrated with six hundred and thirty Engravings on wood, with additions by JOHN ASHURST, Jr., A. M., M.D., Vice-President of the Philadelphia Pathological Society. Philadelphia: Henry Lea, 1869. Montreal; Dawson Brothers.

Among English surgeons, the name of Erichsen will ever hold a prominent position. Unwearied exertions and constant application have placed him in an enviable position, among the many great men in the British Metropolis. Wanting, perhaps, the brilliancy and dash, so to speak, of such men as Ferguson and Syme, yet in his own way careful and successful as a surgeon, he has given to University College and Hospital, —with both of which he is connected— a fame which is world wide. Of his system of surgery, we need hardly say a great deal, for it has been before the Profession for a number of years, and its merits are well known and appreciated. In proof of this, we need only mention the fact that four large editions have been exhausted, and a fifth called for. It is this edition we are now called upon to notice. The rapid strides being made in the science of surgery have necessitated a complete revision of the work. The extent to which this revision has been carried will be understood when we mention that the character and arrangement of the volume has been completely remodelled; upwards of one hundred new illustrations have been added, and some hundred pages of new matter written. To render the

volume complete in all its details Mr. Erichsen has in several departments received the assistance of friends. The chapter on Ophthalmology has been written by Mr. Streatfield, Ophthalmic Surgeon to University Hospital; and is indeed a *multum in parvo*. In some thirty pages this gentleman has compressed a vast amount of information. The chapter on syphilis has received the re-arranging hand of Mr. Berkeley Hill—a thorough and most competent authority. In a volume of this description, embracing over twelve hundred pages, it is impossible to allude to the details of the work, still we may be permitted to say that we notice almost a studied silence as regards the use of carbolic acid as a dressing in surgical diseases. That this omission is intentional we cannot doubt, and think it a cause of regret that it is so. Great men can afford to be magnanimous, and even though Mr. Erichsen may not be a believer in the antiseptic theory, its acceptance by the mass of the profession has been altogether too general for an author of a Treatise on Surgery to ignore it entirely. The volume is one which will form an exceedingly useful addition to every library.

A Treatise on the Diseases of Infancy and Childhood. By LEWIS SMITH, M.D., Physician to the Infants Hospital, Ward's Island, New York, &c., &c. Philadelphia: Henry C. Lea. Montreal: Dawson Bros.

The difficulties which surround the treatment of the diseases of children are so numerous, and at times so perplexing, that one is apt to exclaim, we cannot have too many observers or too many books written upon this very important field of medical investigation. In the treatment of no class of diseases is there such a constant searching after authority, and none perhaps where, from lack of information, is disappointment more frequently met with. We therefore hail with pleasure the appearance of every fresh volume on the diseases of infancy and childhood. The present one, while deficient in some respects, is evidently the work of an original thinker and careful observer, and on this account is a decided acquisition to this class of literature. Some of his views, especially on the pathology of several diseases, are somewhat peculiar, and yet weight is given them, from the fact that he has very largely inspected the cadaver, and from his position has had an ample field for clinical observation. From the first 50 pages many useful and important hints may be taken. We especially admire the chapter on lactation, although we cannot agree with all that is advanced. Speaking of the various hindrances to the nursing of the child, depression of the nipple is mentioned as one of the most common, and the following good advice is given; "Depression of the nipple is, to a certain extent, the result of pressure upon it by the dress during gestation. The state of the nipples should, indeed, in those who have

never suckled, receive early attention, even before the birth of the infant. Tightness of dress around the breasts, as indeed upon every part of the body, should be avoided, and from time to time gentle traction should be made upon the nipple if it is depressed. It may be drawn out by the fingers several times a-day; or by a common breast pump or by suction with a tobacco pipe."

We give the views held by Dr. Smith, with regard to the time when the new born-infant should be first given the breast, although they are contrary to what we follow; we invariably direct that the child shall not be applied till there is some sign of milk. We have always found, or at all events believed we did, that the immediate putting the child to the breast, worried it, gave it colic, irritated the nipples, and did not bring the milk an hour sooner. Dr. Smith takes an opposite view, and we give our readers the benefit of it. He says, "occasionally lactation is rendered difficult and painful by the long delay before applying the infant to the breast. When the mother has rested a few hours after her confinement, from three to six in ordinary cases, lactation may commence. There is at first, but very little milk, often only a few drops, but the secretion is promoted by nursing, so that the requisite amount is sooner obtained than when the infant is kept from the breast for two or three days."

The chapter on weaning is excellent. We quote an extract: "Weaning ought to take place, as a rule, between the ages of twelve and eighteen months. It is well, if the mother's health is good and her milk is sufficient, to defer weaning till the canine teeth appear. The infant, then possessing sixteen teeth, is able to masticate the softer kinds of solid food. *Weaning should be gradual.* Mothers often speak of weaning on a certain day. They have given but little artificial food, and have suckled at regular intervals, till at a fixed time they have denied the breast altogether. This abrupt change of diet should be discouraged. It is apt to derange the digestive organs and it causes fretfulness and sleeplessness on the part of the infant for a week or two. Weaning should commence by feeding with the spoon through the day and nursing less, and by discontinuing the practice of suckling at night."

We commend the volume as being a peculiarly practical one, and in our opinion all the more valuable on that account. It is well worth the price asked for it. It is got up in good style.

Handbook of Zoology with examples from Canadian Species Recent and Fossil. By J. W. DAWSON, L.L.D., F.R.S. Part 1 Invertebrata with 275 illustrations 8vo. pp. 264. Montreal: Dawson Brothers, St. James Street, 1870.

This is purely a Canadian work issued by one of Canada's most

industrious sons, and, as such, deserves the free and liberal support of the scientific community. In it will be found a full description of the invertebrata, both recent and fossil, peculiar to our country; but it is not confined to the Canadian family of this division of nature, as a general description of the invertebrata will be found in its pages. In the preface the author says:—"Fossil animals are included" in this description "as well as those which are recent, because many types, not represented in our existing fauna, occur as fossils in our rock formation; and because one important use of the teaching of Zoology is that it may be made subsidiary to geological research."

In the arrangement the author has retained that of Cuvier, as amended by modern discoveries, and although admitting the propriety of abolishing the province of the Radiata and of effectually changing the classification, yet he "cannot help perceiving that the four types of the great French Naturalist exist in nature," and therefore the adherence to this arrangement is "essential to an accurate and enlarged conception of nature." The author gives promise that should this volume be well received, and his object in publishing it fully appreciated, it may be followed by another on the Vertebrata.

The well recognized industry and devotion of Dr. Dawson in this department of science must ensure to this manual a liberal appreciation; it is simply what it pretends to be, a skeleton of the subject under discussion; it is amply illustrated, many of these latter being from papers published by the author, Mr. Billings, and other contributors to the field of science, which have already appeared in the columns of the *Canadian Naturalist*, there are also a large number of wood-cuts which are original, and which were specially prepared at considerable outlay for this work. The work will be found of great use, as a manual, by tourists and visitors to the sea side. Notice is taken of the more common animals that are to be met with, and its value is enhanced by directions for collecting and preserving specimens.

Pronouncing Medical Lexicon, containing the correct pronunciation and definition of terms used in Medicine and the Collateral Sciences, with addenda containing abbreviations used in prescriptions and list of poisons and their antidotes. BY C. H. CLEAVELAND, M.D., Eleventh Edition. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Bros.

In this little book (for it contains only 302 pages) the author has adopted what is called the American Phonetic Alphabet, which is composed of forty-three letters, each with a definite phonetic value attached,

and by this means he contends that the pronunciation of the most difficult and unusual Latin or Greek words can be easily and correctly made understood to any one. Each word has opposite to it its counterpart written in the phonetic letters, and thus its accentuation and pronunciation are at once arrived at. To all Medical men, and especially those who have not been fortunate enough to have had a good preliminary classical education, this dictionary, we are sure, will be found a useful help in avoiding many of those errors which are indeed only too common amongst physicians, even those otherwise well educated and well read. The fact of its having reached an eleventh edition is enough of itself to show the appreciations which it has already met with. The addition of the abbreviation used in prescriptions, and a short catalogue of all the important poisons with their antidotes, increases still further the usefulness of such a book as a constant occupier of a place on the physician's desk.

A *Conspectus of the Medical Sciences, comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery, and Obstetrics; for the use of students.* BY HENRY HARTSHORNE, A.M., M.D., Professor of Hygiene in the University of Pennsylvania, auxiliary faculty of medicine: Professor of Organic Science and Philosophy in Haverford College, &c., &c. With three hundred and ten illustrations. Philadelphia: Henry C. Lea. Montreal: Dawson Bros., 1869.

The title of the above work speaks for itself with reference to the object that the writer has had in view in bringing it before the medical public. It is, as it professes to be, a conspectus or compendium of all the important branches comprised in the medical curriculum of a college course, and has been compiled, as the author in his preface states, almost entirely for the use of students. The great difficulty to be overcome in the production of such a volume as this is the compression of a vast amount of material into very small space, and at the same time to retain lucidity and avoid omissions. In this the author, who mentions the names of other men of high standing who have aided in his labour, has, we think, very fairly succeeded. Without omitting subjects which the student might expect to find treated of in such a book of reference, no one portion is allowed to predominate over another, and the consequence is that in this book the reader will find a fair digest or essence of all that is known at the present day in any one of the great departments of medical science. We believe that this book may be found of great

service by medical students generally, as a "multum in parvo" or every day "vade mecum," but especially by those engaged in reviewing the whole of their past studies previous to examination. The printing and paper are good, and the woodcuts very fair.

Treatise on the Diseases of the Ear, including the Anatomy of the Organ. BY ANTON VON TRÖLTSCH, M. D., Professor in the University of Wurzburg, Bavaria. Translated and edited by D. B. St. John Roosa, M. A., M. D., Clinical Professor of the Diseases of the Eye and Ear, in the University of New York; Surgeon to the Brooklyn Eye and Ear Hospital, formerly Surgeon to the New York Eye and Ear Infirmary, &c. Second American from the fourth German Edition. William Wood & Co., New York. Dawson Bros., Montreal.

"The Science of Otology is fast taking its place in the van of the great movement in the ranks of Medicine. Diseases of the Ear are now receiving that attention which humanity has vainly demanded of our profession for centuries. Congratulating his readers upon this new epoch in medical science, the editor hopes that this translation of the work of one of the leaders in this onward movement may be found to be an acceptable text-book for those who wish to study the diseases of the organs of hearing, and that it may receive the same hearty reception that was given to its immediate predecessor." The above paragraph is extracted from the translator's preface of the work under notice; no one can deny the full truth of the remarks contained in the first part of it, and as regards the latter portion we can so confidently recommend the work to our readers, that we join heartily with the editor in his wishes for the success of the volume. The arrangement which has been adopted by the author is that of dividing the subject into a series of lectures (31 in number) and he is throughout as if addressing his class; this mode of writing gives a pleasing variety to medical didactic writings, and in this case, as the writer is generally felicitous in expression and illustration and forcible in comparison, the general impression left on one's mind as regards the author's style is a decidedly agreeable one. As a text-book, it is complete in every branch, for it is full and explicit on the general and minute anatomy of each portion of the ear, and at the same time contains an ample account of every important affection of the auditory apparatus. As a work for the practical physician its value cannot fail to be recognised, so clear and precise are all its directions for the practical employment of the now numerous instruments used in the diagnosis and treatment of those, often

obscure, aural diseases. To illustrate the method with which each portion of the subject is treated, we will quote the following, which are the subdivisions of the two lectures on the use of the Eustachian catheter, one of the most important points which can engage the attention of the aural surgeon, namely, "Catheterization of Eustachian tube, history of the subject, common errors in the use of catheter, method of introduction, accidents which may occur, spasm of the esophagus, emphysema, hæmorrhage, description of the catheter, diagnostic value of catheterization, auscultation of the ear, the otoscope and air bath, effect of the air bath, the catheter as a vehicle for introducing gaseous and solid substances into the middle ear, rubber air-bag, compression pumps, instruments for holding the catheter in position, &c." All the latest improvements in aural instruments are described and many of them illustrated by wood-cuts. In many places valuable additions to the original work have been made by the translator. A great number of cases illustrative of the diseases under discussion are reported at length, adding much to the value and interest of the book. It is admirably printed in large type on excellent paper, and the wood-cut illustrations are numerous and well executed. We would recommend the work most strongly to every physician wishing for information on the subject it treats of.

A Course of Practical Chemistry, arranged for the use of Students. By William Odling, M.B., F.R.S., Lecturer on Chemistry at St. Bartholomew's Hospital, with numerous illustrations. Fourth edition. Philadelphia: Henry C. Lea. Montreal: Dawson Bros.

This is really a very excellent little work, and should be in the hands of every student of practical chemistry. The addition of this branch to the curriculum by the Ontario Medical Council, has rendered it necessary that all students who intend to pass their examination should have one course, and to such we can cordially recommend this book. It contains numerous illustrations of apparatus. It contains all the latest discoveries in chemical science, and is in every respect up to the times. Its size is convenient for the laboratory.

PERISCOPIIC DEPARTMENT.

Surgery.

DR J. STILLING ON THE CURE OF STRICTURE OF THE LACHRYMAL CANAL BY INCISION.

This new method of treatment consists in the division of the stricture by passing a narrow knife down the lachrymal canal, and dividing

the constriction in several directions. After the division no attempt must be made to dilate passage. The elastic and muscular fibres which exist under the mucous membrane cause the incisions thus made to gape; and if the case be left to nature, a new, soft, inelastic tissue fills up the spaces between the edges of the incisions, and thus the canal is widened. But if probes are passed after the stricture is cut, irritation is set up, leading to suppuration and excessive formation of connective tissue; as a consequence of which, cicatrical contraction ensues with narrowing of the passage.

In performing the operation, the knife is introduced through the puncta and canaliculi into the sac, and then passed down to the stricture, which is divided; the knife is then withdrawn and reintroduced with the edge differently directed, and this repeated several times till the knife can be readily rotated when in the stricture part.

In nine cases in which he had recourse to this procedure, Dr Stilling was pleased with the results obtained.—*Zehnder's Monatsblatter für Augenheilk.*, 1868, p. 58.

DR WARLONMONT ON THE TREATMENT OF STRICTURE OF THE LACHRYMAL CANAL BY DIVISION.

The method of treatment employed is that of Dr. Stilling. He confirms Dr. Stilling's views, and has found it unnecessary to have recourse to dilatation after division of the stricture. The operation itself is seldom followed by any other sequelæ than a slight ecchymosis of the lower lid. Eight cases are narrated, in all of which the treatment appears to have proved most successful. In addition, Dr. Warlomont states that he has had above twenty other cases in private practice, in which similar results were obtained. He has hopes that the cure will prove radical. In none of the cases has he as yet observed a relapse. In cases where the membrane of the canal is affected with chronic inflammation, attended with mucopurulent secretion ("Blennorrhæa"), Dr. Warlomont recommends, in addition to the division of the stricture, the employment of injections of chloride of zinc (gr. j. ad $\frac{3}{4}$ v. vel vj.) three times a day. For injection he employs the instrument constructed by M. Libbrecht. If this treatment is adopted in these cases, the mucopurulent secretion usually ceases in five or six days.—*Annales d'Oculistique*, tome lx. p. 117.

Medicine.

ITCHING AND BURNING OF THE SKIN.

DR BACON employs with much satisfaction the following formula:—
 ℞. Sapon mol., Oj.; spts. vin., f. ℥ iv.; ol. juniper, ol. amygd., aa f. ℥ j.; emuls. sassafrasf., ℥ vi.

Juniper tar soap is employed, and highly recommended, for the same purpose as above.

Tinct. hamamelis virg.,—Pond's or Squeer's preparation recommended.

℞. Ung. zinci carb., ℥ iv.; acidi gallici, ℥ j.; tinct. ferri chlor., gtt. j.

This combination finds much favour with some writers. Before applying, wash the part with bran or slippery elm water.

In skin diseases attended with discharge or itching, notice through the agency of a piece of litmus paper whether the discharge be acid or alkaline; if acid, lime-water and milk in equal parts will generally be found to furnish an immediate relief. If alkaline, any convenient neutralizing wash may be used.

Midwifery and Diseases of Women and Children.

TWO CASES OF CONVULSIONS DURING DENTITION ARRESTED BY SCARIFICATION OF THE GUMS. BY G. STEVENSON SMITH, L. R. C. S.E.

Since Dr. Cairns communicated his able paper on the Scarification of the Gums to this Society, I have chanced to meet with two cases of convulsions in young children, in whom the violent and alarming excitement of the nervous system was completely allayed by lancing the gums.

A. M., aged six months, a sickly-looking infant, had not been well for a day or two, and when I was asked to see him he had much heat of skin and of the head, and had vomited several times. The pulse was sharp and quick, and for twenty-four hours there had been numerous successive attacks of general convulsions. Failing to find any cause for the fits in the state of the general health, I examined the mouth, and found the lower gum red, tumid, and glistening. I divided its tense margin with a lancet, and the little patient appeared to get immediate relief. At my visit next day, I found him lively and contented, the temperature had fallen, the gastric irritation had subsided, and there had been no more convulsions.

L. S., aged eight months, had been fretting much for some days, was hot and restless at night, had a burning head, quick pulse, and a ceaseless

whining cry. I found that he had repeated attacks of convulsions, and when I arrived he was in a state of opisthotonos, this condition having existed for several hours. Having carefully examined the child, I found nothing to account for the nervous symptoms, save that the upper gum was hot, red, and swollen. He had cut the two lower incisors. I drew the point of a lancet across the tumid gum, and next day I found that the opisthotonos had passed away very soon after the operation. There were no more fits, and the child was comparatively well. The two upper incisors made their appearance in two days, and when I saw the child the other day he was in perfect health.

Similar cases I have frequently met with before, and the members of the Society must have had the same experience.

In Dr. Cairn's paper three questions were put, which I shall now endeavour to answer *seriatim*.

1st, Does sacrifice do any good? Does it relieve local pain or prevent and arrest convulsions, laryngismus stridulus, diarrhoea, etc.? To this I reply in the affirmative. It does relieve local pain in many a case, and how this can be doubted for a moment I am at a loss to understand. The little patient cannot speak, says Dr. Cairns, and how can you be sure that you have given relief? It seems to me that, if we cannot interpret the feelings of a little child because it has not yet acquired the use of articulate speech, we are not well fitted to treat the diseases incident to infancy, and have yet to cultivate a most important part of our professional education. The simple wagging of a dog's tail conveys to his master a clear and distinct expression of the feelings which animate his canine breast; and do not the calm repose, the sparkling eye, the joyful crowing of our little patients manifest their relief from suffering as decidedly as the sleeplessness, the fretfulness, and the shrill cry of pain tell of discomfort and distress? But Dr. Cairns does not believe that by abstracting blood from an inflamed part you can in the least degree either reduce or modify the inflammation. The part, he says, continues to be as red, as hot, and as painful as before. Such ideas are only to be explained on the supposition that our friend never practises local depletion, and is consequently a stranger to the beneficial effects of such a remedy. Has he never seen relief following the opening of an abscess, or the application of leeches to a swelled testicle or to the belly in a case of acute peritonitis? If he has not, then I can easily comprehend why he doubts that the abstraction of a little blood from a congested gum can alleviate pain.

That scarification may prevent and arrest convulsions I firmly believe, and in this opinion I know that I am supported by a perfect cloud of witnesses. Dr. Brown-Sequard has shown how easy it is by pinching or

otherwise irritating certain nervous filaments in the guinea-pig to induce convulsions; and I think one can without difficulty understand how irritation of the branches of the fifth pair may produce convulsions in infants whose nervous system is so susceptible of impressions. That the convulsions in my two cases were caused in this way, and that they were arrested by relieving the congested gums, I have not the faintest shadow of a doubt. Dr. Cairns may say that the cessation of the attacks following upon scarification was a mere matter of coincidence and nothing more, and that the convulsions might have disappeared even suppose nothing had been done. This I do not deny; but I am inclined to think that, instead of ceasing spontaneously, there was a much greater probability that they would have continued. Besides, this is not, in my opinion, the proper spirit in which one should discuss the influence of any remedial measure. The progress of medical and all other science is no doubt furthered by a certain amount of wholesome scepticism, but surely it must be retarded if we doubt everything and believe nothing. As was well remarked by Dr. James Young, in a previous discussion on this subject—"It is imperative, in cases of convulsion, to give every relief we have in our power, and there should be no waiting to see what nature is going to do." I do not consider myself a heroic practitioner in any sense of the term, but at the same time I have no sympathy with those who stand idly by when something ought to be done. There is a great deal of truth and a spice of grim humour in the remark of one of the fathers of medicine, that the expectant treatment of disease is "a meditation upon death." And I think it is highly culpable to refuse to perform so trifling an operation as scarification of the gums when we are convinced that it is in them that the source of the irritation resides.

Dr. Cairn's second question was, Does scarification do any harm? To this I reply that, so far as my experience goes, it does not. Indiscriminate lancing of the gums cannot but be productive of mischief, but in properly selected cases I believe the operation is never followed by any evil consequences. That it may occasionally lead to fatal hæmorrhage I cannot deny; but such cases are extremely rare, and can only be regarded as accidents, against which it is almost impossible to provide. The extraction of a tooth may lead to death in the same way, but no one should on that account denounce the operation as an unjustifiable one. Besides, as Dr Ritchie suggested, the existence of the hæmorrhagic diathesis might be ascertained by inquiry as to the history of the vaccination.

Dr. Cairn's third question was, Is scarification in the circumstances warrantable? He thinks it is not, because it inflicts unnecessary pain, and supersedes some of those conditions which it professes to remedy, and,

at the best, is a mere experiment. In regard to the two first mentioned reasons, I have nothing further to say than merely to repeat what I have stated already, that in properly selected cases no such objection can be for a moment entertained. But he says scarification is at the best an experiment. Now, by an experiment I understand something that is done in order to discover an uncertain or unknown effect. But the effect of scarification is neither unknown nor uncertain, and therefore scarification cannot properly be called an experiment.

We know positively that irritation of a nerve-trunk may induce convulsions, and in dentition how very often do we find the trifacial excited by inflammation of the gum. The lancing relieves congestion, tension, and pain, and by allaying irritation prevents or arrests convulsion. Such, at all events, is my belief—a belief which the experience of my seniors tends to strengthen and confirm.

Dr. Cochrane quite approved of the principles which had been expressed.

Dr. Fraser begged to repeat what he had said at a previous meeting—that he had in his own person experienced the very greatest benefit from scarification, and he had often seen the operation followed by similar results in children.

Dr. Keiller said that he believed dentists entertained the idea that scarification of the gums gave relief in many cases. He himself knew of numberless cases where mischief had been averted by lancing the gums, and he believed that the good effected was to be attributed to the relief of congestion by depletion.

Dr. Bryce remembered a case of slow dentition in a child, where lancing the gum put an end to violent spasmodic twitchings of the muscles. His own youngest child was subject to violent cough at the cutting of every tooth. He tried scarification, and the cough disappeared.

Dr. Cappie had seen the benefits of scarification in his own children.

Dr. Bruce thought there were few practitioners who did not find good results from scarification. He had seen several cases where serious nervous symptoms were arrested by it.

Dr. Menzies has seen a child who was screaming, sleepless, and feverishly hot, in whom the upper incisors were coming and the gum was tender. He scarified the gum, and the child almost immediately fell asleep, and was quite well afterwards.

Dr. James Young said that he cordially agreed with *Dr. Stevenson Smith* in the opinions which he had advanced. *Dr. Young* had obtained in the course of his experience ample testimony to satisfy him that it was the duty of every medical man to relieve children of the pain and other concomitant sufferings which resulted from dentition. He had that day

seen a patient in Minto-street where scarification of the first two lower incisor teeth was performed, and that within one hour the child was relieved from pain, indicated by crying, vomiting, and febrile excitement. Dr. Young said he could mention dozens of cases of the same kind, which would, however, only become tedious in detail, and, therefore, he would merely add that the views brought forward by Dr. Smith would, in his opinion, stand the test of practice.—*Proceedings of Edinburgh Obstetrical Society, from Edinburgh Journal, Dec. 1869.*

FOOD FOR INFANTS.

In the *Transactions of the Medical Society of the State of Pennsylvania* for 1868, is published an essay on the above subject, by Dr Hiram Corson, of Montgomery County, in that State, which contains a great deal that is worthy of thought. We can find room only for the following extracts:—

During the last few years I have noticed that all our young men, graduates of the Medical Schools of Philadelphia, who come to practise in the country, and even those whom I have met who practise in cities, invariably give the same advice to the mothers who consult them in relation to the proper mode of feeding children to be raised by hand. They all direct them to give one-third milk and two-thirds water. And they give the reason for adding the water, viz., "The whole milk is too strong." Now, where do they get this knowledge? Has it come down from the authors already named to the present teachers, and do they so instruct their pupils? That is the rational conclusion. It appears, then, that from the times of Burns, and probably from a much more remote period, this opinion, that cow's milk is too strong to be used without free dilution, has been handed down by writers and teachers with scarcely a doubt of its correctness. If we have made any progress in all this time, it has been not to lessen the dilution, but to increase it from one-half to two-thirds water; and with this the great body of the profession is satisfied; and yet in the very face of this treatment stands the appalling fact, that from "forty to eighty per cent.," "seven out every eight" of the little creatures perish within a few months after their birth.

During a long and busy practice I have been enabled, I hope, to arrive at a better mode of feeding infants deprived of the mother's nourishment; and for the benefit of those who are just entering upon the duties of our profession, and who will be called upon for advice in this matter, I desire briefly to record my observation and experience.

Thirty-two years ago, it became necessary to have my own child reared by hand, and I then discovered how ignorant I had been in relation to

the *quantity of food* necessary for an infant, and was also enabled to observe the effects of an insufficient amount of food. Subsequent observations through many years have convinced me that there is not more than one woman in five, and perhaps not more than one in ten, who knows what amount of milk a child should have. Nor is there one physician in very many who can tell the mother or nurse what quantity it would need in twenty-four hours. I have repeatedly asked mothers and nurses and physicians, and it has been rarely that they have even approximated the truth. And this because their attention has never been specially drawn to it. One would say a teacupful; another, not quite so much; a third, rather more; a fourth, half a pint; and some, even as high as a pint, though they rarely named so much. And then, on being asked if they put water with the milk, they invariably replied, one-half water, or two-thirds water and one-third milk. Now, scarcely any child of one month will be satisfied with a pint daily, many will take a quart; the average is between them. But I do not mean that to this quantity twice as much water should be added, thus making nearly three quarts of fluid; for no child could take so much in twenty-four hours. Suppose, then, that a child can only take three half-pints of fluid into its stomach in a day, and two half-pints of it are water, it will then only get eight ounces of milk, when it needs twenty-four, or thirty-two ounces daily.

I feel quite certain that it is almost as easy to raise children by hand, if they have an abundant supply of good undiluted cow's milk, as it is by the breast. But the bottle should always be used instead of the spoon. My plan is to direct as much milk as the child can take, and as often as it wants it; but always of the temperature nearly of the mother's milk. In winter-time, or when milk is kept in a deep cave, or in a spring-house, I direct that as much boiling water be added to it as will bring to that temperature. It takes but very little water, and is more convenient than heating it over the fire. To a pint of cool milk two tablespoonfuls of boiling water should be added, the whole then well sweetened. A healthy child of one month will take that much twice in the twenty-four hours. Some children at one month, or between one and two months, will take more than a quart daily, and a few can scarcely take so much. If, then, you are called to such cases as I have described, or to those milder cases where the child is fed half enough, or even a little more than that, place no reliance on the word of the nurse or mother, "that she feeds it plenty, or that it will not suck or eat, or cannot keep it down." I have frequently seen a mother let the hungry little creature tug and pull at her flaccid, milkless breast, without being aware that the child got nothing from it; and yet she thought "it was getting suck." In those

cases hold back the medicine for a few days and try the milk. Those children who have been nursed and fed by the spoon will sometimes wholly refuse to take the bottle in lieu of the breast, and the mother takes it for evidence that they do not like the cow's milk, and will therefore attempt to raise them on some of the many farinaceous articles recommended, and in this she will be likely to fail. A little perseverance will generally induce them to take the bottle; and when once used to it, so that they can steady it in their own hands, they will rarely take too much.

I sincerely hope that our graduates hereafter will not go forth to practise, believing that the proper substitute for the mother's milk is a *mixture of two-thirds water and one-third cow's milk*. Rather let them be instructed that the higher the organization of the animal, the more abundant will be the nutritive constituents of the milk; and as man is at the head of the animal creation, human milk is more highly organized than that of any other animal. If, then, you wish to use any other milk as a substitute for the mother's, instead of diluting it with water, it would seem to be more appropriate to add to it some nutritive substance.

Baron Liebig's soup is probably very good, for, to five ounces of good milk he adds half an ounce of wheaten flour, half an ounce of malt flour, and seven grains and a quarter of cream of tartar, dissolved in one ounce of water. This is to be put on a gentle fire, and when it begins to thicken it is removed from the fire, stirred for five minutes, heated and stirred again until it becomes quite fluid, and finally made to boil. Separate the bran by a sieve, and it is fit to use. But how inconvenient for the poor to procure those ingredients and prepare them for the child every time that it needs food! Where milk cannot be procured, farinaceous substances may be used; but milk is better and more convenient.

I feel that some physicians who practise among the higher classes of society will regard these observations as having no reference to *their* patients, but refer wholly to the neglected children of the poor. It would be fortunate if it were so; but who has not seen the poor, little, emaciated child of rich parents dragged about in its little coach by the nurse, or lying on her lap on a cushion, as the large carriage rolled along to give it an airing, by direction of the physician, whose very precise directions had been to feed it every four hours, two-thirds water and one-third milk? Day after day, week after week, has he not visited and prescribed (not for the starvation, but) to improve its nutrition, to relieve its colics, to correct its sourness of stomach, to regulate its bowels, or, to sum it all up in one common phrase, "to build it up?" Did he succeed? No. Under the impression that the child's stomach was weak, not able to take much food, the quantity of food was diminished, a little lime-water, mint-water,

or some other "corrective" added, and the little starving sufferer, never ceasing its low and plaintive moan, gradually passed away for ever. This is starvation in the midst of plenty—starvation by prescription. There is little difficulty in raising children by hand, if they are allowed a full supply of good milk. A great many struggle along on even half the proper quantity. But they are weak, thin, and of small growth. Children who are fed on the water-and-milk mixture are sometimes saved by a habit which prevails among the poor, of giving it, while the mother is eating, small bits of bread or biscuit soaked in coffee, or with molasses or sugar on it. Thus, very soon, the little thing becomes clamorous for it, and the mother, in order to keep it quiet, will soon give it quite a slice of bread, or a small biscuit to suck at. Children of a few months will sometimes thus be saved.

How common it is to hear a mother say, "My child is getting very hearty now; but until it was nearly a year old it was very puny, I thought I would lose it." It was puny for want of food; it was starved on water and milk; but, when it got old enough "to sit up at the table, and get a little of anything," it began to improve; and yet the mother did not perceive the cause of the change.

FEEBLE CHILDREN.

Dr. Day, in the *Lancet*, gives this case and remarks:

In April, 1869, a lady brought to me her little girl, four years of age, who was a very intelligent and pleasing child. I was left to find out her ailment as well as I could, her mother saying "She really did not know what was the matter with her, but she was certain she was not well." When a year old the child suffered from palpitation, and two years since she had whooping cough. She appeared quite well till seven or eight weeks ago, since which time she had been ailing in health. She was said to be "so very languid, and constantly yawning, and wishing to go to bed early in the day," and not caring for her meals. Her face flushed on being asked a question, and when a stethoscope was applied to her chest she burst into a fit of tears, which her mother said was not natural to her. The tongue was faintly furred at the back, and the urine was rather high colored; the lower eyelids were dark, and the expression languid, but no complaint whatever was made of pain; the bowels were said to be rather confined. I advised that the child should be tempted to take nourishment frequently, milk and eggs being given in the way that were most agreeable to her. She was not to suffer fatigue from running about, but to be driven in an open carriage when the weather was fine, or to be wheeled about the garden. Aperient med.

icine was strictly forbidden. Thirty minims of the syrup of compound phosphate of iron in two teaspoonsful of water were ordered three times a day. Improvement soon set in, and on the 12th of May she had nearly recovered her usual activity, the appetite had returned, the tongue was quite clean, and the bowels acted regularly every day.

A careful physical examination in these cases reveals nothing important about the chest or abdomen. The two most common attendant symptoms are headache and pain at the epigastrium, both being signs of debility in the brain and stomach respectively. So far as we can learn, the headache seems to be a heavy oppressive weight across the centre of the forehead, and it is very persistent, giving the child a dull and painful appearance. In many of these cases the aspect is despondent and inanimate, and the cheerful expression of childhood has vanished; the eyes are heavy and have a hollow look, but there is nothing approaching intolerance of light, nor squinting, as we observe in threatening cerebral disease, though it is not to be forgotten that the brain may be involved if these symptoms are allowed to go on without treatment. The pain in the stomach is of the same dull aching character, rather discomfort than actual pain, and is limited to the root of the ensiform cartilage, or its immediate vicinity. It is the uneasiness of slight gastralgia, or the gnawing sensation we have all experienced when the stomach is empty, and we are waiting for a meal to appease it.

There may be aching of the limbs, muscular fatigue, and pain in the course of the spine.

There are no very striking symptoms which indicate this derangement in the health. It is to the totality of them we must look for a diagnosis. There is nothing, so to speak, that is apparent or tangible to any but the closest observer, and hence it is that a depraved state of health creeps on unnoticed, and is not discovered until some very prominent symptom arrests attention. The flame is kindled before the spark is seen, and time is lost in extinguishing it.

Such cases as these make us cautious in giving an opinion. In the absence of any discoverable disease, we are doubtful whether this unaccountable debility may not be the harbinger of ultimate mischief. Disease may be hidden, to come forth by-and-by. In the disease of adult life, a cause is often discovered. Not so in the cases I am describing; the debility is uncomplicated, and it must be seen and treated before it has merged into actual disease.

These cases usually terminate well if promptly and skilfully treated but a continuance of this condition may lead to protracted disease, and subsequently to death. For example, deficient nervous power, as shown

by headache, may lead to cerebral exhaustion, and to coma and convulsions, in the same way that congestion and inflammation of the brain may terminate. Opposite states of the system, leading to the same consequences, but requiring a different mode of management.

The weak and enfeebled stomach of young children, causing instant rejection of food by vomiting, is often checked by a simple tonic medicine, and sympathy is so strong with the cerebral functions that, when the stomach has recovered its power, the brain is lulled into quietude. If it did not so yield to treatment, the symptoms would pass on and implicate the brain in the manner just described. To equalize all the forces of the body is the surest method of maintaining its efficient working. It is the loss in either that invites disease.

Those cases of pure and simple debility, when neglected, cause chorea, epilepsy, convulsions, paralysis, &c., and finally lead to those changes in the blood which originate anæmia, tuberculosis, and every form of diathesis that lowers health and provokes disease.

CHOREA.

CLINIC OF PROF. A. JACOBI, BELLEVUE HOSPITAL, NEW YORK.

A boy five years old, of healthy parents, was presented, giving a history of having been affected with the present trouble for three months, and two months ago having had rheumatism. The muscular actions on his right side are involuntary, and twitching to such a degree that he can with difficulty put a penny in the pocket on that side, but on his left he does not have that difficulty. His speech is also slightly altered, although on pulling out the tongue there is no evident paralysis.

Prof. Jacobi said this was a case of chorea minor; chorea is divided into the two forms—chorea major and chorea minor. Chorea minor, or St. Vitus' dance, is a disease of the nervous centres, in which there is a want of co-ordination of muscular action. This rarely takes place in sleep, but in severe cases the motions have continued even under the influence of chloroform. During sleep it is usually found that the chorea is discontinued, but frequently it occurs that if the patient begins to dream, the motions occur, and when there is profound slumber there is also complete rest. In the great majority of cases this disease is unilateral, but in very bad cases it may be bilateral. In this latter class, however, it begins unilaterally. When the case is fatal, the cause of death is the exhaustion which ensues, and for which no relief is given. We must look either in the cerebellum or its neighborhood for the seat of lesion in this disease, for I still believe, regardless of what has been

affirmed, that the cerebellum is the centre of the co-ordinate power. In many cases no lesion whatever can be discovered that would account for the symptoms.

It oftens happens that there is a direct relation between rheumatism and chorea minor, and it may be that the cause of the chorea is due to a rheumatic affection of the meninges as well as to hyperæmia of them. Irregularity of the circulation, so common in children, or impoverished nutrition, may and does frequently cause chorea. As I previously said there is a relation between rheumatism and chorea, as in the present instance. We may have chorea on one side and rheumatism on the other, or it may be that the first thing noticed is chorea, and on examination discover cardiac lesions.

Children are very subject to pains to which little attention is paid, and are classed as growing pains. Many times these are rheumatic, involving either the muscles or the periosteum. These conditions are very liable in later life to give rise to diseases of the nervous system, as hysteria, etc.

Treatment.—The patient must be treated mainly by symptoms. In this case I think I should give three drops of Fowler's solution. I believe it is the best remedy. Ten years ago I gave the nitrate of silver, because it is a reliable nervine, and now and then I still have recourse to it occasionally. Belladonna is found of service.

As a rule we may expect to see the effects of the arsenic in three or four weeks and in six or eight weeks a cure.

Cases have occurred where I found the constant galvanic current of much service, to control the motions when other means have failed. In one child that had not slept for a fortnight, it acted like a charm in procuring sleep. I consider it to be one of the most valuable anti-spasmodics that we possess.

If convulsions are very violent chloroform is to be employed.

If I had one of those cases at present to treat, I think that I should use the hydrate of chloral in preference to chloroform, but, so far, its merits in this condition have not been established, though I think there can be but little doubt as to the result.—*Philadelphia Medical and Surgical Report.*

MATERIA MEDICA AND CHEMISTRY.

ON THE ACTION AND USES OF IPECACUANHA.

BY DR. CHARLES DOUGLASS PHILLIPS.

Ipecacuanha exerts a power over all diseased mucous membranes in checking profuse mucous secretions, whether from the air-passages, the alimentary canal, or the genito-urinary apparatus. It is a most useful remedy in spasmodic coughs attended with profuse mucous expectoration and vomiting, especially in those troublesome coughs, accompanied by vomiting, which are incident to pregnancy. Its beneficial operation is clearly discernible in most cases of continued and obstinate retching or vomiting, where the stomach is not primarily affected, but disturbed by sympathy with some other part or organ of the body, whether the primary affection be acute or chronic. There are cases of sickness and spasmodic cough during pregnancy, accompanied by ulceration of the uterus, which fail to yield to it; but in many of these cases it will succeed if a few doses are administered before the patient raises her head in the morning.

The following case, amongst many others, came under the writer's observation last year: it is here mentioned as characteristic of some of the therapeutic actions of this drug:—

Mrs. E. M., aged 33, of a nervous-bilious temperament, came under the writer's care May 27, 1868. She had enjoyed good health until within the preceding five months, when she had suffered much from loss of appetite, nausea, vomiting, and frequent retching, especially in the morning. These symptoms steadily increased, and about four weeks later a severe cough ensued, accompanied by much dyspnoea and profuse mucous expectoration: the cough rarely subsided without first bringing on retching or vomiting. For the six weeks last past the cough and dyspnoea had so seriously disturbed her rest as to prevent sleep, or even lying down, for hours through the night; and the vomiting and retching, which occurred eighteen or twenty times in the twenty-four hours, had so emaciated her as to cause serious anxiety to herself and her friends. She was now about six months advanced in pregnancy; pale, weak, and emaciated; had a bad cough, with profuse viscid expectoration, and much dyspnoea, the cough almost invariably attended with vomiting or retching; appetite capricious and bad; tongue brown; vomiting after each meal, quite independent of cough; bowels regular; urine scanty and loaded with lithates. The form of the chest well developed; percussion normal throughout; sibilant and sonorous râles accompanying inspiration and expiration, anteriorly and posteriorly on both sides; res-

piration 18 per minute; cardiac sounds normal; pulse 72, weak; temperature $98\frac{1}{2}$.

℞. Vinum ipecacuanhæ ʒj.; aquæ pur. ʒvj. Mix.

A teaspoonful to be taken frequently for cough or vomiting.

June 8, 1868. Greatly improved in appearance; feeling stronger; no sickness or retching for the last six days; able to lie down and sleep throughout the whole night, the cough, dyspnœa, and wheezing having almost left her; appetite good; tongue clean; troubled with flatulency; bowels regular; urine clear, dark in colour; pulse 72, stronger.

Repetatur medicamentum. Not to be used except in case of cough, vomiting, or retching becoming troublesome.

July 15, 1868. No vomiting or retching since last visit; cough recurring only two or three times in the forenoon, giving her no trouble; flatulency still continuing, with oppression after meals; appetite excellent; tongue clean; bowels regular; gaining flesh rapidly.

℞. Tinct. nucis vomicæ ʒss; aquæ pur. ʒvj.

A tablespoonful to be taken morning, noon, and night.

In January, 1869, Mrs. M. was looking fat and strong, and said she had had no return of cough or sickness since the date last mentioned.

The writer has now before him twenty-three carefully recorded cases of whooping-cough. In most of these the cough came on in violent paroxysms, continued until a quantity of viscid mucus was ejected from the lungs by the mouth, and often by the nostrils, and increased in intensity until the contents of the stomach were evacuated.

In all these cases, where the vomiting had been more troublesome than the whoop, ipecacuanha has given very marked relief.

The dose recommended is half a drachm of the vinum ipecacuanhæ in four ounces of water, a dessert spoonful to be taken every one, two, or three hours, according to the severity of the cough. Children under five years old should only take a teaspoonful of the same mixture, but many children of this age can tolerate, and are benefitted by, much larger doses.

In the capillary bronchitis of children, even when complicated with croupy symptoms, it acts well. In these cases the writer orders ʒss of vinum ipecacuanhæ to four ounces of water, a teaspoonful to be taken every one or two hours, or much more frequently if the symptoms are urgent.

In many cases of nocturnal spasmodic asthma, in which hours are spent in great distress, with livid face and lips, loud wheezing throughout the chest, and want of breath, causing fear of suffocation, if there is no organic disease of the heart or the lungs, ipecacuanha will give quick and marked relief. Five drops may be taken as a dose, repeated every ten

to thirty minutes for two or three hours, unless relief comes much sooner, in which case the dose should be diminished and taken less frequently. Care should always be taken to avoid its emetic or nauseating effect.

In these affections of the lungs, its expectorant and antispasmodic character cannot be doubted, nor its curative action in controlling and stopping the abnormal secretion of mucus.

Hæmorrhage in the early stage of tubercular phthisis, and in most stages of this disease, when produced by engorgement of the bronchial mucous membrane, and accompanied by little or no acceleration of pulse, or increase of temperature, is often readily stopped by ipecacuanha. In hæmatemesis arising from vicarious menses, and also in some cases of menorrhagia, it is very useful.

In many cases of dysentery it lessens the bloody and mucous discharge, and removes the cutting pains and tenesmus, especially in the early and late stages of the disease. In cases of dysentery or diarrhœa, where nausea, vomiting, or retching exists, ipecacuanha will stop the sickness, and at least control the dysentery or diarrhœa. The watery diarrhœa during dentition, the diarrhœa with green evacuations, and the dysenteric diarrhœa, which are so common among children, rapidly yield to this drug. *Vinum ipecacuanhæ* is effective in dysentery and diarrhœa, but the writer has preferred the *pulvis ipecacuanhæ*, considering its action more speedy and trustworthy.

It is more necessary to vary the dose in dysentery than in any other class of cases, one grain every one or two hours being quite sufficient with some persons, whereas others require ten, twenty, or more grains as a dose. These larger doses sometimes, when first administered, bring on vomiting, which it is well to avoid; but if the patient is kept lying on the back, and the dose persevered with, it can generally be tolerated, and a rapid recovery often follows.

In the diarrhœa and dysenteric diarrhœa of children, one-fourth to one half of a grain, with a little white sugar, at intervals of one to three hours, is generally sufficient, but the quantity must be increased if necessary.

In this paper ipecacuanha alone has been considered, not its relative value as compared with other drugs. It is not alleged to be the best remedy in all the cases enumerated above, but in all it is a useful one.

[Dr. Ringer's late work on Therapeutics having asserted the effects of small doses of ipecacuanha in checking vomiting, the Editor wishes to accumulate evidence upon this matter, as to which he is at present unable to pronounce any opinion. But he calls attention to the fact that should it be proved, as seems likely, that small doses of ipecacuanha exert a tonic

effect upon the sympathetic system generally, it will be the most effective blow yet given to the homœopathic theory of *similia similibus*. It would be a farther illustration of the fact, which is forcing itself more upon our notice, that the words "similar" and "opposite," as regards the relations between drugs and diseases, are equally incorrect; being both of them based on the metaphysical fallacy that a drug must always act after one *kind*, though in different *degrees*, whatever the dose in which it may be given.—ED. PRACTITIONER.]—*Practitioner*, Nov., 1839, p. 277.

MEDICAL NEWS.

SUITS FOR MALPRACTICE.

From a recent number of our contemporary, the *Philadelphian Medical and Surgical Reporter*, we notice that the Profession in the United States have not escaped the worry, annoyance, and expere incident to trials of this description. There, as well as in some recent cases we have had in the Dominion, there has not been the shadow of ground for instituting the action; yet, notwithstanding the total absence of all scientific proof, stupid juries have, in more than one instance lately, made the attempt to fasten bills of damages on well-known and highly esteemed members of our Profession in Philadelphia. We give the details of one of the most glaring. Dr. A. D. Hall, Surgeon to Wills Ophthalmic Hospital, was charged with malpractice in causing the loss of an eye. The *Repartie* gives the following details.

The recent prosecution of Dr. A. D. Hall, by a patient, on charge of malpractice causing the loss of an eye, for the purpose of recovering damages, is an illustration of the liability of surgeons of Hospitals to suffer outrageous imposition while scientifically and humanely performing their duty. The case and its issue will certainly impress surgeons with the danger to which they are daily exposed from vicious patients when led on by their cupidity or that of their friends or attorneys. The plaintiff, a young woman, applied to the Wills Ophthalmic Hospital, nearly two years ago, and was registered on the books as suffering with staphyloma of the cornea. The object of the operation, the removal of the anterior part of the eyeball, performed at her request, in the presence of a consultation of the surgeons, was to get rid of disfigurement and to enable her to wear an artificial eye. The performance of the operation was also influenced by the existence of sympathetic irritation in the other eye. The evidence of all with whom she came in contact in the Hospital proved that she fully comprehended the benefits to be gained by the operation, that she was well satisfied with the treatment.

she received, that she made inquiries in regard to the cost of an artificial eye, and that she continued to return as an out-patient after her discharge. These facts were verified by abundant evidence of attending surgeons, resident surgeon, nurses, and the records of the institution. Evidence might also have been produced that the woman was known to have been blind in the eye operated on for several years. Instead of being thankful for the great benefit secured by the partial removal of the sightless and unsightly eye, and the salvation of the other eye, she was brought into a court room with the collapsed orbit to pitifully appeal, through the oratory of an ingenious attorney, for damages for the apparent loss !

The plaintiff's case rested upon the evidence of some very illiterate persons, that she was not entirely blind in the eye. It was admitted that the eye had been for three years partially covered by a "speck" or by a "scum." The woman also admitted in the court room that she had never tested whether the eye was entirely blind, by closing the other eye. An "expert" was called forth who stated that he had practiced medicine "excepting when in the *oil business*," but was compelled to acknowledge, when questioned, that he knew nothing of the surgery of the eye, and he was at once dismissed by the judge. The claim was for ten thousand dollars. The defence was abundantly sustained by the evidence alluded to and also by prominent surgeons, called in as experts, including Doctors Gross, Pancoast, Lewis and Morton.

The jury rendered a verdict in favor of the plaintiff for *eight hundred dollars*. We are gratified to know that this unjust verdict was instantly set aside by Judge Stroud, as against the evidence. The absurdity of the verdict, as to the amount of damages awarded, is evident. Dr. Hall either did or did not culpably destroy vision in the eye. If he really had done what she attempted to prove, the amount asked for was not too much, and the smallness of the sum awarded makes it apparent that the jury could not have considered him answerable for the loss of the eye.

Medical practitioners have repeatedly suffered from the ignorance and mistaken sympathy of a "jury of their peers," but it is gratifying in this case, as it has been in some other instances, that the intelligence of an upright judge has reversed the wrongful verdict.

Two other suits for malpractice, against most worthy members of the Profession, are soon to be tried in this city, and it is to be hoped that they may not be presented before juries made up of men who can see in a deformed limb, rescued from entire loss, or in a vacant orbit which has saved another eye from blindness, only blundering or thirst for blood on the part of a human and scientific practitioner. *Exchange.*

Canada Medical Journal.

MONTREAL, FEBRUARY, 1870.

THE "DOMINION MEDICAL JOURNAL."

The question submitted in our last issue as to what was the matter with the *Dominion Medical Journal* has been replied to. Had we known the *Journal* was in a transitional state, we certainly should not have troubled ourselves or others about the matter. The fact that the old government has since died is, we think, sufficient proof, that the question was a pertinent one. The present Editors have seen fit to reply, as if our remarks applied to them. If they seriously intend to father the puny progeny of the deceased incumbent, let it be so; but we shall feel a profound pity for the wet nurse, or dry as the case may be. We should much prefer to see our brethren of the *Dominion Medical Journal* engaged solely with their own off spring.

We rather like the jaunty air with which our contemporary springs into the arena of Medical literature. The buoyancy of youth is a promise of a discreet after life and a green old age, as the flowers of spring are tokens of a golden harvest. If wings half grown enable the eagle to make such magnificent flights, who can imagine the circumference of the spread which will bound the gyrations of the imperial bird when fully fledged.

Had our contemporary called to mind the editorial remarks which appeared in the first number of the *Dominion Journal* he would have understood our reference to the name. We have no objection to the name in the least. We alluded to the fact that the existence of the *Canada Medical Journal* was entirely ignored, and the Province of Ontario was promised to have supplied a want which the Medical Profession grievously felt. We made no "complaint," but, on behalf of the Medical public, required that a *Dominion Journal* ought to notice the proceedings of the only Dominion Association, and that the Profession of Ontario had reason to expect something more than extracts from other journals, and the reply vouchsafed, that the "less said about some of the meetings of the Profession in Ontario," will be considered neither satisfactory nor complimentary.

We regret that our young brother, as he has taken up the cudgels for the *quandam* editor, has not seen fit, nor found it convenient, to explain the matter of "mercenary motives." We submit that charges of so grave a nature should not be lightly made nor flippantly excused.

Respecting the Quebec Society and the anomalous position of Dr. Marsden, we think our contemporary is far from candid. The *Dominion Journal* copied from our columns an article from Dr. Marsden, in which that gentleman asserted that his opinion was shared by his Medical brethren. This statement was flatly contradicted in our pages, and we asked the *Dominion Journal* to copy the denial. Instead of complying with this reasonable request, our factious friend takes Dr. Marsden's rejoinder alone. This we certainly think is not in the spirit of British fair play. Although we have the strongest objections to the Ontario Medical Act, we are neither closed against reason nor unwilling to open our columns for the benefit of those who hold different views.

Having disposed of the disagreeable part of our remarks, we with much pleasure welcome our resuscitated friend. The names of the gentlemen who have the management constitute a sufficient guarantee that hereafter promises will not be unfulfilled. There is a freshness and interest in the abundant editorial matter which will commend it to the Medical world.

A PROTEST.

To the Mayor and Aldermen of the City of Hamilton, in Council assembled :

"The petition of the undersigned shows that, *whereas* the Hospital By-law declares that the attendant Physicians of the City Hospital shall be elected at a meeting of the 'regular members of the Medical Profession resident in the city:' And *whereas* at the last meeting for this purpose held on the 9th instant, two Medical men calling themselves Homœopaths, and one calling himself an Eclectic, did present themselves at said meeting and vote at the time, for the election of two Medical attendants for the said City Hospital: And *whereas* the undersigned did, for themselves and for all who might adhere to them, for reasons to be submitted, protest against said election, on the ground that the three Medical men aforesaid do not belong to the regular Profession, the undersigned would respectfully ask your Honourable Board to give a deliverance on the said clause in the By-law, defining what was the true intent and meaning of the words, 'members of the regular Medical Profession' in the By-law at the time that the same was adopted by your Council; and declare the said election to be null and void, should it appear that the Medical men, above referred to, did act contrary to the meaning of said By-law: And your petitioners shall ever pray.

E. BENWOOD,
 JOHN MACKELCAN, M.D.
 J. BYERS LAING, M.D.
 D. MACINTOSH, M.D.
 G. L. MACKELCAN, M.D.
 GEO. RYALL."

The above protest we take from the *Hamilton Times*, and is an illustration of the operation of the Ontario Medical Act. The Profession in Ontario should take warning in time, otherwise they will be constantly subjected to similar indignities. They must bear in mind that Homœopaths and Eclectics have become, by Legislative Enactment, regular members of the Profession. The rights and privileges of the regularly educated Physician and Surgeon are shared by quacks and humbugs. See to it gentlemen, and get your Act amended; but the Mayor and Aldermen of the City of Hamilton have no power of action in the premises, nor can they refuse these privileges to men who hold the license of the College of Physicians and Surgeons of Ontario.

CHLORAL HYDRATE.

We have received from Messrs. Evans, Mercer & Co. a specimen of the hydrate of chloral. It is in small square plates, white and glistening, not unlike camphor in appearance. The odour is sharp and pungent, but not unpleasant. We have not had an opportunity of trying this substance, but from what has already appeared it seems to be an uncertain remedy. Uncertain as to its effects, and uncertain as to the dose necessary to produce those effects. It has been variously employed. Amputations and other operations have been performed while the patient was under its influence. It has also been employed as a hypnotic in various diseases, some practitioners lauding its use to the seventh heaven, whilst others with more caution, and we feel with greater honesty, in speaking of it, make a fair representation of its action. It would appear that the dose is necessarily large, although Dr. Ogle obtained marked effects as an hypnotic from the use of from five to twenty grains. In delirium tremens it has proved of use, and has succeeded, in doses from twenty grains to one drachm, to induce sleep when other remedies have failed. It is readily misable in water, and can be given by the mouth or by hypodermic injection.

CANADIAN GRADUATES.

Dr. Thomas J. Alloway, of Montreal, graduate of McGill University, 1869, passed the double examination for the diploma of the Royal College of Physicians and the Royal College of Surgeons, Edinburgh, during the sittings of the examiners in January.

Dr. Augustus M. Corbett, graduate of McGill University, 1854, is Surgeon of the 1st Battalion Prince Consort's Rifle Brigade, at present stationed at Montreal. Prince Arthur is attached to this regiment.

Dr. W. B. Malloch, who had but just established himself in Montreal, has accepted an appointment in the Hudson Bay Company's service, and left for the North West. He graduated at McGill, 1867.

Dr. A. P. Reid of Halifax, graduate of McGill University, 1858, is Dean of the Medical Faculty of Dalhousie College, Halifax, N. S.

Dr. Kenneth Reid of Huntingdon (P.Q) graduate of McGill, 1864, is still attached to the quarantine staff, Long Island, New York. He has recently received promotion.

EXTIRPATION OF THE TONGUE.

Dr. George E. Fenwick has successfully performed this operation for the third time. We also learn that on the 8th January, the operation was performed at the Toronto General Hospital by Dr. Canniff. The procedure in this case was the same as that pursued by Dr. Fenwick, in the cases already published. The patient is doing well.

We call attention to the Report of the Bill to amend the Ontario Medical Act. It is from one who is fully acquainted with the whole proceedings.

The conduct of Dr. Clarke, the President of the Medical Council, will receive, we think, the adverse criticism of all staunch members of our profession. Whatever may be the source of Dr. Clarke's medical education, and his power to practice, his conduct does not redound to their credit. We regret to have the duty laid upon us (but it must be performed) of thus calling the attention of the Profession to his course of conduct.

IN MEMORIAM.

THOMAS CLARKSON MOFFAT, M. D., *Physician in Chief Seamen's Retreat, Staten Island, New York.*

We pause in the earnest battle of life to cast a parting look upon one who has fallen in the strife, by whose side we have fought—to pay a tribute to his memory—to lay a chaplet upon the cold brow—to place an *immortelle* on the closed coffin lid—and to drop a tear by the open grave. The leaders of armies and the conquerors of nations have their eulogists, and are accorded a conspicuous niche in the temple of fame; and shall not the devoted self sacrificing and successful physician, who gives up his life for the welfare of others, be accounted worthy of a place where his deeds may be remembered, and his bloodless victories described in asting words. We would do violence to our feeling if we failed to express our appreciation of the departed, or to say we do not forget the widow's tears.

Dr. Thomas Clarkson Moffat, of whom we write, was probably known

but by a few of our medical brethren in Canada; and in his own land the United States, he rarely came before the medical public. He was, too unassuming in his character, too earnest and diligent at his post-of duty to often appear outside of his round of professional work. But he was known throughout the civilized world wherever a ship ploughs the ocean waters, or a sail whitens the salt seas, and among the weather-worn seamen of almost every nation and clime he had his thankful friends. Dr. Moffat was no ordinary man, and might have made a name in mostly any sphere of life. Especially was he endowed with a keen taste, well cultivated, for literature. But having adopted the medical profession, his great talents were exclusively given to it. Born in Orange Co. New York, and brought up surrounded by the quietness of a pastoral home, he possessed none but an artless nature. And although he received his medical education in New York city, surrounded by much that is false and vicious, he kept himself unspotted.

Immediately after completing his studies, and receiving his diploma, he obtained the appointment of Assistant Physician at the Seamen's Retreat Hospital. The duties belonging to this position were congenial to him, and with singular attention he discharged them. Not long after, his senior in office was smitten with fever, and Dr. Moffatt advanced to his place undaunted by the silent arrows of death. Some time after this the writer became his co-worker, and saw him elevated to the responsible position of Physician-in-chief of the Institution, the duties of which he undertook with characteristic modesty, but with great enthusiasm; quietly but still ever facing the foe. Death met him in various forms. We have seen him by night as well as by day passing from ward to ward, and from bed to bed, anxiously regarding the sick. It made no difference that ship fever, and cholera of the most malignant type, and yellow fever had their victims in the wards, that the air was poisoned by distemper, loathsome with mid-summer heat. In every year he laboured in that hospital, he encountered as many dangers as any one of the heroes who fought his country's battles in the late civil war. But at last he, too, has been cut down; at the early age of 45 he has met a fate as honorable as that of any warrior. But he has lived long, inasmuch as he accomplished a great end; and he will continue to live in the memory of all who had the good fortune to know him. We consider it one of the greatest blessings that for a time we enjoyed his companionship, we owed him much for all he taught us, and—need we conceal it—he gave a nobler bent to our life.

No words of ours can lessen the grief of the bereaved family; but it is our privilege to let them know that we mourn, although afar off.

THE LATE DR. HOWITT OF GUELPH, ONTARIO.

This gentleman, who had attained great and well merited popularity in the community where he resided, peacefully passed to his rest on the evening of the 13th of January last. For many years he had been in delicate health, but notwithstanding attended faithfully and conscientiously to a considerable practice. Several months previous to his decease, the pulmonary complaint, from which he suffered, had made such headway that he was compelled to keep to the house, yet so anxious was he to afford assistance to those who might need his advice, that he continued at intervals to see patients, till within a day or two of his death. Dr. Howitt obtained his degree in 1850, and at once commenced practice in Guelph ; but symptoms of pulmonary disease making their appearance he went to Australia for the benefit of his health in 1852. After an absence of more than a year he returned, and has followed his practice in Guelph ever since. Those who knew him intimately say his character was simple, honest, and affectionate. He greatly endeared himself to all who knew him and was especially beloved by his patients.

THE LATE MR. PEABODY.

The remains of this noble-hearted man have been consigned to their last resting place in Danvers, Massachusetts, after having been honoured as never was a plain simple man honoured before. The preservation of his remains was entrusted to Dr. Pavy, of London, and he adopted the following procedure, viz., injecting the whole body through the arteries with a strong solution of arsenic, containing also some bichloride of mercury. Twenty-four hours afterwards another liquid, consisting of a saturated solution of tannic acid, was thrown in, with a view of effecting the gradual conversion of the gelatinous structures into the tann-gelatine or the basis of leather. None of the viscera were removed or disturbed, and before the opening into the chest, required for the injection practiced, through the aorta was closed, an arsenical paste or cream, consisting of arsenic, camphor and spirit, was introduced into the thoracic cavity, and also through an opening in the diaphragm into the cavity of the abdomen, and freely distributed about. Death had occurred two days and a half before this process was commenced, and decomposition had already set in, but the procedure adopted at once checked it. On the floor of the coffin there was placed a bed of well-burnt animal charcoal.

TO CORRESPONDENTS.

We frequently have letters handed us by our publishers, containing the statement that the writer has a case which he is desirous of communicat-

ing to the Profession and is anxious to know whether we will publish it. As far as possible we reply by letter to such queries, but it may so happen that in the hurry of the moment a reply may have been forgotten to some, and they may fancy that we have intentionally kept silent because we did not care to receive their contributions. Such, however, is not the case. We now beg to state that we are not only desirous, but anxious that every subscriber should become a contributor. Let no one therefore keep back any case till he writes to us, but at once forward his communication.

A YOUNG CITY PHYSICIAN.—There can be no question but that a very large number of persons receive relief at the out-door departments of our hospitals, and at our dispensaries, who are perfectly competent to pay a moderate fee to a medical man. It is, however, a very difficult matter to prevent it entirely, though we think something might be done to ameliorate it. There is no doubt in our mind that dispensing medicine to all person who present themselves, is unfair to the many young members of our profession, who are now to be found in all our large cities. This is a view of this matter which perhaps seldom occurs to senior physicians.

SOCIETY DOCTOR.—The sum paid by the society whose physician you are, is too little. We hardly think any medical man can be found who will undertake it at 50 cents per member, although you forward us the name of one who you state made such an offer. We think there must be some mistake. It is certainly not Professional to underbid a confrère. In England, within the last year or two, club rates have increased considerably. Only a few days ago we noticed in the *Lancet* that several lodges of Odd Fellows in connection with the Manchester Unity, had increased their physicians yearly allowance to 5s. sterling per man, and half a crown additional for each candidate examined. If the Profession in Canada were true to their own interests, no society would be accepted unless at a remunerative rate, the amount at present paid by any society being ridiculously small.

Over four thousand deaths from Scarlatina were recorded in London, England, in the six months preceding the New Year. A mild form of the same disease has prevailed in Montreal since the beginning of December, but is apparently on the decrease.

The London *Lancet* of January 1st, speaks approvingly of the ventilator invented by Dr. Howard of St. Johns, P.Q., and calls it an American invention. Could not our *confrère* have said "Canadian?"