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# CANADA

# MEDICAL & SURGICAL JOURNAL

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Original Communications.

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RECENT DISCOVERIES

IN THE

PHYSIOLOGY OF THE RETINA.

BY

F. BULLER, M. D., M.R.C.S., ENG.

The commonly accepted belief that the healthy retina of vertebrate animals is, during life, a perfectly colourless and transparent membrane, has been completely upset by the recent researches of Boll.\* From these it appears that the external portions of the rods and cones of most vertebrates, and the corresponding structures of the invertebrata, are, during life, of a vivid red colour, which colour rapidly fades and disappears after death if the retina is exposed to ordinary white light. Examined microscopically, the great majority of the rods present individually the characteristic reddish hue; interspersed among these, however, are a few of a pale green colour.

The red colour was at first observed to be of a somewhat purple tinge, and for this reason was designated *seh-purple*, (vision-purple), but further investigation has shown that the purple hue does not exist in eyes which have been kept in absolute darkness; the colour of such retinæ is a pure red, and the term *seh-roth* (vision-red) is the more appropriate of the two.

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\* Berichte der Berliner Akademie, November, 1876.

The old idea that the act of vision depends on the occurrence of certain photo-chemical changes in the retina is now no longer a matter of theory, but has been shown to be correct by the observation of a series of very definite and easily demonstrable facts, and there can be no doubt that there exists in the living retina a red colouring matter, which is transformed by the action of light into several other substances.

It might at first thought excite surprise that the red colour of the retina has so long escaped the observation of physiologists ; not so, however, when we take into consideration that the colour is constantly being destroyed during life, and that it disappears altogether very soon after death if the eye is exposed to the influence of day-light.

Kühne of Heidelberg, in some further experiments discovered that the colour was retained from forty to sixty times longer after death if the eye was only exposed to gaslight, and that in the dark, or when exposed to a sodium light, it was retained until decomposition set in. The retina, when removed from the eye, and bleached by the action of light, does not resume its red colour when kept in the dark ; if however, it is only lifted up from the subjacent epithelium, and bleached, the colour is restored by replacing it in contact with the epithelium and keeping in the dark ; hence it is probable that the power of restoring the red colour belongs to the retinal epithelium. In view of the facts recorded above, Kühne\* was led to believe that by arresting the constant reproduction of red colour, which takes place during life, a more or less permanent objective image might be formed upon the retina, and his experiments in this direction have justified the assumption. The head and eye of a rabbit were fixed at a distance of 1.5 m. from a hole 30 c. m. square in a window shutter, covered five minutes with a black cloth, and then exposed for three minutes to the light from the hole. The animal was then decapitated, the eye enucleated as quickly as possible by sodium light, opened, and placed without delay in a 5 per cent solution of alum. Two minutes after death the other eye was exposed to the light and treated in a similar manner, except that it was not.

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\* Centralblatt f. d. Med. Wissenschaften, 3, 1877.

removed from the head. The following morning both retinae were removed, and upon the posterior surface of each there was a sharply defined light image about one sq. *m. m.* in size, on a rosy-red ground. The image found in the second eye was the sharper and paler of the two. Both faded rapidly as the red ground became pale on exposure to light. In another experiment conducted in a similar manner, by placing the eye opposite a window the image of the latter was perfectly distinct, and was traversed by beautiful red lines corresponding to the crossbars of the sash. The red colour may be preserved for an indefinite length of time by drying the fresh retina on porcelain in the dark; it has not been discovered in the retina of birds, (pigeon, hen,) or of the snake. According to Kühne the red colouring matter of the retina is destroyed by a temperature of  $100^{\circ}$  C., alcohol, glacial acetic acid, and caustic soda; it is not altered by a 5 per cent. solution of chloride of sodium, a saturated solution of the same. Liq. Ammonia, glycerine, sulphuric ether, solution of alum, acetate of lead, nor by a 2 per cent. solution of acetic or oxalic acid. Boll suggests that the peculiar colour of the pupil, as seen by ophthalmoscopic illumination is derived from the retina, but there is not as yet sufficient evidence to warrant the acceptance of this view.

In order to ascertain the influence of coloured light upon the retina, frogs were enclosed in glass vessels of different colours and exposed to the light of the sun, and it was found that: (1) red intensified the colour of the retina; (2) yellow light makes it somewhat paler and clearer; (3) green light gives it a purple tinge, but when exposed to an intense green light the retina becomes violet; later on the violet becomes paler and paler, and at last the retina is found to be almost colourless. Blue or violet cause it to assume a muddy violet hue; if their action is prolonged the retina becomes colourless, just as when exposed to white light.

Thus it appears that the influence of light is maximal at the violet end of the spectrum and minimal at the red end, or in other words, that it is in inverse proportion to the length of the luminous undulations. With the process of bleaching a peculiar alteration takes place in the relation of

the pigment layer to the rods and cones, inasmuch as the two are readily separated in the unbleached retina, but adhere to each other much more persistently after bleaching has taken place.

How far these new facts will affect the current theories concerning the perception of light and colour, is not easy to predict. It seems certain, however, that the intensity of perception of light does not depend upon the rapidity with which the *vision-red* is consumed, for it remains unaltered in red, or in sodium light, although either of these may give rise to very strong luminous impressions. Without undertaking to formulate any theory in explanation of the perception of colour, Boll remarks that the above facts, for the most part, seem to indicate "that the action of colour on the rod-layer of the retina, that is, on an integral part of the nervous system, is such as to induce certain objective alterations of colour in its structure, identical in kind with the sensations and mental impressions which they create."

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## PATHOLOGICAL REPORT;

GENERAL HOSPITAL, MONTREAL,

*For the year ending May 1st, 1877.*

BY WILLIAM OSLER, M.D.

HEART AND BLOOD VESSELS.

Of five cases of heart disease, one only, CASE XLIV, presented features of unusual clinical and pathological interest. It was an instance of hypertrophy and dilatation with advanced fatty degeneration, consequent, I believe, upon prolonged muscular exertion. Considering the rarity of such cases, and the prevailing doubt in many quarters of the possibility of the production of such an affection by overwork, I have reserved it for a separate paper.

*Fenestration of the valves.*—In exactly 20 per cent. of the cases were these peculiar little perforations met with in the

aortic valves, while in the pulmonary semi-lunar they occurred in only 7 per cent. They are either congenital or result from atrophy, and have no pathological difference.

#### ARTERIES.

*Atheroma.*—In twenty-three cases the aorta presented signs of degeneration, usually slight in amount. In five instances was the arch dilated and atheromatous condition very marked.

#### ANEURISM.

CASE XXXVI. — *Aneurism of commencement of Thoracic aorta, unsuspected during life. Death from general Tuberculosis.*

A. B., æt. 32, a well-built muscular man. The aorta presents at the arch several calcareous plates and patches of atheroma. A large aneurism, the size of the fist, found just below the termination of the arch. It contains numerous fibrinous laminæ. The posterior wall of the sac is formed by the 3rd, 4th and 5th dorsal vertebræ, which are bare, and the intervertebral cartilages much eroded.

Left ventricle hypertrophied; valves of the heart normal. The lungs stuffed with recent tubercles, and at the apices small caseous masses. An interesting fact is that so far as could be ascertained this patient had never suffered from any symptoms of aneurism.

CASE LXIX. — *Sacculated aneurism of ascending portion of arch of aorta. Rupture into the right pleural sac.*

J. C., æt. 40, a well-built muscular man. A little to the right of the middle of the sternum is an irregular oval swelling. On opening the thorax the cartilages of the 3rd, 4th, and 5th ribs on the right side with the corresponding portion of the sternum are found much eroded, the 3rd cartilage having almost entirely disappeared. The sac of the aneurism lies immediately beneath the sternum, which, with the above-named cartilages formed its anterior wall, (see below). It projects towards the right side and contains externally old laminated clots and dark fresh ones within. The mass removed from the sac filled the two hands.

The sight of rupture was discovered at the right side of the sac, close under the ribs, at which point the blood had burst into the right pleura through an opening  $\frac{1}{4}$ " in diameter. The aneurism springs from the right side of the ascending part of the arch into which it communicates by a rounded orifice  $1\frac{1}{2}$ " in diameter, the margins of which are thick and project into the sac.

In the rest of its extent the wall is made up chiefly of condensed pleural and mediastinal tissues.

The right pleural cavity is full of coagulated blood, the serum floating uppermost. A large clot forming a mould of the cavity and grooved by the ribs, was removed entire, and weighed  $3\frac{1}{2}$  lbs. The lung on this side was compressed and airless; the visceral layer of the pleura over it rough, and covered over with minute patches of lymph. The left ventricle hypertrophied; muscle of good colour. Aortic valves a little thickened and puckered at the edges. Patches of atheroma exist in the intima of the arch.

CASE LXXXVII.—*Sacculated Aneurism of aorta, at termination of the arch, unsuspected during life. Death from Pneumonia.*

J. W., æt. 62. Died 18 hours after admission. *Heart.*—Left ventricle contains a dense decolourized clot, walls considerably hypertrophied. Aortic semi-lunar valves thick and atheromatous at bases and about corpora aurantii. *Aorta.* Whole arch dilated, the intima thickened and rough. At the end of the descending portion there is a sacculated aneurism, the size of a billiard ball, projecting from the antero-lateral part of the vessel toward the right side. The orifice of communication with the sac is  $1\frac{1}{8}$ " to  $1\frac{3}{8}$ " in diameter. The intima terminates by a rounded margin at the orifice. The wall of the sac is made up chiefly of the outer coat, and is lined with condensed laminae of fibrin.

CASE LIII.—*Aneurism of Hepatic Artery. Almost complete obliteration of right branch. Multiple abscesses in the Liver. See C. M. & S. Journal, July, 1877.*

CASE XLVIII.—*Aneurismal dilatation of branches of pulmonary artery on the walls of phthisical cavities. Death from Hæmoptysis.*

J. L., æt. 44, ill for some time with phthisis, died unexpectedly of hæmorrhage from the lungs. *Lungs.*—Seven cavities ranging in size from a walnut to a small orange found throughout the organs, chiefly in the upper lobes. Five of these contain blood with clots. Caseous masses numerous, and here and there small tubercles. On section of the lower lobes, irregular areas of a darker colour are noticed on the congested surface, which on inspection are seen to be small bronchi filled with clots, the lung tissue about them being deeply stained. On slitting up the branches of the pulmonary artery three aneurismal pouches, the size of peas, were met with in vessels running in the walls of cavities. They appear to be simple diverticula of the vessels, the intima being continued into them. From the side of the cavities they look like little irregular swellings on the wall. The origin of hæmorrhage was not discovered though all the pouches of the pulmonary artery in the right lung and lower lobe of the left were slit up. The vessels of the upper lobe of the left lung were, by mistake, not examined.

No doubt the hæmorrhage in this case was due to the rupture of one of these small aneurisms—the cause of the hæmorrhage in most of the cases of death from hæmoptysis in chronic Phthisis. (See Ramussen, *Edinburgh Medical Journal*, and Powell “*Trans. Path. Soc.*” xxii.)

CASE IX. — *Aneurism at second bifurcation of the right middle cerebral artery. Rupture; extravasation of blood into the Sylvian fissure, and laceration of substance of the sphenotemporal lobe. Death in 36 hours.*

Mrs. R., æt. 40. See report of case by Dr. Bell. *Can. Med. & Surg. Journal*, August, 1876.

(*To be continued.*)



## A CASE OF VALVULAR DISEASE OF THE HEART.

BY JOHN REDDY, M. D., L. R. C. S., I. &amp; C.

PHYSICIAN TO THE MONTREAL GENERAL HOSPITAL, &amp; C.

(Read before the Medico-Chirurgical Society, Montreal, June 8, 1877).

F. S., æt. 42, book-keeper, born in Canada; 5 feet 7 inches in height; 154 lbs. in weight, robust. Father, mother and five brothers and two sisters, all in good health, no death having occurred in the household. Called upon me on the 8th of June 1876, and gave me the following account: He stated that he had been to England where he had spent six weeks on business connected with his firm; that he had been most actively engaged the whole time, taking but little rest, and feeling quite fatigued in both body and mind, often experiencing a sense of uneasiness about his chest, attended with a short dry cough, especially after dinner. This would trouble him for a few hours. He slept tolerably well, had a fair appetite; bowels in good order, and spirits good. His habits were very regular, and up to this period he enjoyed a fair share of health, although he sometimes felt pains about his joints which did not last long or come often. He was just a fortnight returned and wished to consult me about his present state, which he said he could not understand. When he walked quickly or became much excited he would be seized with hurried breathing and dry cough; that he was annoyed with frightful dreams at night, awaking with shooting pains through his chest, of short duration. He attributed these symptoms, indeed his present state and all he had been suffering from having over exerted himself while in London. He reminded me that two years previously he had consulted me for pains in his joints, chest and head which lasted about a week and yielded speedily to treatment. He never had articular rheumatism nor heart affection.

Present appearance: Face pale and anxious, breathing somewhat hurried; respirations 28; temperature normal. Pulse 88, jerking; has a short dry cough, and complains that he can never raise "phlegm." He is often affected with pain in his

head, which occasionally interferes with his vision, often having moles before his eyes; he has dizziness and constant fear of falling; is slightly constipated.

Physical signs —*Heart*.—Visible area of impulse increased; most evident on palpation, and a little to the left and full. The only dulness corresponds to apex beat about half an inch to the left, but is not marked. At the junction of the third rib with the sternum to right, the stethoscopic signs present are, a rough systolic murmur, loudest at the second sterno-costal articulation on the right side, which is also heard at the carotids, and in the subclavians; an aortic diastolic murmur not very loud also exists, heard all over the cardiac region, and below xiphoid cartilage; partial hypertrophy of left ventricle but no valvular murmur; posteriorly the aortic diastolic murmur is heard from about the third to about the eighth rib. The *lungs*, *liver* and *spleen* are normal. No œdema exists. Urine, spec. grav. 1020. No. albumen. Directed to avoid everything of an exciting character, quick walking or much bodily or mental work. Ordered a tonic of sulphate of quinine, and proto-sulphate of iron, &c., and a mild aperient, also directions about diet.

(Thirty-four days from last visit), 12th of July, called to report himself. Has experienced decided benefit from his tonic, as well as from the amount of quiet and rest he has managed to take.

Pulse 90, jerking and occasionally irregular. Physical signs. *Heart* dulness increased to the right of sternum and up to the fourth rib and partial pulsation exists in the epigastrium, corresponding to the region of the right ventricle a soft regurgitant murmur exists, and slight jugular pulsation, the other signs and murmurs are about the same. The only marked difference, tricuspid insufficiency has occurred since last examination.

Twenty-eight days from last visit, 10th August, called to say that he was doing tolerably well up to about four days ago, when his sleep was interrupted by cough and occasional dyspnoea; often feels affrighted without being able to assign any cause. Does not expectorate. Bowels regular; thinks he passes his usual amount of urine. Pulse, 80, same character.

as before. Ordered a mixture—*R.* quininæ sulph. grs. 12; acid sulph. dil. ʒii; tr. digitalis ʒi, aquæ ad ʒvi, a table sponful three times a day.

*Oct. 14th.*—Called this morning complaining of great difficulty of breathing, and slight swelling of his feet and ankles, also constipation. Pulse 80, of same character as before. Occasional headache; cough and dyspnœa the same as at last examination. Does not think that there is any diminution in the urinary secretion. Heart sounds about the same with the exception that left dulness is more marked, also the hypertrophy of the left ventricle, but no murmur. Ordered a mixture: *R.* acet. potassæ ʒii; infusi digitalis ʒii; spt. ætheris nitrosi, ʒv; syrup aurantii, ʒi; aq. ad ʒvi: a table-spoonful three times a day. Also half ounce doses of bitartrate of potash as a purge occasionally.

*19th.*—Called this morning to report his state. He had obtained considerable relief from the last treatment for about two days, but that owing to nausea he had to stop his mixture, and since that his ankles became more swollen. He had had several liquid stools. He appears anxious and nervous, and says attending to his business worries him, as he cannot concentrate his mind sufficiently, and this always appears to him to increase his heart beat. Both jugulars pulsate to-day in large zigzag lines; this has occurred since last visit. I advised him to remain at home, and for the present not give any attention to business.

*28th.*—Was sent for to-day. He was up and seemed much calmer than usual; stated that some days he felt better and others worse, that he had taken his mixture occasionally with relief till it produced nausea. He said that he sent for me because he could not lie as flat as usual when in bed, as when he tried to do so it produced a great sense of suffocation. His legs and ankles are very much swollen, and his eyelids puffy. Aortic direct murmur is much rougher; the regurgitant is more diffused and occupies the entire cardiac region, and down below xiphoid cartilage, heard also loudly along the spine. Hypertrophy of left ventricle increased with corresponding dulness. Loose œdematous rales are heard at the roots of the lungs. The *liver*

is much enlarged and feels hard. The urine is somewhat diminished, spec. grav. 1020. No albumen. Pulse 100, jerking, occasionally irregular with a very peculiar vibration. Owing to the nausea produced by the digitalis, I ordered the acetate of potash with broomtop infusion and compound powder of jalap to act upon the bowels. Hot mustard foot-baths occasionally. Diet milk, beef-tea, &c. To take ten drops of the muriated tincture of iron three times a day in his mixture.

31st.—Pulse 100. Heart's action very tumultuous. Orthopnoea; extreme breathlessness, especially if he reclines backwards. Anasarca rapidly increasing. Urine passed last 24 hours, 26½ ounces. Diuretics and purgatives seem to give but little relief. Seidlitz powders to be used occasionally as the stomach is irritably inclined. Is to have a steam bath.

Nov. 5th.—Seems a little better to-day, which he attributes to the effect of the seidlitz powders. The steam bath he could not bear as it rather oppressed him. The urinary secretion has diminished for the past five days as follows: 22 oz., 22 oz., 18 oz., 14½ oz., in the 24 hours. The liver feels hard, its outline well-marked, and somewhat enlarged. A slight biliary tinge exists all over the body. There is considerable difficulty in breathing with cough, and a tenacious gluey mucous tinged with blood. Both infra-scapular regions are dull on percussion, and over the lungs corresponding are heard fine and sub-crepitating rales. Œdema of extremities; also ascitic effusion most marked. As his stomach cannot retain medicine nor food, I acupunctured both legs and ankles at my visit.

6th.—Pulse 100. Marked change for the better. General œdema very much reduced; can nearly lie down. The nausea is much relieved. The hæmoptysis continues; the discharge from the acupuncture openings is very considerable, requiring the blankets with which his legs are covered to be removed every hour and replaced with dry ones. Can retain his food much better.

12th.—Pulse 120, jerking and fuller. Heart's action considerably increased. Dulness marked and extending beyond axillary line to left, hypertrophy of left ventricle increased. No

murmur exists beyond prolongation of first sound. Jugular pulsation is very marked. For the past few days he has passed between 8 and 10 oz. of urine in the 24 hours. The œdema is slightly on the increase again owing to the openings in the extremities being very nearly closed up, and nausea has partially returned. Used acupuncture again to-day freely over both legs, all other treatment being useless.

20th.—For a few days while the acupuncture openings remained patulous, he again had a remission of all the urgent symptoms, but to-day he appears as ill and oppressed as ever, his cough is most troublesome, he cannot lie down or obtain rest in any position. His skin has now become more discoloured, having a dark-olive shade. Dr. Campbell saw him with me to-day, and confirmed my diagnosis; he also brought to light an important fact that he had treated him nineteen years previously for syphilis. The case was very persistent, requiring treatment for a long time; he is of opinion that the occasional pains which he suffered from that period were owing to the syphilitic taint. I shall summarize his condition when examined to-day. Temperature 99°; pulse 120, jerking and irregular; respirations 36; general anasarca, orthopœa, extreme restlessness. No desire for food, nor ability to retain it. Urinary flow diminished to about 4 oz. in the past twenty-four hours; dark coloured, containing a trace of bile acid. No albumen, confined bowels.

Examination of lungs: anteriorly no dulness on percussion over supra-clavicular regions. On left side dulness exists within an area commencing at the lower margin of the second rib to lower margin of mammary region. From right to left it is marked from one inch to the right of sternum, to nearly one inch beyond the infra-axillary line. Posteriorly, marked dulness exists from bases of both lungs, gradually shading off till it reaches the upper line of infra-scapular; on palpation a diffusible impulse exists over the space occupied by the heart corresponding to the dull area.

Stethoscopic signs.—No rales heard anteriorly. Heart's action very irregular, impulse full and heaving, aortic direct murmur loud and sharp, extending up carotids, and into

brachials ; aortic regurgitant diffused all over the heart, nearly masking all other sounds. Tricuspid regurgitant inaudible but positive from largely defined ziz-zag jugular pulsation. Pulmonary valves intact. Mitral, no murmur can be heard but prolongation of first sound barely audible at angle of eighth rib, which possibly may be owing to partial incompetency. A few fine crepitations are heard over the bases of both lungs posteriorly as high as the angles of both scapulæ also subcrepitant in inspiration and expiration, a thick tenaceous mucous is occasionally expectorated, much tinged with blood. From the great irritability of the stomach and dislike to touch food of any kind, acupuncture was again resorted to to-day.

30th. 10th day since last visit.—His general symptoms have had so much sameness that they have been purposely omitted till this day, no improvement of any kind having taken place in his condition. The nausea and vomiting are unaltered. Urinary flow diminished to a few ounces, in the 24 hours, for some days. Acupuncture openings failing also to render relief. His colour has also changed to a dark olive of a malignant shade. He appears to be sinking. He was seized at 3 o'clock p.m., with a sudden severe paroxysm of pain in the region of the heart, and died in a few seconds.

It is somewhat interesting to notice in this case the order of valvular failure. The aortic direct at the commencement was the most marked murmur, next the aortic regurgitant gradually increased and became so diffuse as to mask every other cardiac sound. Next partial hypertrophy of left ventricle with very slight prolongation of first sound, at no period amounting to a murmur, possibly owing to slight incompetency of mitral valve, then followed tricuspid regurgitation—the invasion of the two latter being in inverse order—as in ordinary cases the right ventricle usually supplements valvular failure in the left. Early observable too was the progressive scleromatous state of the kidneys, liver and lungs, the latter interspersed with lobular patches of condensed lung. A question might possibly arise in reviewing the history of this case. May not syphilis have played some part (though dormant apparently for years) if not in pro-

ducing at least in influencing this rapid and formidable affection? Against this view may be stated the fact that his children, five in number, have been quite healthy from their birth, and his wife has been always in the enjoyment of good health.

Before concluding I should also mention that in October last, when examining the femorals with the stethoscope, its pressure caused a reduplicated murmur systolic and diastolic, loud and distinct: same as described by Durozier, who states that it occurs most frequently in aortic insufficiency (which was well marked in this case), he does not, however, consider it pathognomonic, pressure made by the fingers above and below, the stethoscope gave the same result. Traube has also made us acquainted with a new symptom which enables us to estimate the degree of insufficiency of closure in the valve. He demonstrated that when the insufficiency was very great a reduplicated sound, systolic and diastolic, can be heard in the crural without any artificial pressure. He explains the production of the sound from the fact that membranes begin vibrating audibly during a transition from a maximum to a minimum tension, and these conditions are best fulfilled by the crural artery, since its tension during systole of the heart, is abnormally great, and its slackness during diastole is very considerably owing to the facility the blood has of flowing both into the capillaries and back towards the heart.

#### POST-MORTEM EXAMINATION BY DR. OSLER.

*Heart.*—Weight, with arch of aorta attached, 23 oz.

Right auricle distended with dark semi-coagulated clots. Much blood escaped from the venæ cavæ. Chamber dilated. Eustachian valve persists. Orifice of the coronary vein very large, its valvular fold thin and fenestrated. Foramini Thebisiæ large.

Right ventricle: cavity dilated, and full of dark clots. Tricuspid orifice  $5\frac{1}{2}$  inches in circumference.

Left Ventricle contains a small quantity of dark blood. Chamber dilated, length from aortic ring to apex  $4\frac{1}{8}$ " Anterior wall at the middle, 1" from the septum,  $\frac{7}{8}$ " in thickness.

Mitral orifice  $4\frac{1}{2}$ " in circumference. Valves somewhat thickened on the auricular surface.

**Aortic valves, incompetent.** On slitting up the artery two segments only were noticed; one, the posterior, situated above the ant. seg. of the mitral, is large, occupies nearly half the circumference of the tube, measuring  $1\frac{1}{2}$ " along the straight margin, 2" along the attached border. This segment is opaque and thickened in spots by atheroma. Sinus of Valsalva behind it, large. The other segment is incomplete, a somewhat V shaped piece being absent from the anterior end. The straight border extends for  $1\frac{2}{3}$ ", then terminates in a rounded angle. The edge of this segment is round and thickened, and the whole valve opaque. The aortic side of the segment presents an indistinct frenum about the middle of the attached margin, uniting it to a thick elevated atheromatous mass, which also serves to divide the sinus of Valsalva incompletely into two, the one behind the imperfect side of the valve being small, the other of fair size.

The aorta is dilated and large; circumference one inch above the valves,  $4\frac{2}{3}$ "; at the junction of the ascending and transverse portion of the arch 5"; at commencement of ascending portion  $2\frac{1}{2}$ ".

The whole intima is scattered over with raised yellowish-white masses of atheroma, which extend also into the thoracic portion.

On microscopical examination the heart muscle was found fatty, here and there fibres presenting the dark-yellowish granules of brown atrophy.

**Lungs.**—Right: three large spots of apoplexy in this organ, one occupying nearly the whole thickness of the free margin of the middle lobe, extending 2" towards the root. Left: two spots of apoplexy; one in the free margin of the upper lobe; the other in the posterior free margin of the lower lobe. The rest of the lung crepitant.

**Spleen**, somewhat enlarged and firm, is dense.

**Kidneys**, appeared about the normal size. Capsules do not detach very easily and bring along small bits of the organ; surface, a little granular.

**Liver**, of about the normal size. Surface a little granular. On section firm, hepatic veins full.



## Hospital Reports.

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

*Tuberculous Nephritis. Rigors a marked Symptom. With Autopsy*,—showing entire destruction of one kidney, and on earlier stage of the disease in the other. Under DR. ROSS. Reported by Mr. J. A. GILLIS.

T. J., æt. 32, was admitted on the 25th of September, 1876, complaining of continuous dull pain in the region of the left kidney, and sharp burning pain along the urethra during and after micturition.

Family history good. Mother died of phthisis at 55 years of age.

Had tertian ague two years ago; with this exception has always enjoyed good health until about eight months' ago, when he noticed increased frequency of micturition. This symptom has gradually increased until now. He voids urine eight or ten times during the night. Latterly he has occasionally noticed a few drops of blood coming just after the urine passed. Two weeks ago he had a series of chills occurring at irregular intervals. They have not been so frequent this last week. He is a man of rather slight stature, and very much emaciated. His skin is dry and rough. His tongue moist and clean. He has constant dull pain in the left kidney, extending to the hypogastric region, increased by any jar or driving. This pain is much increased by pressure upon this kidney either in front or behind. No enlargement of the organ could be detected. Burning pain is felt along the urethra during and after micturition. He is passing about 5 pints of urine per diem. It is pale and somewhat opalescent, looking like water to which a few drops of milk had been added. On standing it throws down a very small and light white precipitate, which the microscope shows to be pure pus. Its spec. grav. is 1006, and the usual test shows it to contain a little albumen. He has no cough or other pulmonary symptom, and the lungs on examination are found to be healthy

Pulse 80, rather weak; temperature  $99\frac{1}{2}^{\circ}$  F. A sound was passed and the bladder explored for stone, but none was found. The bladder appeared to be very sensitive. Ordered liq. morphicæ *mxx* three times a day.

*Oct. 1st.*—Had a rather severe chill yesterday and to-day. Temperature is  $103^{\circ}$  F. Much thirst. Ordered in addition: *℞*. Spts. chlorof. *m x*. Liq. Ammon, acet. *ʒij*. every 4 hours.

*2nd.*—Urine of same milky appearance. Same minute white deposit and faint appearance of albumen on resting. Another severe chill to-day. From this time throughout the whole of the remainder of this month, the patient continued steadily to emaciate and become weaker. Rigors followed by pretty high temperature were recorded every three or four days. Constipation prevailed, and required the occasional use of purgatives. The condition of the urine remained continuously exactly the same as already reported. Local pain and tenderness rather increased. Abdominal walls always tense and resisting palpation. No enlargement of the kidney could be found. He took quinine gr. xv every day or two according to circumstances.

*Nov. 2nd.*—Severe vomiting to-day. Urine becoming very much diminished in amount.

*4th.*—Has passed no urine for 15 hours.

*5th.*—Passed 10 oz. of urine last night, albuminous as usual. Pain in kidney and during micturition very severe. Ordered vapor bath twice a day.

*22nd.*—Has been getting very weak. A very few ounces of urine only passed each day. The last two days has been much troubled with hiccough and some vomiting. The extremities are clod and blue and the pulse rapid, very weak and compressible.

*28th.*—Almost daily chills. An extremely exhausted condition; vomiting and hiccough constant and severe. Quite cyanotic with arms and legs very cold.

*Dec. 3rd.*—Very low. Urine scanty and contains more albumen and pus than heretofore; lies in a torpid, drowsy condition, hardly even moving himself to speak.

*6th.*—Has been gradually sinking. Average amount of urine

during the last three days has been only seven ounces. Died quietly at 9.45 a.m. to-day.

#### AUTOPSY 48 HOURS AFTER DEATH.

*Kidneys, right.*—Small, lobulated externally. To the feel, apparently made up of purulent cysts. On section the whole organ is seen to be converted into a mass of cysts, containing a fluid through which numerous white flocculi are scattered. The fluid is not properly pus. The cysts are about a dozen in number, averaging the size of a walnut, and communicating together; their walls are in places infiltrated with tuberculous matter, and on stripping off the capsule numerous tubercular masses are found on the surface of the cortex. *Left.* Very large, more than three times the size of the right. On section, the pelvis is dilated, the walls thick, covered with a dirty exudation of a greyish colour. The calyces are also dilated, and their walls in a similar condition. The pyramids are injected and contain in many places small round collections of pus. Throughout the cortex, which is swollen, numerous suppurating foci exist. On stripping off the capsule, the surface of the organ is found studded over with similar bodies. Many of them came away with the capsule looking like small tubercles in its substance. Section of these white masses in the kidneys shows them to be firm and usually solid throughout, occasionally softened in the centre, in which case the periphery is dense, from which it would appear that the pathological process is *tubercular* not suppurating.

*Bladder.*—Mucous membrane roughened and ulcerated. The healthy portions of the membrane are reddened and injected. Quite three-fourths of the entire membrane is destroyed by ulceration, the destruction having extended in many places deep into the muscular walls.

*Lungs* contained a few scattered small masses of caseous tubercle. With this exception there was nothing abnormal in the general condition of the other organs,

*Case of Diabetes Mellitus.—Pulmonary Complications. Death and Autopsy.*—Under Dr. Ross. Reported by Mr. J. A. F. GILLES.

J. W., æt. 26, joiner, was admitted into the Montreal General Hospital under Dr. Fenwick, on the 1st September, 1876. He complained of great weakness, thirst, and frequent micturition.

Family history good. No tubercular or other hereditary taint. Has never indulged in excessive use of alcoholic drinks.

He dates the commencement of his present illness to about nine months ago, at which time he noticed that he was often very thirsty. At that time his appetite was good, but not voracious. He soon began to pass an increased quantity of water, getting up often six or seven times in a night.

*Oct. 1st.*—Was transferred to Dr. Ross whose term of service began. He is now considerably emaciated. The muscles feel soft and flabby; the skin is harsh, dry and rough; the countenance dull and careworn. There is slight œdema of the ankles. Tongue large, dry and foul, gums red, tender and somewhat swollen. His breath has very markedly the peculiar chloroform or violet-like odour. Pulse weak, about 65; temperature 97° F. He passes from 12 to 18 pints of water every 24 hours, of very pale, slightly feverish tinge, and an odour like that from the breath. Specific gravity 1040. All the sugar tests applied give most positive results, viz: Fehling's, Potash, Trommer's, and the Fermentation. Allowed to stand a few days in temperature of 70° to 80°, it does not decompose but turns sour and smells of vinegar. It contains no albumen. His appetite varies, but is generally good, and occasionally excessive. Bowels pretty regular—sometime has diarrhœa. Lungs normal. Sight not impaired. He suffers much from continued thirst, and drinks from 10 to 16 pints of water in the twenty-four hours, besides milk. Has been taking 4 pints of milk, chop and two eggs. Pot. bromid gr. xv. Tr. Calumb ʒss three times a day.

*3rd.*—Not much change. Diarrhœa has been troublesome, and required astringents to control it. The urine of 1st. Oct. tested for the amount of sugar pr oz. by comparing the specific

gravities before and after the fermentation, and calculating gr. i of sugar for each degree of difference observed, gives 32 grains per oz., and the amount passed has been 260 oz. So that there has been got rid of in twenty-four hours the large amount of  $17\frac{1}{2}$  ounces of sugar. On the 25th September his weight was 118 lbs., during the last 10 days he has lost 10 lbs. Diet changed to-day to brown bread, 30 oz. of meat, fish, 2 eggs and  $1\frac{1}{2}$  pints of milk, and 2 oz. brandy, and to take ℞. tr. ferri mur. gtt. xv. tr. quassiae ʒss ter die. As a drink also he was given a phosphoric acid lemonade (acid phosph. dil. ʒii; glycerine ʒss; aquæ Oij.) Up to this the amount of urine varied between 8 and 18 pints—average about  $13\frac{1}{2}$  pints. The specific gravity between 1036 and 1046, and average 1041. From these figures by the same calculation as last given, the mean quantity of sugar per diem has been 19.7 oz.

Under this treatment, although the amounts of urine and sugar were diminished, yet he continued to lose weight, and on the 17th, weighed only 117 lbs. From this time he began to gain in weight, and by Oct. 31st, weighed fully 122 lbs. Has become more cheerful, pulse stronger and fuller, and tongue much cleaned. Since last date mean amount of urine  $8\frac{1}{2}$  pints; mean specific gravity 1032.

Several changes in diet were made which it is unnecessary to record; the appetite being large and at the same time capricious. The bread, of course, was the great difficulty, and not being able to procure suitable brown bread or gluten bread, the doctor was obliged to order him toast, also coffee, beef-tea, ham and eggs, and various other things.

No new features were observed until the patient (at the termination of the Hospital quarter) passed from under the hands of Dr. Ross into other hands. From this time we have no notes of the case. He died on the 15th January, 1877.

#### AUTOPSY 24 HOURS AFTER DEATH.

*Right kidney.*—Weight 260 grammes. Cortex somewhat pale.

*Left kidney.*—Weight 280 grammes; large; capsule easily removed. Section normal; base of pyramids congested, and reddish lines extend into cortex.

*Right Lung.*—Postero-lateral part occupied by a large irregular cavity, holding about 1 ounce. The walls are ill defined, being made up of dirty, greyish-brown pasty material, caseous in character. The lung in the immediate neighbourhood is almost airless, dark in colour, and much blood and serum exudes from the cut surface. There are no chronic changes in the lung about the cavity which was situated in healthy tissue in the first stage of pneumonia. Almost the whole of the lower lobe of this lung is in a condition of red hepatization. The anterior part of the upper, and the whole of the middle lobe being alone crepitant. No nodules or tubercles anywhere in the lung.

*Left Lung.*—Upper lobe crepitant at the anterior free border. Rest of the lobe dark in color and heavy. Entire lower lobe in a state of red hepatization.

*Liver and Spleen* rather large and somewhat congested. Other organs normal.

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### Correspondence.

LONDON, JULY 9th, 1877.

DEAR MR. EDITOR,—I have now seen every surgeon of eminence in London perform a greater or less number of operations, and have heard the majority of them teach at the bedside, so that if time permitted I could give you a volume of impressions, but these had better, perhaps, in any case, be reserved for a future occasion. I will take this opportunity, however, of testifying to the uniform kindness and consideration extended to strangers by the profession in London. My own experience may have been peculiar, although I have no reason to think it has, but certainly the cordial, and friendly manner in which I have been everywhere received is to me a source of much pleasure.

The operation of ovariectomy, as performed by Mr. Spencer Wells at the Samaritan Hospital, differs in no very marked degree from that we have been accustomed to witness in Montreal. The patient, instead of being brought to the end of the table, is laid full length, the arms being secured to the sides, and the lower extremities held down by a broad belt passing

over the thighs. I failed to see the great advantage of this position over ours; in fact in one case it became necessary to turn the patient on the side, and much valuable time was lost in undoing the strapping. The bichloride of methylene is the anæsthetic always employed. Instead of stopping to ligature every little artery that bleeds, and in that way retarding the operation, Mr. Wells applies a pair of catch forceps to every bleeding point, so that before he has reached the peritoneum there will perhaps be half a dozen hanging from either side of the incision. He seldom uses a director, but having reached the tumour at one point, he enlarges the wound throughout with a pair of long and strong scissors, bent slightly at an angle. He does not hunt for adhesions beyond an inch or so from the edges of the wound, thus irritating the peritoneum as little as possible. When a sufficient quantity of fluid has been allowed to escape he grasps the tumour with both hands, a towel intervening, and carefully delivers it, any adhesions being continuously detached during the delivery. Any bleeding points among the adhesions are seldom ligatured if the catch forceps can be applied. The pedicles, in the cases I have seen, were transfixed with the ordinary long needle carrying a hempen thread and tied in halves. Mr. Wells, I find, is most particular in sponging out the cavity until not a vestige of clot remains. The sutures consist of ordinary linen thread about a foot long, and having a needle at either end which is introduced from within outwards at either side, so that the peritoneal edges can be most readily adjusted. The wound is dressed with scraps of dry boracic lint, a moderately thick compress of lint on either side, and a little cotton-wool above,—all held down by broad strips of adhesive plaster,—and the whole covered with flannel bandage brought once round the body. Mr. Wells has recently had what he calls a very narrow escape from the antiseptic system. He had ordered arrangements to be made to operate on a series of some twenty-five cases antiseptically. By some misunderstanding things were not ready when required, so he went on and performed twenty-seven successful operations. Of course had Mr. Well's original intention been carried out the friends

of "the antiseptic" would have been jubilant. Lister himself, however, is not satisfied that his system, as at present practiced, is going to hold good when the peritoneum is interfered with. He fears the spray may be too irritating for so delicate a structure. However, this is merely conjectural on his part, as he has not yet had that amount of experience in this direction, which would justify him in taking a more positive stand.

I have been fortunate in seeing Mr. John Wood perform in two cases his radical cure for hernia. In a few short but very interesting remarks in connection with the subject, he stated that he had now performed the operation about two hundred and forty times with only three deaths, from erysipelas, pyæmia, and peritonitis respectively. Among the favorable cases, he has had seventy per cent. of cures, and among the unfavorable forty per cent. Both the cases on which I saw him operate were children under twelve years, and a day or two ago they were doing well. Mr. Wood has a very interesting case in his wards at present of aneurism of the external iliac treated by galvano-puncture and pressure combined. In five-hours pulsation had entirely ceased in the sac, but gangrene of the limb rapidly supervened, so that a few days ago amputation at the knee-joint became necessary. Since then the flaps have sloughed leaving the articular surface of the femur bare, but otherwise the man is doing well.

Speaking of aneurism, I was present at the London Hospital two days since when Mr. Hutchinson applied the elastic band in a case of popliteal aneurism. He left it on an hour and ten minutes, at the end of which time no pulsation could be felt in the sac, but every precaution was taken by the application of pressure above, to prevent too full a current of blood from traversing the vessel. As a precautionary measure a tourniquet was kept applied for the next twenty-four hours, and to-day I understand there is no pulsation to be felt, so that a cure has evidently been effected. This mode of treating aneurism is, I take it, one of the greatest triumphs in surgery of the present day.

I have seen the Guy's Hospital men perform a great many



operations, but none interested me so much as the extraction of stone by the use of the straight staff. Guy's is the only hospital in London where Aston Key's staff is employed. A few days ago Mr. Bryant cut two cases, and certainly the operations were most expeditiously performed. In one of the cases he made use of the lithotrite for the purpose of measuring, and one could have sworn there were two stones, although the sequel proved otherwise. The explanation was that the stone was held loosely in the instrument, which, when moved imparted the feeling that another was being struck. Mr. Bryant seldom or never, except in the case of hæmorrhage, introduces a tube through his lithotomy wounds. Mr. Thomas Smith of St. Bartholomew's, on the other hand, always uses the tube covered with lint sufficiently thick to fill up the wound. He does it both to avoid hæmorrhage and to prevent the urine from irritating the wound. A stone case of his, an exceedingly delicate looking child, was brought into the theatre of the Children's Hospital about ten days ago to be operated on. The stone had been discovered by the House Surgeon, and although we all thought we felt it with the short-beaked sound, it could not be struck with the staff, so Mr. Smith very wisely post-poned interference. The child has since died, and at the autopsy a stone was found in the bladder and another in the kidney. He very rightly thinks that his lithotomy record (a very good one by the way) has had a narrow escape. Mr. Teevan of St. Peter's Hospital is reviving the recto-vesical operation for stone. He has performed it twice since I came to London, and the cases have done very well. It remains to be seen whether fistula is going to follow, as that, of course, is the great objection to this operation.

I have been taking a more than ordinary interest in skin diseases, and have seen not a few unique cases. Dr. Tilbury Fox was good enough to show me the other day, a case of *morphæa nigra* in a young gentleman, aged about twenty. There was a patch on either shin about three inches in breadth by six in length—of a dark-brown colour, waxy-looking, and glistening in appearance. I saw at the same time a case of *lepra anæsthetica* or non-tubercular leprosy in a lad aged about

seventeen. He was born in India and had suffered from the disease since early life. I have also seen more than once the cases of *hydroa* and *acne cachecticorum* which have recently excited so much controversy in the Pathological Society. Lupus is terribly prevalent, and one occasionally comes across a case of ichthyosis and molluscum.

Dr. Sayer of New York is in London at present. I am invited to attend a demonstration of his at Charing-Cross Hospital on Saturday next. He is going to apply his Plaster-of-Paris Splint in a case of spinal disease, and exhibit some hip joint apparatus he has brought over with him.

Yours, very truly,

T. G. R.

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### Reviews and Notices of Books.

*Cyclopædia of the Practice of Medicine.*—Edited by Dr. H. von ZIEMSEN. Vol. xii. Diseases of the Brain and its Membranes. By Prof. H. Nothnagel, of Jena; Prof. E. Hitzig, of Zürich; Prof. F. Obernier, of Bonn; Prof. O. Heubner, of Leipzig, and Prof. G. Huguenin, of Zürich.—Translated by Henry R. Swanzy, M.D., of Dublin; Chas. Emerson, of Concord; Edward H. Bradford, M. D., Elbridge G. Cutler, M.D., Robert Z. Edes, M.D., James J. Putnam, M.D., Frederick C. Shattuck, M. D., and S. G. Webber, M.D., of Boston; and Louis Velder, M.D., of Elmira. Albert H. Buck, M.D., New York, Editor of the American edition; 8vo: pp. 902. New York: 27 Great Jones Street, 1877.

This volume has been looked forward to with great expectations, as containing the views of the Germans on the very interesting questions in the physiology and pathology of the nervous centres. We do not think the reader of it will be disappointed. This volume is, perhaps, the most interesting if not the most valuable of the series.

The subjects of the first articles are anæmia, hyperæmia, hæmorrhage, thrombosis, and embolism of the brain, from the

pen of Nothnagel. The articles on hæmorrhage, thrombosis and embolism, are each a perfect critical analysis of the investigation of British and Continental writers. The introductory article on "general considerations on the circulation of the blood in the cranial cavity," give lucidly the now generally received views as to intracranial pressure, and intracranial circulation. After brief articles on anaemia and hyperæmia, the author in the article on cerebral hæmorrhage, gives us the following facts as to the symptoms of cerebral lesions, and the deductions for the possible localization of lesions. The articles on occlusion of the cerebral vessels are full of interest. As to the connection between the so-called "cerebral" variety of acute rheumatism and capillary embolism, he alludes to the negative results of the investigations, and to the fact that cerebral rheumatism may occur entirely unattended by disease of the valves.

The next paper by Professor Obernier is on tumours of the brain and its membranes. As to the power of accommodation in respect of neoplasms "he concludes that it is so much the greater the further the locus morbi lies from the base of the brain and from the cerebral ganglia toward the expanded surface." He considers the symptoms under the heads of disturbances of the psychical functions, of the nerves of sense, of motion, and other disturbances; and special groups of symptoms according to their course, according to the nature of their neoplasm, and according to the situation. This is such an exhaustive treatment of the subject in a compact form that I do not know of elsewhere.

The paper by Heubner on syphilis of the brain, spinal cord, and peripheral nerves, contains all that is known of these affections which are of great interest at this day, and the pathology of which is entirely modern and the result of the investigations of very recent years.

The next series of papers on acute chronic inflammation of the brain and its membranes is by Prof. Huguenin, and comprises 444 pages of the volume. We would draw attention to the article on metastatic meningitis, a name which is retained, although the views under which it originated are long since obsolete. The author regards it as a tenable view, that men-

ingitis occurring as a terminal complication in the course of acute diseases of another nature is the result of an infection of the pia mater through the arterial current. Another interesting article is one on "meningitis of the convexity due to external and unknown causes." The series of papers by Huguenin is concluded by one on chronic abscess of the brain.

The final articles of the volume are on hypertrophy and atrophy of the brain by Prof. Hitzig.

Reviewing the volumes of this cyclopædia, suggests to us the almost terrifying thought that there is so much worth knowing. Though many of the papers are regarded of so little practical value to the physician in his daily practice, as additions to the literature of our profession their value is inestimable.

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*Surgical Observations with Cases and Operations.*—By J. MASON WARREN, M.D., Surgeon to the Massachusetts General Hospital, Fellow of the American Academy of Arts and Sciences, &c. 8vo. pp. 680. Boston: Ticknor & Fields, 1867.

This work is a valuable contribution to the annals of practical surgery, and is issued from the press under peculiar circumstances. It was published in the year 1867, shortly before the death of Dr. Mason Warren. In consequence of that sad event the book was withdrawn and placed in store. It, now, after the lapse of ten years, is issued and comes to us the living and truthful record of a man long gathered to his rest; one who in his lifetime was well known as a surgeon of eminence, both in his native country and abroad. In the preface the author modestly states that this volume contains some results of surgical experience. The cases cited are chiefly from the records of the Massachusetts General Hospital, and in making the selection the author published only those cases of which the histories had been well ascertained. The classification is according to the regions of the body, if we except the last chapters in the book, which relate to Gun-shot wounds, Tumours and some miscellaneous cases.

Chapter i. is on surgical injuries of the head, fractures

of the skull, trephining for epilepsy, injuries of the scalp, and concussion of the brain. In this chapter there is reported the particulars of ten cases of trephining for epilepsy, where that malady had been developed after previous injury to the skull. One half of these cases were fatal; two were relieved, and three cured. In the second chapter is considered surgical injuries of the face, rhinoplastic operations, operations for the restoration of parts destroyed by epithelial cancer, rodent ulcer, &c. Two cases are reported of restoration of the nose, after Taliacotius, in the one instance, the flap was taken from the radial side of the fore arm, and in the other it was taken from the integument covering the upper part of the biceps muscle. The author notices the disadvantages of this method, in the length of time during which it is necessary to keep the limb in painful restraint, which is sometimes followed by temporary paralysis. The third chapter is on the surgery of the neck, foreign bodies in the air passages and œsophagus, tumours of the œsophagus; under this head is described a most singular and unique case of a polypoid growth attached to the outer side of the epiglottis, which the patient was capable of forcing into the mouth from the gullet; in consequence of rapid growth it interfered with his swallowing. The author remarks "he applied to me May 1st, 1866, and I could hardly credit the statement he made with regard to the size of the tumour. By making, however, a regurgitating effort he at once convinced me of the fact. A large white-looking tumour of the shape and size of a small sausage was thrown up into the mouth, while in this position it caused constant efforts to vomit." On examination with the laryngoscope, its attachment was found to be by a broad base to the left and outer side of the epiglottis, a ribbon-like pedicle extended down the œsophagus. The growth was removed by the scissors, a ligature having been firmly tied at the base; this was done as a precautionary measure; as it seemed very vascular. The removal of the tumour gave great relief, and the ligature with the pedicle of the tumour separated on the sixth day. The concluding portion of this chapter is on removal of the tonsils, fissure of hard and soft palate, and harelip. Para-

centesis thoracis is next discussed in chapter four. Then we have chapters on the abdomen, the anus, genito-urinary organs in the male and female.

Chapter viii is devoted to fractures, dislocations and excisions of joints. This chapter contains a table giving the results of amputations in different regions, performed at the Massachusetts General Hospital from January 1822, to January 1866, a period of forty-four years. From this we learn that there were 204 cases of amputations at the thigh; of these 55 died, giving a per centage of 26.96 per cent. of fatal cases. Amputations of the leg yielded a death rate of 29.08 per cent.; of the arm, 15.3. Fore arm, 15.09. Of amputation at the hip-joint there were two cases with one recovery; and at the shoulder-joint 19 cases with 7 deaths, equal to 36.8 per cent. In this chapter, the subject of the excision of joints, is discussed, and we find that the author reports the particulars of four cases of excision at the knee and two at the shoulder; also two cases in which he adopted Barton's operation for the relief of angular deformity of the knee-joint by the removal of a wedge-shaped piece of bone.

Chapter ix is on aneurismal tumours and affections of the arteries and veins. The treatment of aneurism by compression directly over the tumour, is illustrated by two cases of very large subclavian aneurism in which the operation by the ligature was impossible. Dr. Warren adopted the novel method of pressure over the tumour, by means of a heavy weight in the form of a cannon-ball. In the one case complete obliteration of the artery resulted, and in the other a cure was effected by coagulation of the contents of the sac, which was followed by suppuration and sloughing, but terminated in the perfect cure of the patient.

Vascular and erectile tumours form the subject of the concluding section of this chapter, and there is reported a most remarkable case of erectile tumour, engaging the tongue, lower lip, lower portion of the face and neck, and extending down over the chest. The lip was ulcerated superficially, and there was danger of fatal hæmorrhage from erosion of some large vessels. It was deemed advisable to ligature the left carotid, which was done on the 5th Oct, 1845. This operation had a most marked effect on the disease! The face became paler, and the ulcera-

tion on the lip showed a more healthy action. About one month subsequently the right carotid was ligated. The effect at first was nil, but shortly after the application of the ligature the pulse became labored and somewhat irregular, and he became drowsy. There was also experienced a feeling of faintness on any attempt to raise his head. The patient, however, made a good recovery, and three years subsequently he is reported to have been in good health; no pulsation could be found in either temporals. The angular arteries where they inosculate with the nasal branch of the ophthalmic gave a faint pulsation, but the functions of the brain had not in any way been disturbed. Two excellent coloured lithographs are given of this very remarkable case, taken before and after the operation.

Chapter x is on injuries and diseases of the nerves. This is a most interesting chapter, it contains the reports of some nine cases, several of which occurred from gun-shot injuries. These cases all bear out the observations of Roux, Syme, Paget and others, concerning the repair which takes place in nerve structure after even complete division of the nerve, either accidentally or intentionally. For instance, we find the report of three cases of intense suffering from facial neuralgia following the course of the inferior dental nerve, which had resisted all the means employed for their relief. Finally, it was considered advisable to remove a portion of the nerve, this was done, but in no instance did it afford more than temporary relief.

The other chapters are on tumours, gun-shot wounds, and miscellaneous cases; in this latter is considered penetrating wounds of the chest and abdomen; uip disease, spinal disease, injuries to the os coccygis; fractures of the base of the skull; wry-neck, and congenital fusion of the fingers; and, finally, we have a chapter on anæsthetics. The work is illustated by some twenty engravings, five of which are lithographic plates, several being chromos in the highest style of the art.

The work contains a most interesting and highly instructive collection of surgical cases. They are the experience of one who in his lifetime was eminently practical. The cases are given simply and truthfully, and are very creditable as an evidence of surgical success.

## Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

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**Tumour of the Brain.**—A case of cerebral tumour was admitted into the Roosevelt Hospital on March 31st, and died in the beginning of June. The history furnished by the patient was of marked interest. The history of the case was as follows: An unmarried woman, aged 23, entered the hospital March 31st, 1877, stating that five months previously she suffered from headache coming on the evening. The pain was located in the vertex and occiput, and was accompanied by photophobia in the right eye. Subsequent to the photophobia the vision became indistinct, or as she termed it, misty. Some time afterwards the vision in the left eye grew misty, but it was not preceded by photophobia. In ten days she became totally blind. There was a certain amount of anæsthesia in the right leg, and although there was no paralysis it seemed to be weaker than that of the other side. The right arm was slightly paralyzed but not to an amount readily appreciated. On May 1st deafness occurred in the right ear. There was also noticed anæsthesia in the left arm. The deafness increased and on May 31st it was complete. In a few days subsultus developed and the patient sank and died. At no time was vomiting a marked symptom, though periodically it appeared. The diagnosis of cerebral tumour pressing on the optic nerve was made by the house staff, and afterwards confirmed by the visiting physician. At the autopsy, a tumour the size of a hen's egg was found situated between the two anterior lobes of the cerebrum, pressing downwards and causing a slight bulging at the base of the brain. It was anterior to the thalamus opticus, and from the history of the case would seem to have involved first the optic nerve of the right and then of the left eye.—*New York Medical Journal*, July 1877.



**Depressed Fracture of Skull—Recovery.—**

J. W., æt. 14, was admitted into the London Hospital on June 8th, 1873. He had been struck on the left side of the head by half a brick, which had been thrown at him by another boy; the blow staggered him, but he did not fall. He walked to the hospital—about a hundred yards—with the assistance of a woman. On examination a small laceration on the left side of the head was found over the squamous portion of the temporal bone, an inch above the ear. A portion of the temporal bone about the size of a three-penny piece, fractured above and depressed below, to the extent of about  $\frac{1}{3}$  of an inch, was found. As this case seemed very similar to the one admitted a few days before, in which injury by a pointed body had caused a slight fracture of the outer table, and a more extensive fracture and depression of the inner table, it was thought advisable to examine the fracture, and, for this purpose, Mr. Rivington enlarged the wound, and found that its extent was not greater than that already described. The friends of the patient were informed of the nature of the case, and advised that it would probably be safer to remove a small portion of the bone in order that any loose fragments which might exist internally might be taken away. They would not, however, consent to any operation. The result seemed fully to justify the prohibition. The wound healed very speedily, and there was no unfavourable symptom, except on the 12th, when the patient complained of frontal headache, had a furred tongue, a temperature of  $103.4^{\circ}$ , and refused solid food. In a very short time these threatening indications entirely passed away, so that by June 26th the lad was able to attend as an out patient:—*Medical Times & Gazette* June 23rd, 1877.

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**Treatment of Acne Rosacea.**—By BALMANNO SQUIRE, M.B.—A lady aged 45, residing in one of the Midland counties, had been affected with acne rosacea for about a year and a half, when she came up to London to be treated for it. She is approaching the menopause, that is to say, for the past two or three years her periods have been irregular. However,

her general health is apparently perfect, and she declares that she has always enjoyed the best of health. She is a brunette of sturdy build and hearty appearance. Her face is her only misfortune. This region presents not only the blotchy patches of discoloration which are characteristic of some varieties of *acne rosacea*, nor that copious sprinkling of minute pimples which represents another common phase of the disease, but rather what may be termed the tuberculous variety of *acne rosacea*—that is to say, the papules, or rather tubercles, are individually large; not that their sebaceous core forms any considerable portion of their bulk (as is wont to be the case in the indurated phase of *acne juvenilis*), but that the elevated induration which encloses the small core is notably developed. These tubercles (several of which are of the size of split peas), although they are mostly smaller, occupy very abundantly, the forehead, cheeks and chin, and also that portion of the skin of the neck which lies immediately under the lower border or “base” of the lower jaw.

She was treated with chrysophanic acid ointment as an external application to the face, and with glycerole of nitrate of bismuth as an internal remedy. No other remedy external or internal was used from first to last. She commenced treatment in January 19, 1877. On February 27, she presented herself quite free from any trace of her former eruption. I attribute the alteration she experienced purely to the action of the chrysophanic acid ointment. There was no indication whatever for the exhibition of bismuth; the patient's digestion was in no way out of order; but I was engaged at the time in making further observations on the effect of my glycerole of nitrate of bismuth, the preparations and physical properties of which have been fully described in this journal.

In the case of this patient, a dose of glycerole, containing 4 grains of the nitrate of bismuth, given three times a day for a few weeks produced no appreciable affect of any kind.

As to the ointment, it consisted at the first of twenty grains of chrysophanic acid dissolved in an ounce of lard, at the temperature of an oil bath. For the last ten days of the treatment, however, the strength of the ointment was raised to that of forty

grains of the acid to the ounce of lard. The ointment in either case was regularly, three times a day, rubbed well in all over the face, avoiding only the eyelids and lips. From the beginning to the end the patient never experienced any smarting from this energetic treatment. However, occasionally the face became a little puffy, as if slightly swollen. Throughout the treatment the face became more or less stained by the action of the ointment, but it was not *very* much stained, the complexion of a field laborer about autumn time is often quite as dark as this patient's face was at any time of the treatment. The stain, proved of course, quite transient, passing away completely after a few days' discontinuance of the ointment. This acid is also a very serviceable remedy in the treatment of psoriasis . . . .  
 (*Medical Times & Gazette, June 23, 1877.*)

**Vexatious Noises.**—Everything that screams is a nuisance, whether it be a child or a peacock. Cock-crowing, particularly when there is a second animal in the neighbourhood to take the challenge and respond, is an intolerable nuisance to sensitive ears. Howling dogs, yelping and barking curs, fall under the same category, and the poor organ-grinder acts as bandmaster to the procession of brain-worriers and heart-vexers. Many, if not nearly all, of these sources of annoyance and injury might be removed or reduced if only it was possible to put some genial construction on the quasi-legal maxim that an Englishman's house is his castle, and within its precincts he may cherish anything, from a rattle snake to a pestilent fever, provided only he has the means to procure strict independence.

Indictments may, of course, be lodged, and in due time will be heard and administered in cases where a great nuisance is created, but the complainant makes a bitter enemy of his neighbour and this is a new source of vexation few like to court. Get rid of the castle theory and much of the grievance will go with it. Householders have clearly no moral right to ignore the comfort of those who live within earshot, or so near as to be annoyed by their pets. This is a world in which overcrowding

makes it desirable to give, as well as to take, a little elbow-room when the opportunity offers. In the name of the sick and suffering we appeal to the good sense of the community to discountenance the habit of utter selfishness which induces, or enables, otherwise inoffensive persons to disregard the feelings and happiness of their neighbours.—(*London Lancet June 23rd, 1877.*)

**Dangerous Prescriptions.**—Some cases are mentioned in our exchanges in which corrosive sublimate has been dispensed for calomel in consequence of either prescriber or dispenser being unable to follow the changes which have been made in the nomenclature of these two chlorides. We have always doubted the propriety of a pharmacopœia attempting to follow the shifting views of chemical theory. A name for a drug need not be chemically correct. A worse case is reported in which *hyd. chlor.* was written by a physician who intended it for hydrate of chloral. Corrosive sublimate was dispensed, and the patient nearly killed, life being saved by vomiting occurring immediately on swallowing the poison, and timely aid. A critic who pronounces the physician's act a blunder, and the dispenser's worse, says the rule should be religiously observed never to abbreviate those words but to write them in full *hydratis chlorali*, or else put it in English. Now the word *chloral* is not declinable in Latin, and should, moreover, precede *hydratis*. Its proper position would render such another blunder less likely, and should therefore be assigned to it, and we hope critics will not generally violate grammar by adding terminations to undeclinable nouns.—(*The Doctor, July, 1877.*)

**The Galvano-cautery for Enlarged Prostate.**—By DR. E. BOTTINI.—Dr. Bottini advocates the reducing of enlarged prostate gland by cauterizing it or incising it with a thermo-galvanic cautery. From this mode of treatment he has had the best results and he details several successful cases. He either destroys the new tissue by galvanic cautery or incises it with a knife heated by galvanism, and introduced through a catheter.

*Cauterization.*—He cauterizes the enlarged gland by means of an instrument specially constructed for the purpose. This instrument is shaped like a short-beaked sound, and contains the galvanic apparatus. This apparatus is exposed by an opening in the instrument near the angle of the beak, and is connected with the battery by wires passing through the length of the instrument. When the instrument is placed in position the cautery is pushed down till it comes to the opening just above the angle of the beak, and this opening, of course, should be opposite the place it is intended to cauterize. To apply the cautery to an enlarged prostate the instrument should be introduced so far that the beak may move freely in the bladder, and so enable the operator to cauterize equally all round. From experiments first tried on the dead subject, he found that the beak of the sound (which was in the bladder) was never heated by the cautery; in fact the cautery was heated to a white heat and freely cauterized the prostate through the slit in the instrument. Every other part of the instrument remained quite cool. The patients do not complain of much pain during the operation, and, as a rule, the hotter the cautery the less pain. The cautery should not be at more than a red heat. At one sitting Dr. Bottini professes to destroy the enlarged prostatic lobe which prevents the urine escaping, even if it be of large size. The slough begins to come away on the third day and is passed in small pieces with the urine. If the first operation does not give free passage to the urine, wait for twenty days before performing another.

*Thermo-galvanic Incision.*—The instrument used for this differs from that used in cauterization, in that a knife which can be readily protruded, replaces the cautery. This knife is in reality a cautery, only having a different shape, and it can be protruded or drawn back through the slit in the instrument, which is situated, as before remarked, just above the angle of the beak. Incisions can thus be made as required. Generally, immediately after this operation the patient can empty his bladder readily, then strangury comes on but this is quickly relieved by belladonna and opium suppositories and disappears in a few days.

*Indications for the Operation.*—Where the middle lobe of the prostate is enlarged and acts as a valve preventing the urine escaping. Also, where the gland is uniformly enlarged and interferes with the free passage of the urine, &c.

*Contra-indications.*—Paralysis of the bladder in all cases where there is serious disease of the bladder. Inactivity of the bladder. Disease of the kidneys, &c.

Dr. Bottini says as a result of his experience, in no operation did any noticeable sign of traumatic reaction follow. In none was there any hæmorrhage, and in all cases diuresis was established.—(Condensed from the *Archiv. f. Klin. Chir. v. Langenbeck. Bd. 21. Hft. I. 1877.*)

**Polypus growing from the Septum of the Nose.**—A girl aged 15, had been troubled with obstruction of the left nostril and epistaxis for four months. This was found to be due to a pedunculated polypus growing from the septum. In January it was removed under chloroform, and now there is no sign of disease. Polypus growing from the septum is very rare; this one measured over half an inch by one third: it was very vascular, and ulcerated on the surface. Structurally, it consisted of a large number of vessels and adenoid tissue, with many lymph cells.—*British Medical Journal, June 1877.*

**Cervical Chorea.**—An elderly man presented a curious lateral oscillation of the head and neck but no general paralysis agitans; he also complained of want of sleep. This has been his condition for three years. Dr. Radcliffe's method of hypodermic injection of arsenic was tried, five minims of liq. arsenicalis being injected into the neck. This produced no good effect; and troublesome local boils and suppurating sores resulted, which have been healed with difficulty. This plan Dr. Moxon has tried in three similar cases, in all with a like unsatisfactory result, and now considers the plan useless and unsafe. Bromide of potassium has much benefitted the patient; the muscular movement is less, and sleep is now good.—*British Medical Journal, June, 1877.*)

**Ingrowing Toe-nail.**—Dr. C. G. CLARKE, formerly of Indiana, writes us:—When in Indiana, some time since, I found a practice in vogue among those of the country people who were troubled with “ingrowing” of the edges of the toe-nail, which I give for the benefit of your readers who may not already be acquainted with the plan. It consisted, simply, in scraping with the point of a sharp knife, a longitudinal line along the middle of the whole nail and almost to the “quick.” By this means when the boot presses on the nail the latter gives in the centre, and thus tends rather to lift the edges of the nail than to press them into the toe. I have tried this plan in my own case with the happiest results; and as I do not remember ever having seen it mentioned in print, I give it for what it may be worth.—*Ibid.*

**Careless Ovariectomy.**—A case of rather peculiar nature, which occurred at the Alfred Hospital, Melbourne, has given rise to considerable discussion among the profession at the antipodes. It was that of a woman operated upon in the hospital for ovarian disease, and in whose abdomen after death, a sponge and a pair of small bull-dog forceps, were found. The Australian Medical Journal reproduces the report of the Hospital Committee, and gives a long account of the inquest held on the exhumed body of the patient.—*Phil. Med. & Surg. Reporter.*

**Case of Supplementary Axillary Mam-  
mæ.**—On the evening of Sunday 11th March, Mrs. H., æt. 35, was delivered of her third child. On the following Wednesday forenoon, I visited the patient for the first time, when my attention was directed to two swellings in the axilla, each about the size of a goose egg, and lying parallel to the margin of the pectoralis major muscle. They were completely isolated, and no connection could be traced between them and the mammæ proper. They were exceedingly tender to the touch, and on making examination, felt exactly like the mammæ distended with milk, the glandular structure being easily made out. Unlike the case of mammæ succenturiata, reported by Dr.

Matthews Duncan, there were no apparent external openings. On making subsequent examinations at different times, I found that they varied in size according to the amount of lacteal engorgement, and lessened when the child was applied to the breast and sucked vigorously, afterwards increasing as the milk secretion returned. From the time the patient got out of bed and began moving about, they gradually and permanently diminished in size; and on the 14th of April, five weeks after accouchement, when I last saw the patient, all traces had disappeared. She, however, informed me that, if for any reason the child had not sucked during the night, the swellings were still discoverable in the morning. . . . The patient had similar swellings at former confinements, and her sister was similarly affected whenever she was confined. . . . (O. H. Garland, M.B., *Edinburgh Medical Journal*, July 1877.)

### **The artificial nourishment of Infants.**

The list of Infant's nourishment embraces mother's milk, cow's milk, condensed milk, Liebig's, Nestle's food, and like preparations. These Professor Dusch recommends should be mixed with water gruel; 4 parts of gruel to 1 part of cow's milk. Where good fresh cow's milk cannot be obtained, he recommends condensed milk in the proportion of one part to twenty of water gruel. . . . Liebig's extract of beef made into a soup is often very good for newly born children, if properly prepared. Prof. von Dusch does not tell us what to use if neither cow's milk, cream, or condensed milk can be procured.—(Aerztl. Mittheil. Baden, 1876.—Quoted in *Schmidt's Jahrbücher*. Bd. 173. No. 1, 1877.)

**Cholera Infantum.**—Dr. Z., compares cholera infantum to acute poisoning with which it has many symptoms in common. He says most cases of cholera infantum are caused by a fungus got from impure cow's milk, or perhaps from unclean water in which the nurse carelessly bathes the child, &c. As a remedy for it he recommends very small doses of carbolic acid, but he does not state the amount of success he has met with by its use.—Dr. Zechmeister in *Wien. Med. Presse.*)



**Extirpation of the Kidney.**—Mr. JESSOP on the 7th ult., at the Leeds Infirmary, removed the left kidney from a child, aged two years and three months, suffering from a rapidly increasing tumour, apparently malignant, in the left renal region. The incision was similar to that recommended for colotomy, but longer. When the diseased mass was reached the kidney was peeled by means of the fingers, and a whip-cord ligature was passed around the vessels, and ureter, and firmly tied. The remainder of the growth was afterwards stripped, and the whip-cord left to drain the wound. The operation was a formidable one owing to the large size of the diseased organ and the free venous hæmorrhage which followed the separation of the growth from the surrounding structures. When removed the kidney weighed sixteen ounces, and was encephaloid in appearance. The child was doing well on the 11th inst. There was no peritonitis, the bowels acted freely, and the urine flowed abundantly, and was not stained. There was no vomiting, the temperature was but little above normal, and the child partook freely of milk.

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**Ergot in Atony of the Bladder.**—PROF. VON LANGENBECK, at a meeting of the Berlin Medical Society (*Medical Times and Gazette*), stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases the contractile power was at once increased so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued. Dr. Israel said that he had derived the same benefit from the employment of ergotine, and referred to the case of a patient who was thus enabled to hold his water for three hours, whereas before he voided it every ten minutes.

**Hydrobromic Acid in Tinnitus Aurium.**

—(LENNOX BROWNE, F.R.C.S., Edin., Weymouth Street).—  
The following case, selected out of several (from notes by my senior clinical assistant,) Mr. Douglass Hemming, of the successful treatment of long standing tinnitus aurium by hydrobromic acid, well illustrates the principles laid down by Dr. Woakes in the *Journal* of June 23rd. I commenced using hydrobromic acid in tinnitus immediately after hearing Dr. Woakes's remarks at the meeting of the Harveian Society. It will be seen that in this case the tinnitus was of the knocking or pulsating kind, and therefore probably due to a congested condition of the labyrinthine blood-vessels. In other cases in which the tinnitus was of a continuous roaring or rushing character, the administration of hydro-bromic acid had no beneficial effect.

J. S., aged 34, applied at the central London Throat and Ear Hospital on May 11th. He had been deaf and had loud "thumping" noises in the head for twelve years. There was no history of otorrhoea. On examination, the meatus of each ear was fairly healthy; hearing power was extremely defective; voice was only heard when much raised, and the watch not at all; the tuning fork was heard on the mastoid process. The tinnitus was complained of as the most distressing symptom. He was ordered benzole-inhalation, and hydrobromic acid in fifteen-minim doses three times a day. On June 4th, he reported that the noises had quite stopped, and said that his ears felt much clearer and more healthy since taking the medicine."—June 11th. There was no return of tinnitus.

A similar successful result has attended the administration of this drug to a young lady aged 22, suffering from a sense of continuous pulsation in the right ear and deafness, the watch being heard only on contact. The hydrobromic acid entirely removed the distressing tinnitus.

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CANADA

# Medical and Surgical Journal.

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MONTREAL, AUGUST, 1877.

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## CANADIAN MEDICAL ASSOCIATION.

We would remind our readers that the Canadian Medical Association will hold its annual gathering in this city on Wednesday the 12th September next. We believe that suitable preparations are being made for the reception of the Association. and it is expected that there will be a large and influential meeting. We have been informed that many very important papers will be forthcoming. This will add very greatly to the interest of the meeting, and will, we hope, prove an abiding feature of these gatherings. Arrangements will be entered into with the various railroad and steamboat companies to carry members to and from the meeting at reduced rates.

We are unable to state officially, as we do not happen to be behind the scenes, but we have been informed that a number of gentlemen from the neighbouring Republic are expected to be present at the meeting.

We suppose that the Association will divide up into sections as there have been quite a number of papers on various subjects promised. If these promises are realized this will be the most important and interesting meeting that the Association has held since its organization in 1868.

COLLEGE OF PHYSICIANS AND SURGEONS OF  
THE PROVINCE OF QUEBEC.

Pursuant to advertisement the College of Physicians and Surgeons of the Province of Quebec, held the Triennial Meeting which would have taken place under the old act, and which it was presumed the College had a right to hold under the new, at the customary place, the town of Three Rivers, on Wednesday, the 11th July last. Several very important questions came up for discussion, but anything like cool and deliberate argument was not permitted. The meeting contained a number of noisy persons who completely forgot that they enjoyed the privileges and position of gentlemen. A stranger would have supposed that he had fallen amongst a lot of roughs who came prepared for a fight. The noisy declamation, the interruption of speakers, the attempt to crush out discussion, the grotesque absurdity of demanding that every speech should be in French, *en Français ! en Français !!* shouted by a babel of voices, was very humiliating, and had to be patiently endured by the more reflecting and sedate members, who sat in silent amazement, not unmingled with disappointment and disgust. Such was the first meeting of the Profession of this Province under the new act, at which all the privileges of membership were accorded to all legally qualified practitioners. We are pained to make these remarks, but we were outraged by the character of the proceedings of that meeting.

We are Canadian by birth and education, our forefathers were English, and we are quite satisfied with the traditions of the old soil. But we still regard, and ever have regarded Canada as our home, our country, of which we have no reason to be ashamed. And if at any time politically we separated from the mother country, which, by-the-way, we should sincerely regret, and by all legitimate means oppose, we should still be satisfied with the name Canadian.

Our country occupies a very considerable space on the World's surface, but as a people, numerically, we are, in comparison with other nations, a mere unit. We cannot afford to split up into

little factions, to draw distinctions between French Canadians and British Canadians; all who indulge such sentiments must possess narrow, contracted ideas, and cannot have at heart the aggrandisement and prosperity of their country. To perpetuate the animosities and traditions of the past may be indulged in by political tricksters for party purposes, but it cannot lead to harmony and unity of purpose, it cannot strengthen our hands as Canadians, nor will it command that respect which is our due from outsiders. As professional men a continuance of these disputes must lessen our influence and usefulness, and will tend to rob us of that respect and consideration which has hitherto been accorded to us. With these few introductory remarks we will proceed to give the results of the meeting.

The meeting was a large one, upwards of 150 persons were present.

The President, R. H. Russell, M.D., took the chair, and opened the proceedings by calling the meeting to *order*. The minutes of the last meeting were read by the Secretary for the District of Quebec, Dr. Belleau. These were duly approved.

The President then gave the annual address, but as it appeared not to concern any person in particular, the constant hum of voices quite precluded the chance of its being heard. A Committee on Proxies was named to consist of Dr. Howard, Dr. Rottot, Dr. Rinfret, Dr. Robitaille and Dr. Worthington.

The Registrar, Dr. Fenwick, submitted to the meeting that Dr. Lemieux, of Quebec, who held sixty-seven proxies from that city and District, was not eligible to vote, and he refused to qualify by the payment of back dues owing by him to the old college. The Registrar pointed out the xxx clause of the new act, whereby "the College of Physicians and Surgeons of the Province of Quebec, is hereby vested with all rights, powers, privileges, property and assets heretofore belonging to the College of Physicians and Surgeons of Lower Canada." And also the xxviii clause, whereby "all by-laws rules and regulations heretofore made by the said College of Physicians and Surgeons of Lower Canada, shall remain in force until repealed or modified under the provisions of this act." From these two clauses he

held that all members of the old college must pay up their back dues to entitle them to vote at this meeting. He explained that with very few exceptions, the members had complied with this rule, and he sought for an explanation of the law in this respect. After some discussion it was ruled that all persons who held the license of the college, and who paid their registration fee and their annual contribution, were eligible as voters. The Registrar asked what he should do with moneys that had been paid to him by old members of the college for back dues,—should these moneys be remitted? he was instructed to await the action of the Board of Governors at its first meeting in September next.

Dr. Lemieux submitted several proxies that had been made out in the name of Dr. James A. Sewell, of Quebec. Dr. Sewell was not present, but he had authorized Dr. Lemieux to vote for him. It was ruled that in the absence of Dr. Sewell, Dr. Lemieux could not vote on proxies made out in that gentleman's name. The vote was then taken, and six scrutineers were appointed to receive and count the same, and the meeting adjourned till six o'clock. On reassembling at that hour, it was found that there still remained several hours of labour for the scrutineers before any return could be made, extra scrutineers were selected to assist in the labour, and a further adjournment took place. About one o'clock in the morning the following announcement of those elected was handed in:

*For the City of Montreal.*

Dr. Howard,	Dr. David,
“ Fenwick,	“ F. W. Campbell,
“ Peltier,	“ Dagenais,
“ Forget,	“ Lachapelle.

*For the District of Montreal.*

Hon. Dr. Paquet,	Hon. Dr. Church,
“ Perrault,	“ Gibson,
“ Turcot,	“ Rivard,
“ Mignault,	“ Lafontaine,
“ Ladouceur,	“ Ed. Laberge,
	Dr. Prevost.

*For the City of Quebec.*

Dr. Lemieux,	Dr. Marsden,
“ Sewell, J. A.,	“ Larue,
“ Belleau,	“ Ahern,
“ St. George,	“ Wells.

*For the District of Quebec.*

Dr. Michaud.  
 " Marmette.  
 " Tetu,

Dr. Gingras,  
 Hon. " T. Robitaille,  
 " Rousseau,

Dr. Collette.

*For the District of St. Francis.*

Dr. Gilbert.

Dr. Paré.

Dr. Worthington.

*For the District of Three Rivers.*

Hon. Dr. Ross,

Dr. Desaulnier.

Dr. E. Baddeau,

The meeting then adjourned till the following morning at nine o'clock.

## THREE RIVERS, July 12th, 1877.

Pursuant to adjournment, the meeting of the Governors took place at the hour of nine o'clock A. M. for the purpose of electing, by ballot, the officers for the ensuing term of three years with the following result :

President : J. P. Rottot, M.D., of Montreal.

Vice-President for the District of Quebec : Dr. Lemieux, of Quebec.

Vice-President for the District of Montreal : Dr. R. P. Howard, of Montreal.

Secretary for the District of Quebec : Dr. Belleau.

Secretary for the District of Montreal : Dr. Dagenais.

Registrar and Treasurer : Dr. Larue, of Quebec.

The President elect took the chair and thanked the meeting for the honour of his election.

It was then moved by Dr. Marsden, seconded by Dr. Gilbert,

*Resolved*,—"That the following gentlemen be a committee to prepare a code of by-laws and regulations for the College of Physicians and Surgeons of the Province of Quebec, in conformity with the Medical Act passed at the last session of the Provincial Legislature, in addition to those passed at the last Semi-annual Meeting of the College, and in amendment to those hitherto existing. Said code to be submitted for consideration and adoption at the next Semi-annual Meeting of the Board of Governors of the College, to be held at Quebec, in September, 1877, viz.: the President, Drs. Marsden, Howard, Lemieux and Lachapelle."

It was then moved by Dr. Laberge, seconded by Dr. Dagenais,

*Resolved*,—"That the rules and regulations to be adopted in lieu of those already in force shall be printed and distributed amongst the members of the profession at least fifteen days before the next meeting of the Board."

It was then moved by Dr. Gilbert, seconded by Dr. Fenwick,

*Resolved*,—"That the President be requested to appoint the High Constable in each district, or some other person as he may deem expedient, to act on behalf of the College of Physicians and Surgeons of the Province of Quebec for the purpose of prosecuting all unlicensed persons who may be practising the profession of Medicine and Surgery."

It was moved by Dr. Fenwick, seconded by Dr. Peltier, and

*Resolved*,—"That the prosecuting officers appointed by the College shall have allowed to them the whole of the penalties recovered from unlicensed practitioners."

The Treasurer was authorised to pay the bill incurred for lunch and supper for the scrutineers, and was also ordered to pay the care-taker of the City Hall the sum of ten dollars.

Votes of thanks were passed to the retiring officers, and also to the Mayor of the City of Three Rivers for the use of the City Hall.

The meeting then adjourned.

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## THE PROVINCIAL LUNATIC ASYLUM, P.Q.

The paper which we published in the March number of our Journal from the pen of Dr. Henry Howard, Medical Superintendent of the Provincial Lunatic Asylum, of this Province, and which contained some practical hints on the subject of Insanity, has been copied into the pages of several of our exchanges. Dr. Howard has had considerable experience as an alienist, and has taken advantage of his position. We regret to have to observe that he is, in our opinion, overworked. He is the sole medical attendant in charge of the Asylum at Longue Pointe, which we understand contains some 800 inmates. We trust the Government will see their way to give our old and valued friend an assistant.



## Medical Items and News.

Mr. Simon (in the *Chicago Medical Journal and Examiner*,) states that he instantaneously cured a case of hiccough, which had lasted twenty-six hours by the inhalation of three drops of nitrite of amyl.

A Bohemian paper, the *Koruna Czeska*, reports from Podiebad, that a child six weeks old, heving been laid on the grass by its mother while she was engaged in field labour, a lizard crept through its open mouth into its stomach. It is further stated that, after medical treatment, the animal was discharged per anum. The medical contemporary from which we quote, rightly suggests that a professional report of so incredible a case would be desirable.—(*Brit Med. Journal*.)

Dr. Ord, Senior Asst. Physician, has been appointed Physician to St. Thomas' Hospital in the vacancy caused by Dr. Peacock's retirement.

Dr. T. R. Fraser succeeds Sir R. Christison to the chair of *Materia Medica* in the Edinburgh University.

Mr. Bowman and Mr. Critchett having attained the limit of age (sixty) have been appointed Consulting Surgeons to the Royal Ophthalmic Hospital, Moorfields. Mr. Warren Tay and Mr. James Adams have been appointed Assistant Surgeons in the vacancies thus produced.

Mr. Simon is to have a testimonial, it is take the form of a marble bust, to be presented to the College of Surgeons.

The following note was handed in to the out-door physician at the Montreal General Hospital last month: "Symptoms of Sickness—Strong hiccup—Stomach-ache with bad digestion—Strong Belly ache in time of coarses (sic) aching on the left side and most continually dizeness.—Age 21 years.

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### Obituary.

We regret exceedingly to hear that EDWARD G. HENDERSON, M.D., M.R.C.S., E., one of McGill's most promising graduates, died July 3rd, at Belleville, Ont., after two days's illness.