

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

# THE DOMINION MEDICAL JOURNAL.

VOL. I.—No. 8.

TORONTO, ONT., APRIL, 1869.

PRICE, \$2 PER ANN

## Original Communications.

### NOTES OF A CASE OF PROLONGED PHTHISIS IN WHICH THE EFFECTS OF COD LIVER OIL WERE REMARKABLY EVIDENT.

By A. S. BRISTOL, C.M.D.,  
(UNIVERSITY MCGILL COLLEGE), NAPANEE.

*March 6th, 1859.*

Mrs. J.—, aged 30, the mother of four children, all apparently healthy, of sanguine temperament, medium height, and round figure. She is at present suffering from a severe cough, which has been troubling her for the past five or six weeks, together with pain in the chest, particularly in the upper part of the left lung. The tongue is slightly coated; the skin has a feverish feeling; the cheeks every afternoon, and sometimes in the morning, are flushed, remaining so for three or four hours; appetite poor; bowels confined; pulse 125. She experiences occasionally headache and chills. Her cough is attended with but a slight expectoration, for the most part, of mucous froth, occasionally streaked with red blood. There is also a general feeling of weakness. Upon examining the chest, I found the right lung doing its work very well, the respiration being a little stronger than usual. The left lung, however, did not seem to fill completely; was dull on percussion over the upper third, and had marked crepitation. I find that the catamenia have been regular since the youngest child (now about four months old) was weaned. The family history pointed to a consumptive diathesis, two brothers older than my patient having died from bleeding at the lungs; one at the age of 25, and the other about thirty. A niece of hers had consulted me when she was at the age of twenty, whom I found with cavities already in both lungs. This was the only opportunity I had of examining her case, for, as she lived at a distance, and could hold out but very little hope of substantial improvement, and none of cure, her

friends thought it not worth while to adopt any particular system of treatment that I might suggest. They afterwards consulted some quack in the country, who at first held out hopes of a speedy cure: still, the poor girl died in a few weeks. In addition to the above, five or six cousins, whom I had never seen, but whose parents I knew very well, as hale and hearty old people, had died in the course of one year, with what was termed "galloping consumption." Putting all these facts together, I had reason to fear consumption in the case before me.

Prescribed—Calomel, 12 grains; Dover's powder, nine; mixed and divided into three powders; one to be given every three hours, followed by a teaspoonful of sulphate of magnesia, in a tumbler of water. A mustard plaster to be applied to the chest.

*March 8th.*—Fever less; tongue cleaner; pulse softer, though still 125; cough distressing; crepitation more marked; bowels freely moved; applied a blister; gave some tartar emetic and morphia to allay cough.

*March 14th.*—Fever still less; pulse 120; cough frequent; expectoration free; half-a-pint per diem, and crepitation much louder.

These symptoms lasted, with but little variation, for nearly three weeks; the treatment consisting of blisters and cough mixtures, in which there was more or less morphia; at the end of that time, there was evidently a cavity of considerable size, judging from the gurgling sound in respiration, and bronchophaeny. The fever now left; the tongue became clean; the cough and expectoration lessened; the pulse remaining over one hundred. The diet at first was light, but latterly nourishing, consisting of beef-tea, milk and eggs; and after the fever had disappeared, of milk, eggs, brandy, etc. Of late, night sweats had been troublesome; to relieve which, and as a tonic, I prescribed aromatic sulphuric acid and quinine.

*May 6th.*—Patient somewhat emaciated; still coughing; most of the organs acting very well;

still the cavity, with dullness over upper third of left lung; rhonchus and bronchophany; pulse 120, lower than which it had scarcely been from the first. It was now evident the patient was in great danger from consumption, I therefore ordered cod liver oil to be given three times a day, in doses of a teaspoonful, gradually increased to a tablespoonful.

I may here remark, that in 1852, I had used this remedy in a similar case, which for seven years was under my observation, during which time not less than four distinct cavities had formed, and during the greater part of the time, cod liver oil had been used. Though the case was under my observation, it was not entirely in my hands, for occasionally it would fall into those of some quack promising a speedy cure; and while under the latter treatment, it came to a fatal termination.

But to return: during the next three months, June, July and August, Mrs. J—— steadily improved. As soon as she was able, she took plenty of carriage exercise; and by November 1st, the only traces of her illness were to be found in a slight settling or falling in of the left chest, and a little dullness on percussion, and feebleness of respiration in the diseased side, all the functions were regularly performed. Her complexion was good; her skin soft; and being now more fleshy than ever before, she appeared a round, plump, beautiful woman. She continued in good health until February, 1861, when, having been caught in a storm, she took a severe cold, accompanied with fever and inflammation of the same lung, which lasted for several days. This time the fever was of longer duration, and all the symptoms of greater severity; so severe indeed were they, that for nearly two months death seemed inevitable. The treatment was to a great extent similar to that adopted on the former occasion; at first small doses of calomel and Dovers powder, followed by salines and the application of blisters, and afterwards cough mixtures, of which I found the following to be the most efficacious: a mixture of about ten grains of the sulphate of magnesia, half an oz. of water, five drops of aromatic sulphuric acid, and from the tenth to the twentieth of a grain of the sulphate of morphia—to be taken four or five times each day.

By the beginning of April the inflammatory

symptoms had almost entirely disappeared; the tongue became clean; the pulse, however, continued to average 120; and on applying the ear to the chest, gurgling might be perceived at a little distance from the site of the former cavity. The patient was subject to night sweats, and, notwithstanding every precaution was taken to keep up the strength, became very much emaciated. Again I prescribed cod liver oil, with nourishing diet;—beef-steak, egg-nog, and, as soon as practicable, carriage exercise. At first the improvement was but slow; by degrees it became more perceptible, and by August 1st, to all outward appearance, the patient had entirely recovered. Indeed, were it not for the dullness, which by this time had considerably increased, and the falling-in of the chest, a physician might have passed her as sound and healthy. From this time, although I saw my patient constantly, I had no occasion to do so professionally until August, 1862, when she gave birth to a fine healthy boy. She made a good recovery, and nursed her child until he was a year old, taking porter, &c. In July, 1864, I attended her again in confinement, and again she made a good recovery, nursing her child.

*April, 1866.*—I saw Mrs. J——. She seemed to be suffering from an ordinary bilious attack; the fever lasting from the middle of April to the end of May, when there were evidences of inflammation of the right lung. This was but slight, and yielded without the formation of a distinct cavity, though, for some time, the bronchial expectoration was considerable. The emaciation was very great, with night sweats. Again I had recourse to the cod liver oil, when the recovery was much more rapid than before, and in a few weeks my patient was looking and feeling very well, and able to take a good deal of exercise.

*April, 1867.*—Another attack of bilious fever, and after the first week the lungs again sympathized. The cough became very distressing; there was crepitation over both lungs, and some red blood was expectorated. The cough, accompanied with more or less fever, lasted through the whole of May, June, and July, and now a small cavity formed in the right lung. It was not until November that my patient seemed fairly convalescent. Cod liver oil was again

taken by her, and in a few weeks she became, to all outward appearances, quite well. The patient and her husband knew the state of her lungs in each attack, and they both, as well as myself, feared that it would be the last.

June 2nd, 1868.—I was called in great haste to see Mrs. J——. I found her pale, bloodless, very much frightened, and able to speak only in whispers. She had expectorated very nearly a quart of blood, which had evidently come from one or both lungs; and the blood would still come whenever she coughed, which was every few minutes. There seemed to be nothing but loud crepitation over the whole chest, though, after a short time, I became satisfied that the bleeding was from the upper part of the right lung. I prescribed acids, cold drinks, and perfect rest. In an hour the bleeding had almost ceased. I should have stated that before I reached her (for she lived about seven miles in the country), this had been going on for about three hours. Two days after this the hemorrhage returned, lasting only for a short time. Upon inquiry I found that my patient, in driving home, a distance of about twenty miles, in a very stormy night, had caught a severe cold, and for the four or five days preceding the hemorrhage, had coughed "dreadfully." Still, although she had been slightly feverish, she was not much alarmed until the bleeding commenced. All through April and May Mrs. J—— continued very weak, pale, and emaciated. In June it was evident cavities were forming in both lungs. In July she rallied, and then the oil was used again. For a time she seemed to improve, but soon the stomach rejected it, and even the nourishment which it had accepted before the other attacks. Carriage exercise was tried without good effects. The cough all the time was distressing, unless allayed by morphia, which I gave in the form mentioned above. (And here I would recommend it to my professional brethren, having used it with benefit in several other cases.) By the first of October it was evident that the cavities were extending; in fact the upper part of the lungs was full of them. The expectoration kept increasing, and the emaciation as well. By the 1st of December she did not feel able to bear the fatigue of dressing, and was obliged to keep her bed. After

suffering much distress from the very great difficulty of breathing, she died December 23rd.

#### REMARKS.

This case is interesting on account of the length of time from the first appearance of consumptive symptoms to the close—nearly ten years;—and also on account of the good health enjoyed between each attack. Ten days before the last spitting of blood, she looked as if she might be blessed with life and health for many years to come. It is my opinion that she owed the prolongation of her life to the use of cod liver oil. The other treatment was doubtless useful, but only as for the particular symptoms. Other preparations may be very beneficial, but none has given me as much satisfaction as the pure oil.

I may remark that this is by no means an isolated case; but having promised to send you for publication one bearing upon the prolongation of life, depending upon the mode of treatment pursued, I have selected this one as being the most completely under my own observation. It is not often in general practice that we can keep a patient under our own care, and be able to note every change as it takes place. The peculiarity of this case is that the parents of the patient lived to be more than eighty years of age; and so also did the uncle, four of whose sons died of consumption in the course of one year, though all of these had previously been considered remarkably healthy. Each case was preceded by what was supposed to be a slight attack of typhoid fever, though it all probably was only the commencement of the tubercular formation.

### NEW YORK HOSPITAL.

#### Four Cases of Trichinosis.

REPORTED BY ALBERT H. BUCK, M.D.,  
HOUSE PHYSICIAN.

The following cases occurred in the service of Dr. Hackley:

CASE I.—John Wöbka, 30, German seaman. Admitted Jan. 21, 1869.

On admission, patient was supposed to be suffering from acute epididymitis only. Under proper treatment the swelling subsided, but still it was noticed that patient's pulse and temperature kept up considerably above normal. He was given quinine in gr. v. doses, ter in die, but without any effect in reducing the temperature.

Jan. 29th.—Last night patient had a prolonged chill. This a. m. he was transferred to the medical side of the hospital. Present condition: temperature 103.5° Fahr.; pulse 112; respirations 31. Tongue red and inclined to be dry; complains of pains in back and limbs; arms tremble as though he were in the midst of a chill; has some diarrhoea; no eruption visible; some tenderness on pressure over abdomen. Ordered beef-tea and milk and farina diet; also, R. Quinæ Sulphatis gr. xxx., Acid. Sulph. Dil. q. s., Infus. Serpentariae Oj. M. Cap. ʒ ij., quaque quarta hora.

Feb. 3d.—Patient has been growing steadily worse; suffers a great deal from pains in back and limbs; the slightest motion causes him pain; diarrhoea has ceased. Takes now whiskey, ʒ iv. in die.

Feb. 11th.—No new symptoms have manifested themselves, except the appearance of some œdema in both legs; has lost ground since last report. Yesterday, for the first time, it was suspected that patient might possibly be suffering from trichinosis. In accordance with this belief, Dr. Hackley, the attending physician, authorized an explorative incision. This morning, however, the patient was found in such a weak state that it was thought unadvisable to operate. At 4 p. m. patient died.

*Section cadaveris* twenty hours post mortem.—Body somewhat emaciated; rigor mortis present.

*Thorax*.—Some fluid in both pleural cavities; moderate œdema of both lungs; heart normal.

*Abdomen*.—Liver of a rich deep yellow; gall-bladder of a whitish pink, and containing an almost colorless serum; weight of liver, 70 oz. *Spleen* normal. *Kidneys* moderately enlarged and congested. Some traces of peritonitis, such as fluid containing flakes of lymph, in the peritoneal cavity. *Intestines*.—On exposing the mucous aspect of the small intestines, there was noticed here and there a spot of arborescent congestion, with some thickening of the mucous membrane.

The muscular tissue of the diaphragm, obliquus externus, and heart, was carefully examined under the microscope. The heart was found to be entirely free from trichinae; the other muscles contained them in great abundance. They were not yet encysted, and manifested undoubted signs of life by slowly coiling and uncoiling. After this discovery an effort was immediately made to discover where patient had contracted his disease, but it proved fruitless, at least at that time.

CASE II.—Robert Campbell, 32, German, seaman. Admitted Feb. 13, 1869.

Patient states that he was quite well up to seven days ago, when he began to suffer from pains in the back and abdomen, constant thirst, and a general feeling of malaise. Appetite left him. Two days later a slight diarrhoea commenced, and lasted about forty-eight hours. Since then bowels have been regular. Finding himself growing weaker every day, he left his boarding-house and entered the hospital. On admission, is in fair general condition. Tongue red and dry; pulse moderately accelerated; temperature elevated. On examination there is found to be some tenderness over abdomen; no eruption present. Ordered usual treatment in typhoid fever.

Feb. 14th.—Patient is in about the same condition.

Feb. 15th.—Last evening patient called attention to his back, which he said caused him great pain. On examination there was found to be tenderness over the part referred to, but no swelling. Pressure being accidentally made on patient's thigh, he uttered an exclamation of pain. This aroused suspicion and led to a closer examination, which revealed the existence of tenderness over all the muscles. By dint of cross-questioning it was then ascertained that patient had frequently eaten raw ham and sausages at his boarding-house; and that seven others in the same house had been sick, during the past four weeks, with symptoms similar to his own. The patient's consent having been readily obtained, an incision an inch and a half long was made over the deltoid, and a small piece of the muscle (about the size of a split pea) removed for microscopic examination. Each piece of this muscular tissue of the size of a small pin-head was found to contain from two to six fully developed muscular trichinae. No encysted specimens could be found.

Feb. 16th.—This a. m. the sutures were all removed, and the wound was found to have healed by first intention. General muscular tenderness still continues, but patient is otherwise doing well.

From the boarding-house keeper it was ascertained that, on the 21st January, a sailor by the name of John Wübka was removed to the New York Hospital for medical treatment; and that the runner of the house, Peter Nelson, died in the same institution, at the end of last month, after a three weeks' illness. On referring to the hospital record, Nelson's history is found to be the following:

CASE III.—Peter Nelson, 32, Swede, seaman. Admitted Jan. 16th, 1869.

Patient states that on the afternoon of Jan. 12th he had a chill, and since then has been troubled with a slight diarrhoea and feverishness. Was previously in good health. On admission, complains of great pain in back. Has some cough. Examination of chest discovers a few rhonchi in both lungs. Ordered: R. Liq. Ammonia Acetatis ʒ ss. quaque tertia hora, and restricted diet.

Jan. 18th.—Has been troubled with diarrhoea since admission; examination of abdomen reveals gurgling and tympanites. Temperature 103° Fahr.; respiration hurried; pulse rather weak. Ordered to stop Spts. Mindereri.

R. Quinæ Sulphat. gr. xxx., Acid. Sulph. Dil. q. s. Infus. Serpentariae Oj. M. Cap. ʒ j. quaque quarta hora.

Jan. 19th.—Patient had considerable fever last night; this a. m. is somewhat better, but still complains of pains in his bones. Ordered opii gr. i. ter in die and continue treatment.

Jan. 25th.—Patient is steadily growing worse. Complains much of pain everywhere throughout body; when the thermometer is introduced into the axilla, and the arm drawn across chest, he winces from pain. Tongue red and very much swollen; cannot protrude it from mouth. Two or three loose stools daily; tenderness in right iliac fossa. Ordered whiskey, ʒ iv. in die.

Jan. 26th.—Patient much worse this a. m. Rhonchi more numerous throughout chest. Ordered whiskey, ʒ viii. in die.

Jan. 28th.—Patient is growing weaker every day. Intellect clear. Temperature remains elevated. Ordered whiskey,  $\mathfrak{v}$  xii. in die.

Jan. 29th.—Patient is now too weak to expectorate. Rales can be felt in both chests. Ordered dry cups to anterior part of chest and R. Ammoniac Carbonat. gr. ij. quaque hora. This evening the patient died.

*Stetit cadaveris*, 21 hours post mortem. Rigor mortis well marked; very little emaciation.

*Thorax*.—Some oedema and congestion of both lungs; the larger ramifications of the bronchial tubes congested on their mucous aspect.

*Abdomen*.—Liver healthy in appearance, 73 oz. Spleen healthy, 8 oz. Kidneys healthy, 19 oz. *Small intestines*.—No ulcerations can be found; Peyer's patches present somewhat of the shaven-chin appearance; mesenteric glands a trifle enlarged.

The boarding-house keeper also stated that a young sailor, by the name of Rasmersen, had been taken to the New York Hospital about the same time as their runner. On inquiry, the boy was found to be still a resident of the hospital. His history runs thus:

CASE IV.—Charles Rasmerson, 26, Dane, seaman. Admitted Jan. 28th, 1869.

Eight days ago patient was suddenly seized with a sharp pain in the right side. About the same time he commenced to cough and expectorate. The pain soon extended to the back and abdomen, and has continued with moderate severity up to the present time. Has had one or two loose stools daily. On admission is in good general condition. Pulse, 109; temperature 103° Fahr.; respirations, 30. Some abdominal tenderness; no eruption. Ordered usual treatment for continued fever.

Jan. 31st.—In about the same condition. Diarrhoea has ceased; very little abdominal pain.

Feb. 13th.—Patient is now able to sit up; complains only of weakness in the legs.

Feb. 16th.—Yesterday afternoon it was ascertained, in the manner referred to above, that patient was very probably suffering from trichinosis. He was questioned as to whether he had any tenderness over the muscles of the arms and legs, but replied in the negative. Examination, however, showed tenderness in calves of legs and pectoral muscles. His consent having been obtained, a spot on the shoulder, about the size of a silver half-dollar, was benumbed by local anæsthesia, and an incision an inch and a half long made through the skin with scarcely any pain to the patient. A portion of the deltoid was removed, as in the preceding case, and found to contain several fully developed muscular trichinæ in an encysted condition.

According to the statement of the boarding-house keeper, another sailor, by the name of Hamann, was on Thursday last (Feb. 11th) removed to the Brooklyn City Hospital. Dr. Bulkley visited the hospital, and, after some search, identified the patient. As Dr. Gregory, the resident physician, has since proved it to be a genuine case of trichinosis, we trust its history will soon be published.

The boarding-house keeper, his wife, and the bar-keeper, were all taken sick at the same time, about four weeks ago. They all suffered from diarrhoea, pains in different parts of the body, and

a general feeling of malaise, but were none of them obliged to keep their beds.

A visit was made to the dealer who furnishes the boarding-house with hams and sausages, but it was attended with no satisfactory result. — *Medical Record*.

(From the *New York Medical Journal*.)

## On the Microscope, as an Aid in the Diagnosis and Treatment of Sterility.

BY J. MARION SIMS, M. D.,

NEW YORK.

(Read at a Meeting of the Medical Society of the Co. of New York, December 7, 1868.)

(CONTINUED FROM PAGE 137.)

However, this can never happen to me again, and should not, after this warning, happen to any of my brethren. I know many men who have no spermatozoa, and cannot, therefore, become fathers. They are all strong, active men, in the prime of life, and all perform the sexual function with vigor. The very fact of their natural vigor and strong passions had been their ruin, for most of them had contracted urethritis during their early and unmarried life, and had suffered from its unlucky sequence, epididymitis. To further illustrate the necessity of the microscope in this department of surgery, I shall append a few cases drawn up as succinctly as possible.

No. 1 had consulted two of the most eminent physicians in England, and remained under the care of one of them for many weeks. She said that during that time the neck of the uterus was repeatedly cauterized. She got impatient, and went to another physician, who told her that the caustic treatment she submitted to was worse than useless; and that a surgical operation was the only thing to be done. She consented to it, and he incised the cervix bilaterally. She did not conceive, and two years afterward went to Paris to see me. I found the uterus normal in all its relations, the os tincæ and cervical canal sufficiently patulous. I explained to both husband and wife the importance of examining the cervical mucus four or five hours after coition. They returned the next day; the cervical mucus contained spermatozoa; therefore there was no necessity for any further surgical operation. But the spermatozoa were all dead; therefore there was a necessity for a treatment to rectify the vitiated cervical secretion. She remained in Paris a few weeks under my care, was cured, and became a mother in a year after her dismissal. Now, if the first physician had used the microscope, as I direct, he would probably have found that the semen never entered the cervix at all; and, if the second one had done the same thing, he would certainly have found that the mucus of the cervix poisoned the spermatozoa.

No. 2, a lady, in the highest ranks of life, was sterile. The cervix uteri was incised bilaterally. She had pelvic cellulitis afterward. Two years after this I saw her, and she was still childless. The microscope showed that the cervical mucus, examined four hours after coition, killed all the

spermatozoa. While this condition exists conception is impossible.

No. 3, sterile, was treated for sterility in America, for a long time (two or three years.) She went to Europe; had the cervix cut open, and was sent away with the promise of offspring. I saw her some time afterward. The microscope proved that the husband was sterile. Therefore, the previous treatment at home and the operation abroad were useless. I could relate several other cases like the above. But, as I often made the same mistake before I fully understood the value of the microscope, I forbear.

No. 4, married four years; sterile. She had dreadful dysmenorrhœa, followed by discharge of a bloody brownish mucus, of an offensive odor. The uterus was antelexed; anterior wall hypertrophied; os uteri small. I was in doubt, at first, whether to recommend an incision of the cervix or not. I told the husband that an operation would be necessary if the semen did not enter the canal of the cervix; but, if it did enter, the case might be cured without cutting. The wife came to see me the next day, some five or six hours after sexual intercourse. A drop of mucus from the cervix contained spermatozoa in great abundance. Here, the whole question of diagnosis and treatment was settled at once, and in the only way possible, by the microscope. For this one examination proved all that was essential to know—viz., 1. That the semen was perfect; 2. That it entered the cervical canal, and therefore there was no surgical operation necessary; 3. That the cervical mucus poisoned the spermatozoa, and hence a treatment directed to the utero-cervical canal was indicated. After the next menstruation (a month's treatment), the cervical mucus was considerably improved, for it contained large numbers of active spermatozoa. At the end of two months, I found living spermatozoa in the cervical mucus, thirty-six hours after coition. All treatment was now suspended, and after the next menstruation conception took place.

No. 5, married five or six years without offspring. The uterus was small, and retroverted by a fibroid, about the size of a walnut, on its anterior surface, just at the junction of the cervix and body. The os was very small, so small that a most distinguished accoucheur advised incision of the cervix, to admit the passage of the semen, although he was not in the habit of performing the operation, and, as a general rule, was opposed to it. In former years, I would have given the same advice without the slightest hesitation. But now I said, No. Let us first see if the cervix admits the semen. If so, the operation is hardly necessary. If not, it is. I saw the wife the next day. A drop of cervical mucus, under the microscope, determined the question against the operation at once; for the mucus was full of spermatozoa, but they were all dead. During the treatment of this case, I have seen the mucus in the lower segment of the cervix full of living spermatozoa, while that taken from the os internum was full of dead and dying ones. Nothing but the microscope could have revealed the truth in such a case as the above.

No. 6, married eight years, sterile, had been treated by several distinguished physicians for the sterile state; and had been to Bms and other watering-places, all for no result. At last she came

to Paris, to see my friend Sir Joseph Oliffe, and he called me in consultation. I found a long, conical, indurated cervix, with a small os—just such a case as I would have pronounced sterile by necessity, and just such as I have ever and over again operated upon without further thought. But now I wished to be sure before recommending an operation. After explaining the necessity for it, I requested this lady to come and see me, four or five hours after coition. She returned the next day. I could find no spermatozoa in either vaginal or cervical mucus. I requested her to come again. I saw her two days afterward—no sign of spermatozoa. I told her that perhaps the seminal fluid all passed away in the act of rising and dressing. She thought it did. After further explanations, she readily agreed to send for me some morning, to verify the state of affairs. She was a very sensible woman, and fully understood the reasons given. A day or two afterward, I saw her in bed, about thirty minutes after sexual intercourse. The vagina was full of semen; and I removed about a drachm of it, and went home immediately for the microscopic examination. But, unfortunately, there were no spermatozoa. Not very long ago (seven or eight years), I had the idea that sterility was essentially a female infirmity; that men were never sterile, except when impotent; and that any man, legally competent for the married state, was physically so for procreation. But the microscope unsettles and settles all such vague notions. It is natural to suppose that a strong, vigorous man is more fitted for procreation than a weak or puny-looking one. Some of the greatest lights of the profession have held such views as this. It was only two or three years before the death of the lamented Traussseau, that he said to me, in speaking of a case we had under consultation, "If our patient only had a man for a husband, all would be right." I subsequently found out that the husband's passions were strong; that his semen was perfect; that it entered the cervix in great abundance; and that the spermatozoa were there poisoned by a vitiated secretion. I mention to show that we must not judge from appearances, when it is so easy to settle the question by the microscope.

No. 7, married nine years, sterile, had consulted several distinguished physicians, one in Germany, who told her it was useless to try any further treatment, as she was now well enough, and that it was the fault of her husband that she did not conceive. I explained to her that there was nothing easier than to determine that question at a single visit. She came the next day. I removed some vaginal mucus; also a mass of cervical, as large as a pea, that was just hanging from the os; also some from within the canal. The vaginal mucus contained spermatozoa, but, of course, they were all dead. The mass of cervical mucus that hung out of the os contained spermatozoa in abundance, all dead. The mucus from the interior of the cervix was wholly devoid of spermatozoa.

Here the microscope settled the whole question. There was no longer any guess-work. 1. It was not the fault of the husband that there had been no conception. 2. The seminal fluid did not enter the canal of the cervix. 3. The spermatozoa were killed by the cervical mucus, where the two came

in contact. As the shortest and best method of treatment, I incised the cervix. After the subsequent menstruation, semen was found to enter the canal of the cervix. After the next period, they were found there in abundance, and all living. In three months thereafter, she conceived. In another three months, she miscarried, in consequence of a fall. Six months after this, she conceived again; and a year ago she became a mother.

So far I have related only cases of natural sterility, and, were it necessary, I could give you scores more of the like character, but, as you perceive, there is so much sameness among them, that it would be superfluous. However, bear with me a moment longer, while I give you one or two illustrations of the value of the microscope in acquired sterility.

No. 8, aged 36, had given birth to one child ten years ago. Her general health was perfect, but she did not conceive again. She was anxious for more offspring—had been to various watering-places and had consulted several distinguished physicians. At last she fell into the hands of my friend Dr. Lheritier, who brought her to me. I found the uterus hypertrophied and somewhat retroverted. The os was rather small and the cervix indurated, and I had some doubt whether the semen could enter the cervical canal. But a microscope examination proved that it did, and that the cervical secretions killed all the spermatozoa. This case was under treatment in January and February, and again in May and June. When she left in June, living spermatozoa were found in the cervical mucus, in great abundance, thirty six hours after coition. We, therefore, pronounced the case cured. She conceived a month afterward, and was safely delivered at term.

No. 9.—We often fail to cure curable cases because the treatment is sometimes so tedious that both patient and doctor get mutually tired, and both are glad to quit. Madame —, aged 34, had one child eight years ago; subsequently had chronic cervical inflammation; was cauterized too much. The cervix became indurated, and the os contracted. She wanted more offspring. I was in doubt about cutting open the cervix. A microscopic examination proved that the semen could not enter the cervix. Accordingly I incised the os. After this the semen entered the canal of the cervix, but its mucus killed all the spermatozoa. The mucus was not as clear and limpid as it should be, and it had white milky specks in it, looking as if it had been mixed with a little of the vaginal secretion. The lining membrane of the cervix was too red and rather granular. This was cauterized even up to the cavity of the uterus; and various other local as well as general remedies were adopted and carried out from time to time for twelve months. The character of the cervical secretion gradually improved, and at times showed some living spermatozoa, and again all were dead. This patient did not despair, notwithstanding a fruitless treatment for so long a time.

A sponge-tent had revealed long ago a small flattened cystic tumor in the canal of the cervix, situated on its posterior face, just at the os internum. I had repeatedly suggested the propriety of extirpating it. After all other means had been exhausted for restoring the cervical secretion to a normal state, the operation was agreed to. In June, 1867, nearly two years after we began the treatment, a

sponge-tent was introduced; the canal of the cervix was fully dilated, and a cystic tumor, about the size of the end of the little finger, was extirpated. Three months afterward, the cervical mucus was greatly improved: and in March last, after a treatment of more than two years and a half, I examined the secretions fifteen hours after sexual intercourse, and I had the satisfaction of saying, "At last, madame, I find the cervical mucus perfect; it is full of spermatozoa, and all very active. We can now hope for conception." Conception dated from that period, for she did not menstruate afterward. But for the microscope, I would have dismissed the case as cured after the incision of the cervix uteri, and she would have remained, in all probability, sterile to the end.

Once I thought that the most common obstacle to conception was a contracted cervical canal, contracted at its outlet, at the os internum, or throughout its entire length. But, if I were now asked, "What is the most frequent obstacle to conception?" I should unhesitatingly say, "An abnormal utero-cervical secretion that poisons or kills the spermatozoa." I can call to mind numbers of cases where, in former years, I incised the cervix, when the operation was satisfactorily done, and yet the sterility persisted. In some of these I have now not the least doubt that the husbands were sterile, and in others I have as little doubt that the cervical mucus was poisonous to the spermatozoa. If I had then possessed the exact knowledge of to-day, how much more satisfactory would it have been for me—how much better for my poor patients!

I could go on for hours with cases to illustrate the principles already laid down. The foregoing are taken at random, and are sufficient for the purpose. I have not treated a single case of sterility as such in the last six years, without determining the three questions so essential to success that were stated at the outset of this paper, except the half-dozen cases already alluded to, and in these the microscope at last revealed the truth.

Before closing this paper, pray allow me to say a word personal to myself, which is, at the same time, in vindication of the honor and progress of medicine. When my book on "Uterine Surgery" appeared in February, 1866, it was noticed, generally favorably by the medical press, and always honorably, with but one exception abroad, and two or three at home. The *Medical Times and Gazette*, one of the most excellent and influential journals of the day, conducted with great ability, and usually with liberality and decorum, condemned in the strongest terms, my investigation of the seminal fluid, and said that "this dabbling in the vagina with speculum and syringe" was incompatible with decency and self-respect. Now, for myself, I see no indelicacy or impropriety in taking mucus from the vagina and uterus for microscopic examination. It is no more indelicate, no more impure, than to investigate the character and properties of saliva, or bile, or urine, or feces, or pus. And where is the scientific physician, nowadays, who could or would dare to give an opinion on any obscure and complicated disease without some such investigation? To answer that question, I have only to call to the witness-stand such men as Beale, Hughes Bennett, Gull, George Harley, Sir William Jenner, Bence Jones, George Johnson, Stokes, and the immortal names of Addison and

Bright; and in my own country the great names of Alonzo Clark, Austin Flint, John T. Metcalfe, and a host of others. Opposition and ridicule are ever ready, but never yet crushed out a great truth. With the simplicity of my nature, and with the honesty of my purpose, there can be no indecency and no sacrifice of self-respect in making any necessary physical examination whatever, if it be done with a proper sense of delicacy, and with a dignified, earnest, and conscientious determination to arrive at the truth—a truth without which every step is in the dark, but with which all is as clear as the noonday's sun.

## HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE,  
Philadelphia, Oct. 17, 1868.

### CLINIC OF PROFESSOR GROSS.

REPORTED BY DR. NAPREYS.

#### EXTROPHY OF THE BLADDER AND DOUBLE HERNIA.

B, *æt.* 6. This boy is tall, well nourished, has a good complexion, well developed limbs, and is perfectly formed, excepting at the lower part of the abdomen, where a red tumor is observed. Immediately below this reddish projection an organ resembling the penis is seen. The head of the penis lies between the tumor and a little mass of skin below, which is the prepuce. Around the tumor and penis there is a circular swelling. On the lower part of this mass the testicles are found, and on each side an inguinal hernia complicating the case. Water is seen to be passing off from the reddish surface, and on each side of this surface there is an opening corresponding with the situation of the ureter.

The red mass, larger in the transverse than in the vertical direction, situated between the penis and umbilicus, is the posterior wall of the urinary bladder, the anterior wall of that bladder being absent. The posterior wall is pushed forward through an opening existing in the wall of the abdomen. This affection, constituting extrophy or eversion of the bladder, is a congenital malformation and not the result of an accident. It consists essentially in a defect in the anterior wall of the bladder as well as in that of the abdomen. The pubic bones are also wanting, there being a large gap in the middle line where there is no bony structure whatever. The defect is much more common in male than in female subjects.

Professor Gross has seen a large number of such cases, certainly from eighteen to twenty. The affection is very frequently accompanied by hernia on one side, sometimes on both sides, as in this instance, and always with that variety of malformation of the penis called epispadias. The head of the penis is defective, it is flattened.

The testes are frequently fully developed and situated in the scrotum, but sometimes they remain in the groins. In the female this defect is accompanied with certain malformation of the genital organs, frequently deficiency of the clitoris and nymphæ. But there are cases reported in which females are capable of menstruation and conception. In the male there is naturally impotence, but not

any absence of the ordinary voluptuous feeling attendant upon the age of puberty, for the testes are usually very well developed. The urine dribbles off constantly, sometimes in a stream, at other times simply diffusing itself over the parts. The skin around is therefore apt to be excoriated.

The question arises, what is to be done. Mr. Simon, of London, performed an operation a number of years ago, by which he attempted to insert the ureters into the bowel. His operation was somewhat successful, but the result was not fully satisfactory, and in its performance he placed in jeopardy the life of the patient. Of late years attempts have been made to cover this raw surface by taking integument from the neighbouring parts, and uniting the edges at the middle line, so as to form a flap to protect the raw surface. The operation has been performed in a number of instances. Professor Pancoast performed it at this clinic in an elderly man, who finally died from an attack of pneumonia. The operation did not succeed very well. Dr. Ayers, of Brooklyn, had a case in which the success was gratifying, but by no means complete. It is doubtful whether complete success can ever be had, for the urine coming in contact with the edges of the wound will prevent union. The wound which it is necessary to make is always of a formidable character, and requires a long time to heal. The patient may have erysipelas, peritonitis or emphysema, or he may suffer from severe traumatic fever, so that the operation is liable to be followed by very serious consequences under the best of circumstances.

#### MAMMARY TUMOUR.

Mary ———, *æt.* 37; married. She has been married for fourteen years, and has four children, the youngest being eleven years of age. A swelling made its appearance in the right breast last winter. That breast is now much larger than the other, but it is quite moveable, having apparently no strong adhesions to the subjacent structures. The tumour feels hard, and is of large size; there is no fluctuation, but at certain points a little softness. The nipple retains its integrity, it is not retracted, it is soft. There is no enlargement of the subcutaneous veins.

Her health is good; tongue looks well; appetite not impaired; she sleeps soundly; has lost no flesh; is not easily fatigued; and her spirits are good.— She has no pain in the part. She still menstruates. The tumour was perceived some time ago, and two ounces of fluid issued. She has not attained that period of life in which scirrhus of the mammary gland is usually met with. It commonly makes its appearance between forty-five and fifty, about the time of the cessation of the menses. But encephaloid may come on at almost any period in the female breast. It is true it rarely appears until after the age of puberty; in the great majority of cases, between the age of twenty-five and forty-five. It is rapid in its development, generally unattended with pain, or if there be any it is much less than in scirrhus, because the nerves are not so much compressed as in the hard form of cancer. The tumour is also softer and larger than scirrhus, and not unfrequently it happens that there are little cysts in it, and sometimes cysts of a considerable size, upon puncturing which, fluid of a muddy character escapes, which fluid is often but not necessarily coagulable by heat, acid and corrosive sublimate.

Cystic tumor of the breast in women of this country is of very rare occurrence. It is always benign, never returning when the disease is removed. Encephaloid, on the contrary, is a disease exceedingly prone to return either in the part, in the cicatrice, in the neighbouring lymphatic glands, or in some other part of the body, being in this respect exactly like scirrhus.

There are reasons for believing this tumour to be encephaloid in character; the patient at present refuses to have an operation performed.

#### ADENOID TUMOUR OF THE BREAST.

This woman, married, *æt.* 38, has had six children, the youngest being eleven years of age.—Almost two months ago swelling of the right breast was first noticed. Several little tumours can now be felt, they are of irregular size, quite small, very hard and firm. The nipple is perfectly sound and not retracted. The skin is not discoloured. The lower portion of the breast seems to be natural.—The swellings are situated apparently in the midst of the breast.

There is no evidence of any malignancy, the affection is that known as adenoid tumour of the mamma. It is a very common affliction in young girls soon after puberty, and not unfrequently connected with dysmenorrhœa. The pain which exists is generally of neuralgic character, liable to be aggravated at every return of menstruation. In such cases relief is usually obtained from the administration of anti-neuralgic remedies, particularly quinine and arsenic, and the application of ointments containing veratria. Sometimes the employment of leeches is of service, together with a lotion of acetate of lead and attention to the general health. When the tumour is very hard and the seat of severe pain, it is necessary to resort to excision. In this case an operation will be performed, merely the affected part being removed.

The patient was placed under chloroform, and the tumour removed. One artery was tied, and the wound closed by three interrupted sutures, with the aid of strips of adhesive plaster, in the intervals between the stitches. The dressing will consist of a mixture of from four to eight parts of common oil or glycerine to one part of carbolic acid, absorbed upon cotton or patent lint, and placed in direct contact with the surface, the whole being covered with a piece of oiled silk, or a piece of plaster made of three parts of gum shellac and one part of carbolic acid.—*Medical and Surgical Medical Reporter.*

From the Service of Prof. N. S. Davis, in the Medical Wards of Mercy Hospital, December 30, 1868.

REPORTED BY W. A. BARSTOW.

GENTLEMEN:—This young man came here from Waukegan, for the purpose of a careful examination of his case. He states that about one year ago he received an injury, by being struck by a wheel weighing about 50 lbs., which was thrown off the shaft while making some 350 revolutions per minute. The blow was received across the right shoulder, extending down below the scapula. At the time he felt no pain, and there was no soreness of the parts until about two weeks after, when he

says he felt a lameness and soreness in the side, midway between the 7th and 8th ribs.

The soreness continued to increase for three months, when there appeared an abscess, which was opened by his attending physician. This abscess has continued to discharge ever since; sometimes of a thicker quality. At present, the patient complains of a pain in the right hypochondriac region. You notice by percussion, that the hepatic dulness, is about normal. If the liver had furnished this abscess, it would necessarily be enlarged; but, as it is about normal, I would say at once that the liver is not involved. The pain was not such as to indicate pleurisy; and, as the patient has had no cough, nor difficulty in respiration, we can safely say it is not pneumonia.

I should think, when the wheel struck him, it produced sufficient inflammation near the head of the rib to result in suppuration, the pus following along between the pleura and rib, until it could find a point of escape. It has never healed, owing to the denuded state of the rib or portion of vertebra; most likely the former; nor will it heal until the necrosed or carious portion of the rib is removed, unless the pus changes its course.

The present symptoms are pain between the umbilicus and right hypochondriac region. There also seems to be an irregular contraction of the abdominal muscles. If you were to go directly down to the seat of pain, you would strike the upper part of the psoas muscle. There is already some swelling and tenderness in that part, increased by exercise.

The patient says that he feels so weak, and his back aches so badly towards night that he can hardly sit up. Says he never had any cough, no headache to speak of. By careful introduction, the probe can be passed under the edge of the rib to its inner surface, and backward towards the junction of the rib with the spine. Patient says the abscess was opened three times, the last time about the first of September. The Doctor first introducing a director into the fistula, and cutting in the direction of the rib backwards. After which, he burned it out with caustic.

In this case, I have no hesitation in regarding its origin as at the junction of the rib with the vertebra. Up to the present time, the patient has kept a very good degree of health; but he says that he has lost flesh within the past two weeks, or since the pain commenced in the abdomen. From the existence of this abdominal pain, it is highly probable that the pus is taking a new direction down the spine, along the course of the psoas muscle. The spasmodic action of the abdominal muscles is evidently due to the irritation of the anterior branches of the lower intercostal nerves.

The disease is evidently caries (either of the head of the rib or of one of the vertebrae, probably the former); and the pus will be more likely to gravitate downward, ultimately appearing in the form of an abscess just below Poupart's ligament, as the symptoms are such as to plainly indicate present irritation and fulness in the upper part of the psoas region.

There are two methods of treatment that might be adopted in this case:—1. The surgical excision of the rib, for the removal of the diseased bone. 2. The patient may be placed in a horizontal position, inclining a little towards the diseased side, and

kept perfectly quiet for four or five weeks, with the internal administration of tonics and alterative remedies. You would accomplish two objects by the horizontal position, viz.: decrease the gravitation of pus downwards, and put the parts at rest. After this, I would recommend a spinal support, which will not admit of any rotary motion of the parts, and exactly the same as that employed in the treatment of any angular curvature; and then the patient may be allowed moderate outdoor exercise.

Laying surgical aid aside, I think this is the only treatment that will be apt to prove beneficial. Without treatment he will continue to grow worse, and finally have an abscess at Poupert's ligament, becoming more feverish and emaciated daily.

As the attempt to excise the head of the rib involves a serious operation, and we cannot be certain that the disease does not also affect the vertebrae, we should not advise an immediate resort to that method of treatment. By confining the patient to a strictly horizontal position, keeping the present opening as free as possible, and giving him three times a day a teaspoonful of the following tonic and alterative mixture, it is quite possible that the further extension of the suppurative process would be arrested, with a removal of all pain from the side and abdomen:—

R. Tinct. Cinchona,.....ʒij.  
Fl. Ext. Conium,.....ʒj.  
Bichlorid. Hydrarg.,.....1 gr.

Mix.

After this prescription has been used three weeks he may take in its place the syrup of iodide lime or iodide of iron.

NOTE.—*February 10th, 1868.*—The patient returned home the day following the above clinic, taking a letter to his physician. The treatment above indicated has been carried out to the present time, and information came from his attending physician two days since, saying that the patient was making good progress towards recovery.

### Medical Items.

In the *Cincinnati Lancet and Observer*, for December, 1868, Dr. J. I. Rooker, of Castleton, Indiana, publishes a supplementary account of the condition of a patient on whom he performed the operation of castration in 1861, for the cure of epilepsy. It will be remembered that Dr. Rooker was most severely criticised for the performance of this operation. The patient was a confirmed victim to the vice of masturbation, and every repetition of the act produced an epileptic fit. The case proving intractable to all ordinary treatment, and being apparently hopeless, both testicles were removed by Dr. Rooker. Since that time (spring 1861), there has been but one epileptic fit, which occurred on the day following the operation.

Recently, Dr. Rooker, saw this patient, and had him examined by a number of other physicians.

“He stated that previous to the operation, ‘he was not able to do a day’s work, owing to a general debility and loss of mind;’ that he had had attacks of epilepsy almost every day for the past eight years. In short, he was an object of charity. At

present, with the exception of the ‘chills,’ was in the enjoyment of excellent health; that his weight had increased from one hundred and twenty to one hundred and sixty pounds, and that the ‘nervousness’ had all left him; and that he could do as much labour as any man. Is able to read and write; stated that he had but little ‘passion left for the women.’ I could not detect any change in his voice. He is glad the operation was performed. His intellect appears as good as any of his class.”

Dr. Rooker adds that, while he is no advocate for an indiscriminate resort to this operation, he is fully satisfied with the results in this case.

### An Extensive Thrombus during Labor.

Prof. Geo. T. Elliot, Jr., alludes to the following case of labor, which occurred July 12th, 1868: He was summoned by Dr. Sayre to a lady in labor with her first child; on vaginal examination the head had not advanced as expected, and the vaginal walls and perineum were enormously distended by rapidly increasing thrombus.

The patient was under chloroform moderately, and did not seem exhausted. Large doses of brandy and Borden's extract of beef were administered, ammonia and salts provided, and they decided to attempt delivery by forceps, and to incise when necessary. The transverse bars of the forceps were introduced within the vulva to seize the head, and when the blades were locked, the right labium cracked through the mucous surface, and a large clot of blood flopped out with such violence that a portion struck the top of Dr. Elliot's head, a distance estimated at three feet. The left labium was freely incised, and a living child, with the placenta, was delivered with great rapidity. The broken-down cellular tissue was removed from the gaping wound on the right side, and the open places on the right and left were stuffed with lint steeped in Squibb's liquid persulphate of iron.

Ergot was then given, and the patient was banded with compresses and a T-bandage below. The patient was thoroughly stimulated and fed, and treated for the depressing influences of the loss of blood. The vagina was injected on the third day with a solution of weak carbonic acid, and gradually repair was effected, and the patient's health restored.

### M. Auzias Turenne on Rabies.

This ingenious investigator, in a paper lately read before the Academy of Medicine of Paris, endeavors to establish a parallel between the phenomena of rabies and those of syphilis. It will be remembered that Marochetti considered that the virus, after having been absorbed by the wound, enters the circulation, and then gathers under the tongue. From the third to the ninth day little vesicles or postules appear on either side of the frenum lingue; they contain the virus, and are called *lyssae*. Marochetti believed that by cauterizing these vesicles the further progress of the disease might be stayed. Experience has not confirmed his views; but M. Turenne, starting from these phenomena, has attempted to liken rabies to syphilis, and the *lyssae* to the infecting chancre.—*Lancet*.

# The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, APRIL 1869.

For some years the subject of Hospital accommodation for those sufferers who are too poor to pay for regular medical attendance, has occupied the attention of physicians, philanthropists, and members of the Legislature; and we were reminded of this subject by noticing a case of extreme hardship, reported in the *Toronto Globe* a few weeks ago: it was that of a poor man, who it seems was forwarded from Guelph to the Toronto General Hospital for medical attendance, and refused there from not having the necessary means or order to obtain admittance into that institution. We believe such cases as this are of frequent occurrence, and are a disgrace to any christian community to remedy this, the proposal of hospital divisions of the different sections of the country has been suggested. The cities of Ottawa, Kingston, Toronto, Hamilton, and London, already contain such institutions for the relief of those wanting medical aid, although these may seem to some who are unacquainted with the subject, ample provision for the wants of our community; still it is evident to physicians how necessary that those who require aid should obtain it as early as possible and without the danger of having to travel over a great deal of ground to obtain it.

An immense number of people are and have to be supported by the charitable in the back counties during a long illness, when, if they could obtain that skilful medical aid which they require, they would often be enabled to attend to their duties, and cease from being a burden on those who already have sufficient burdens to bear. To provide for this want, it has been proposed to divide the Province into hospital divisions, and levying a special tax upon the community, which tax we have no doubt would be willingly borne by the ratepayers for the sake of this great boon to the country.

We would wish also to touch upon another subject in connection with this, and one that will be admitted willingly by the profession at large;—that is, the great benefit that will accrue to country practitioners from being enabled to put into practice and test those new remedies and plans of treatment pursued in all the large hospitals. Here the profession can obtain the use of those instru-

ments without which their treatment must often be vain. We refer to the microscope, ophthalmoscope, laryngoscope, various atomizing apparatus, etc.: and the wealthier part of the community would share in the benefits by the increased skill of their physicians. Here the medical students could obtain that hospital practice which they so much require, and without which it is impossible for them to enter upon their duties with confidence in their own abilities. This would not do away with their hospital attendance in large cities, but would give them a practical knowledge of their profession during the summer months. We sincerely hope the time is not far distant when some such scheme will be carried into effect. Until then, distressing cases of the kind we have referred to will be frequent, and will impose upon the charitable still further the duties which they heretofore so kindly have performed.

A MEETING of the Profession was held at the Canadian Institute, on Friday night the 19th of March, to take into consideration the measures necessary for the reception of the members of the Canada Medical Association, (the meeting of which takes place in this City on the second Wednesday of September, 1869,) Dr. Hodder in the chair. The Chairman explained the object of the meeting, and impressed upon the Profession the necessity of unanimity of action and feeling, so as to do honour to the occasion and uphold the fair name of our City and Province. One or two general resolutions were carried, and the meeting adjourned *sine die*. In connection with this meeting, we would impress upon the Profession in this City the importance and necessity on their part of the most perfect accord and liberality of sentiment; without this, the meeting of the Association cannot be as successful as its friends would desire.

We feel confident that the Profession throughout the Province will do their duty by attending in large numbers, and thus signifying their wish for the success of the Association. Gentlemen who are preparing, or who intend to read papers, should signify their intention to the Special Committee appointed for the reception of such papers.

## Editorial Notices.

We have received from the firm of Codman & Shurtleff one each of their Steam and Hand Atomizers. We have used both, and shown them to several physicians in the city, who unite in considering them as very valuable for use in the various affections of the throat and lungs, where inhalation is necessary. Their price is such as to place them within reach of every physician. We

are confident that those who give them a trial will not regret the expenditure. The apparatus can be seen at this office, and orders will be received by us.

PHYSICIANS in Hamilton and its neighbourhood will notice the change in the advertisement of A. Hamilton & Co., druggists. This firm is well known, having been established since 1848. Their stock is large and well assorted.

We would also call their attention to the firm of Holbrook & Stark, who also keep on hand, or will obtain, everything required by the profession.

A LARGE number of our subscribers have not yet paid their subscription, and we would remind them that to enable us to improve and enlarge the JOURNAL, it is essentially necessary that every one should pay. By registering your remittance it is at our risk; we will forward receipts in the following number of the JOURNAL.

MR. POTTER, optician, has on hand Fever Thermometers, for the use of Physicians. Price \$3.

I HAVE NOW a quantity of fresh reliable Vaccine, which can be supplied on the usual terms.

#### MEDICAL ALUMNI ASSOCIATION OF VICTORIA COLLEGE.

We are requested to state, that the next semi-annual meeting of the above Association will meet at Cobourg, on Tuesday, the 4th of May; chair to be taken at 9 A.M.

The graduating class of '68 and '69 are cordially invited to be present. Papers of interest are expected from several members.

The annual dinner will take place on Tuesday evening; the Convocation Wednesday at 3 P. M., and the Conversazione Wednesday evening.

The usual arrangements for reduced fares on the railways and steamers will be made.

#### A valuable Tonic.

Some of the leading physicians of Toronto are using with success the syrup of the phosphate of iron, quinine, and strychnine. A drachm contains one grain each of iron and quinine, and the one-thirty-second of a grain of strychnine. Price 15c. an ounce.—[Syr. Ferri Quiniae et Strych. Phos.]

—Of the last twenty-three cases of ovariectomy by Dr. Thomas Keith, of Edinburgh, all except one are now alive and well. The last operation was done in December, 1868.

#### THE LATE DR. WARDROP.

In the *Lancet* of the 20th we notice an account of the death of this well-known Surgeon. He was born 1782, studied his profession with his Uncle, Dr. Andrew Wardrop. At the age of 19 he became house Surgeon in the Edinburgh Infirmary. Twenty found him in London learning at the feet of Cline, Cooper, Abernethy and other giants of the time. He also studied in France and Germany; he published many valuable papers on diseases of the eye and fungus hamatodes; he also wrote the article, Surgery, in the *Encyclopaedia Britannica*. He was associated with Mr. Lawrence, and lectured during the first season on Surgery at the Aldersgate-street School. When he was thirty-six years old he was appointed Surgeon extraordinary to the Prince Regent, and five years later, when George the Fourth went to Scotland, Dr. Wardrop was commanded to accompany him; and in 1821 he became Surgeon to the king. He was offered a baronetcy, but declined; he was made fellow of the College of Surgeons, of Edinburgh, in 1804 of England, and a Doctor of Medicine, of St. Andrew's, in 1834. The most interesting part of his history relates to the death of George the IV. His Majesty had recovered from an attack of inflammation of the chest; this was two months before his death; but Dr. Wardrop believed that the King's heart was very much the worse for the attack, and he, consequently, on his return from Windsor, went to Sir Henry Halford, to request him to see the King at once, before the time appointed for another visit. His Majesty continued to be under the care of Mr. O'Reilly and Sir H. Halford, and Dr. Wardrop did not again visit the King till commanded to do so. On arriving at the Castle, Dr. Wardrop found the King alone, sitting upon a couch, his countenance betraying the existence of serious illness. After a while, "Tell me," said his Majesty, "my good friend, what you think, really and truly, is the matter with me, for I am confident that there is something much more serious than — either thinks or chooses to tell me." The reply was, that the difficulty of breathing was due to obstructed circulation from heart mischief. "Tell me, Wardrop," said his Majesty again, "honestly, if you think I shall recover." The reply was to the effect that the case was not altogether hopeless, but that it was not free from danger. Sir W. Knighton then entered, and Dr. Wardrop retired; but subsequently wrote his opinion on paper, and the treatment he suggested for Sir H. Halford, who would arrive in the evening, to the effect that the affection of the heart in the King might be the result of an *arthritic diathesis*, and that if by pediluvia and the use of stimulants to the legs and feet the gout could

be reduced to the limbs, relief might follow. Sufficient to say the post-mortem disclosed the existence of heart disease, and confirmed the opinion of Doctor Wardrop generally. It should be stated that the King was surprised that Wardrop never saw him after the occasion referred to, but his absence seems to be accounted for by the part played by the King's attendants. A good deal of misunderstanding originally existed in regard to his treatment in this particular instance. Dr. Wardrop was inclined to blame some of the eminent medical men of the time for his forced absence from the King. Sir W. Knighton, before his death, expressed his regret for the injury he had done Dr. Wardrop.

The following conclusions are drawn from twenty cases of intermittent fever, treated at the Bellevue Hospital, with the sulphate of soda and the sulphite of ammonia.—Service Dr. A. Flint, Med. Record.

1st. That in a few cases the paroxysms of intermittent fever are relieved and possibly arrested by the sulphite of soda or sulphite of ammonia.

2d. That in the large majority of cases these remedies fail entirely to arrest the paroxysms, or to lessen either their severity or frequency.

3d. That these remedies require to be given in large doses for a length of time to effect any appreciable improvement.

4th. That, when given in doses sufficient to modify or arrest the paroxysms, they produce considerable irritation of the stomach and intestinal canal.

5th. That as remedies for intermittent fever they are in every respect vastly inferior to quinine.

THE third annual report of the St. Catharines General and Marine Hospital, for the year ending first August, 1869, has been received. We notice in this report the following items of interest:—

Since its inauguration there has been admitted to the benefits of the Hospital two hundred and thirty five, of whom two hundred and twenty-two have been either cured or relieved; seven have derived no benefit, and six have died.

Eighty-six were residents of St. Catharines.

Forty-six were from the Co. of Welland.

Twenty-seven came from the townships of the Co. of Lincoln.

Sixty-six were sailors and others.

Two were admitted from other parts of Canada, and two from the United States.

For the year ending 1st August, 1868, there have been admitted as

In-door patients.....	97
Out-door ".....	62
Of in-door patients there were cured or relieved.....	77
Improved.....	16
Incurable.....	2
Died.....	2

Of the above all the out-door or dispensary patients were paupers, forty-four of the in-door cases were wholly treated, boarded and nursed free of all charge, as objects of charity. Every one of the 44 must have come upon this municipality for support and medical aid had our little infirmary not been in existence. Each of these persons cost the charity on an average \$22 and more; consequently the sum of at least \$968 has been saved to the public and private charity of the taxpayers in this neighbourhood.

The Parliament of the Dominion have granted in aid of the sailor's department the sum of five hundred dollars. Since our existence we have received from the county council of Lincoln, one hundred dollars, and from the town of St. Catharines one hundred dollars. As it is intended to appropriate the whole amount granted by the Government to the purchase of a lot and building, it is hoped that the munificence of our inhabitants will support us for one year more, so as to enable us to obtain a permanent local habitation. The Trustees feel more strongly impressed than ever with the indispensable nature of the Institution, and they anxiously hope that this appeal will be cordially responded to. To the ladies of the Hospital Aid Society we have been principally indebted for the means of supporting this Hospital from the outset; this year its existence has been wholly dependant upon their untiring and faithful labours; the fullest meed of praise is justly due, and the thanks of this population should be most gratefully returned for such high spirited benevolence. In our first report we stated "Hospitals usually owe their origin to endowments or Government aid; regardless of either, we have begun ours in the conviction that in time it will obtain both." The second conjecture thus expressed has been already fulfilled. May we not confidently expect that, by some generous land-owner presenting us with a site for a building, we shall soon realize the first.

THOS. L. HELLIWELL, Secretary.

DISEASES TREATED IN THE ST. CATHARINES GENERAL AND MARINE HOSPITAL—1868.

Surgical cases requiring important operations—out-door patients, 0; in-door patients, 13; total—13.

Fractures—out-door patients, 0; in-door patients, 3; total number of cases—3.

Dislocations—out-door patients, 0; in-door patients, 2; total number of cases—2.

Abscess—out-door patients, 0; in-door patients, 1; total number of cases—1.

Ophthalmia—out-door patients, 2; in-door patients, 1; total number of cases—3.

Indolent Ulcers—out-door patients, 2; in-door patients, 1; total number of cases—3.

Cancer—out-door patients, 2; in-door patients, 2; total number of cases—4.

Stricture of Urethra—out-door patients, 1; in-door patients, 1; total number of cases—2.

Hydrocele—out-door patients, 0; in-door patients, 1; total number of cases—1.

Epididymitis—out-door patients, 0; in-door patients, 1; total number of cases—1.

Pneumonia—out-door patients, 0; in-door patients, 3; deaths, 1; total number of cases—4.

Skin Diseases—out-door patients, 7; in-door patients, 2; total number of cases—9.

Uterine Diseases and Hysteria—out-door patients, 4; in-door patients, 41; total—45.

Contusions—out-door patients, 2; in-door patients, 1; total number of cases—3.

Tumours—out-door patients, 0; in-door patients, 1; total number of cases—1.

Phthisis—out-door patients, 1; in-door patients, 1; total number of cases—2.

Bronchitis—out-door patients, 14; in-door patients, 4; deaths, 1; total number of cases—18.

Catarrh—out-door patients, 6; in-door patients, 0; total number of cases—6.

Inf. Frontal Sinus—out-door patients, 2; in-door patients, 0; total number of cases—2.

Hæmorrhoids—out-door patients, 1; in-door patients, 0; total number of cases—1.

Laryngitis—Out-door patients, 1; in-door patients, 0; total number of cases—1.

Asthma—out-door patients, 1; in-door patients, 0; total number of cases—1.

Dyspepsia—out-door patients, 3; in-door patients, 3; total number of cases—6.

Cholera Infantum—out-door patients, 1; in-door patients, 0; total number of cases—1.

Diarrhoea—out-door patients, 4; in-door patients, 0; total number of cases—4.

Int. Fever—Out-door patients, 4; in-door patients, 6; Total number of cases—10.

Rheumatism—Out-door patients, 4; in-door patients, 4; total number of cases—8.

Neuroma—Out-door patients, 0; in-door patients; 1; total number of cases—1.

Pregnancy—out door patients, 0; in-door patients, 1; total number of cases—1.

Delirium Tremens—out-door patients, 0; in-door patients, 1; total number of cases—1.

Mitral Disease—out-door patients, 0; in-door patients, 1; total number of cases—1.

Ascites—out-door patients, 0; in-door patients, 1; total number of cases—1.

Total number of out-door patients, 62; in-door patients, 97; deaths, 2; total number of cases—159.

THEOPHILUS MACK, M.D.

WE notice in the *Lancet* for January 30th, a letter from J. Hughes Bennett, objecting to Mr. Syme's candidature for President of the Medical Council, on the following grounds:

A few years ago he stated, of microscopes, ophthalmoscopes, sphygmographs, galvanometers, and other recently-invented instruments, that he "regarded them as toys, the employment of which was not only useless but injurious to medical education, and that he would oppose any grant for rendering them available in teaching."

The British Medical Association and the British Association for the Advancement of Science recently made advances for the prosecution of some investigations in Edinburgh. Thereupon Mr. Syme moved, in our Senatus last session, that no experiment on living animals should be permitted in the University. On this occasion, with a view of influencing his auditory, this resolute surgeon stated that, having on one occasion heard a rabbit squeak in the hands of Dr. Avin-Séguard, he was so affected as to desire a complete suppression of physiological experiments on animals. But he is opposed to prac-

tical teaching not only in the science, but in the art of medicine also. Though a Professor of Clinical Surgery, he has, notwithstanding the remonstrance of the Medical Faculty, for some years ceased to visit the hospital wards with his students, and thus deprived them of the only practical method of learning their art by following the progress of cases, and of observing and interrogating them at the bedside. Only last session he succeeded in preventing the attendance of students being ascertained even in the medical wards, assuring the Senatus that bedside instruction was "a miserable clap-net and sham." This was no sudden or hasty idea. Six years ago he published an address in the Edinburgh newspapers, in which he says: "There could not, I think, be any procedure more shocking than propping up a poor creature suffering from disease of the lungs and hammering his chest for the recognition of diagnostic sounds, as an academic exercise."

Whatever impression may exist of Mr. Syme in London, in Edinburgh he must be regarded by all earnest investigators and teachers of medicine as one of the most determined and influential obstructors to its progress. This is much to be regretted, because there can be no doubt that his long standing in the profession, his reputation as a surgeon, his tact, ability, earnestness, and let me add, unscrupulousness in argument, give him very great influence in public assemblies. It is for these very reasons that, at this crisis in the history of medical education, his presence in the Medical Council is to be regarded with apprehension.

## Reviews and Notices of Books.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By LEWIS SMITH, M.D., Curator to the Nursery and Child's Hospital, New York; Physician to the Infants' Hospital, Ward's Island; Professor in Bellevue Medical College, New York. Philadelphia: H. C. Lea; 1869. W. Chewett & Co., Toronto.

This work is complete on the subject of which it treats, and enters more fully, with clearness and precision, into the diseases of childhood than most other works which we have seen. It is got up in a very creditable manner, both to the author and publisher. We give a synopsis of contents, which will explain more fully than we can the ground which it covers. Part first contains eight chapters in which the following subjects are considered very fully:—Infancy and Childhood; Care of the Mother during Pregnancy; Mortality of Early Life; Lactation; Selection of a Wet Nurse; Course of Lactation; Weaning; Artificial Feeding; Diagnosis of Infantile Diseases. Part second is devoted to cerebro spinal diseases. Section 2: Diseases of the respiratory system. Section 3: Diseases of the digestive apparatus, including under this head—Simple Stomatitis; Ulcerous and Follicular Thrush; Gangrene of the Mouth; Dentition; Simple Pharyngitis; Indigestion; Gastritis in its various forms; Diarrhoea; Enteritis and Colitis; Cholera Infantum;

Intestinal Worms; Intussusception, etc., etc. Section 4: Zymotic diseases; Diptheria; Measles; Scarlet Fever; Variola; Vaccinia; Pertussis; Parotiditis; Syphilis, etc. Section 5: Diseases of the Skin. Section 6: Diseases of the Circulatory System. Appendix A: Dietary Formulae for Infants, etc., etc. Physicians or students who wish to obtain a work containing the latest views on the treatment of children will find this one of the best.

A HISTORY OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA, FROM ITS FOUNDATION IN 1765: With Sketches of the Lives of Deceased Professors. By JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania. Lindsay & Blackiston, Philadelphia; W. C. Chewett & Co., Toronto.

This work will be read with interest by the graduates of this justly celebrated University, and by the members of our profession everywhere who hold the names of Rush, Physick, Dorsey, Horner, Dewees, Wood, etc., in estimation.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE: A Handbook for Students and Practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia, etc., etc. Second Edition, revised and improved. H. C. Lea, Philadelphia.

This work is a condensed practice of medicine comprising, in an abbreviated form, a vast amount of useful information. It resembles very much, in its style, the first edition of "Tanner's Practice," and contains all the new remedies, with a large number of formula.

ON CHRONIC BRONCHITIS, especially as connected with Gout Emphysema and Diseases of the Heart, being Clinical Lectures delivered at the Middlesex Hospital. By E. HEADLAM GREENHOW, M.D., Fellow of the Royal College of Physicians, etc., etc. Philadelphia: Lindsay & Blackiston, 1869.

This work comprises the lectures delivered to the students at the Middlesex Hospital from time to time during the last two years. Some of them were published in the *Lancet* shortly after delivery. The author's principal object seems to have been the demonstrating the intimate connection between chronic bronchitis and other constitutional and local affections, and has succeeded in a very lucid manner to proclaim his views upon this important subject. The first lecture is devoted to chronic bronchitis; the second to bronchitis from mechanical irritation; lectures three and four, gouty bronchitis, showing the relations between chronic bronchitis and the gouty dyscrasia, to existence of gout and bronchitis in individuals, the frequent

existence of both diseases in the same families, the subsidence of the gouty symptoms followed by the development of bronchitis, and vice versa, with remarks on the use of colchicum, the frequent association of psoriasis and eczema, with bronchitis, etc., etc.; lectures five and six are taken up with the consideration of pulmonary emphysema and its connection with gout and bronchitis; lectures seven and eight, bronchitis and diseases of the heart and right side of the heart.

THE USE OF THE LARYNGSCOPE IN DISEASES OF THE THROAT: with an Essay on Hoarseness, Loss of Voice, and Stridulous Breathing, in relation to Nervo-Muscular Affections of the Larynx, by MORDELL MACKENZIE, M.D., London, M.R.C.P., Physician to the Hospital for Diseases of the Throat, and Assistant Physician and Co-Lecturer on Physiology at the London Hospital. Second Edition. With Additions, and a Chapter on the Examination of the Nasal Passages. By J. SOLIS COHEN, M.D., Author of "Inhalation: its Therapeutics and Practice," etc., with two Lithographic Plates, and Fifty-one Illustrations on Wood. Philadelphia: Lindsay & Blackiston. 1869. W. C. Chewett & Co., Toronto.

This work, as it professes, gives a full description of the Laryngoscope, its history, use, and management, and should be in the hands of every physician who wishes to treat diseases of the throat with success.

LECTURES ON THE STUDY OF FEVER. By ALFRED HUDSON, M.D., M.R.I.A., Physician to the Meath Hospital. Philadelphia: H. C. Lea.

This work consists of 15 Lectures, and considers completely and fully the subject on which it is written. The object of the author, as he states in his preface, is to give the student a clearer idea of fever than he generally possesses or can obtain at the bedside of the patient in the Hospital Wards, and to give a guide to the analysis of each case, by treating of febrile phenomena in succession. We think that the physician in active practice, as well as the student, might obtain a vast amount of useful and reliable information by obtaining and digesting the matter contained in this volume.

HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE. Part 3rd. January, 1869. Philadelphia: S. W. Butler, M.D., 115 South Seventh street.

We have received from Dr. Butler the Half-Yearly Compendium of Medical Science. Part 3rd. January, 1869. It contains over 300 pages of solid reading matter, being a synopsis of the American and Foreign and Medical periodicals for six months.

Terms, per annum ..... \$3 00  
Single copies..... 2 00

We certainly can recommend our subscribers to obtain this valuable periodical—the money will be well spent.

### The Medical Act of Upper Canada.

The Ontario Legislature—that is, the Parliament of what was formerly Upper Canada—has passed an Act for the regulation of the medical profession in Ontario. It creates a Council for carrying out the purposes of the Act: to be composed of representatives of all the universities, colleges, and medical schools in Upper Canada; of twelve members to be elected from the registered practitioners of medicine according to territorial divisions mentioned in Schedule C; and of certain other strange representatives to be noticed immediately. It provides for the registration of medical men, and gives them legal status and powers of recovery in courts, in a way similar to our own Act. Moreover, it provides for the registration of qualifications granted in other parts of Canada, provided that the curriculum shall be equal to that established in Ontario, and that the privilege be reciprocated. Persons neglecting or omitting to register are not entitled to any of the rights or privileges conferred by the Act. The penal clause for irregular practice, though at points somewhat carelessly drawn, is an improvement upon our 40th clause.

Two very distinguishing features of the Act remain to be noticed: one of them is, perhaps, to be praised; the other cannot be too severely condemned. The first is to be seen in clauses 24 and 25, which require the Council, at its first regular meeting, to appoint a Board of Examiners to examine all candidates for registration. This Board is to be composed of members representing the three teaching bodies now existing in Ontario and every school of medicine which may hereafter be established, and nine members chosen from members of the College of Physicians and Surgeons of Ontario not connected with the teaching bodies. We could heartily wish to see our various and incomplete examinations centralized in one perfect examination qualifying for general practice.

The other remarkable and most objectionable feature of the measure is, that it gives a representation in the Council, to the number of five members, to licensed practitioners in homœopathy, and makes special provision for the examination of homœopaths by stipulating that they shall only be examined in certain subjects by examiners approved by the homœopathic representatives in the Council. A similar representation in the Council, and a similar provision for a special examination, is conceded to believers in the "eclectic system of medicine," whatever that may be.

We regret that otherwise so good a Bill should be spoiled by the introduction of provisions which must make the Ontario qualifications objects of distrust to our own Council and to the Medical Councils in all countries where the scientific spirit is predominant. We have always advocated a generous recognition of our own colonial diplomas; but if they are to be granted by bodies so composed as the Council and Examining Board created by the Medical Act of Ontario, we shall have gravely to reconsider our opinions on this matter.—*Lancet*.

### ONTARIO MEDICAL COUNCIL.

TUESDAY, April 6th, 1868.

Yesterday afternoon a special meeting of the Ontario Medical Council was held for the purpose of passing the By-law regulating the mode of holding elections, in accordance with the provisions of the new Act, as well as appointing a Board of Examiners, etc. The members present were:—Drs. Grant, President; Aikins and Berryman, Toronto; Clarke, Guelph; Sullivan, Lavell and Dickson, Kingston; Askin, Chatham; Morton, Bradford; Brouse, Prescott; Fulton, Fingal; Patulla, Brampton; McGill, Oshawa, and Dewar, Port Hope.

Dr. GRANT occupied the Chair, and, in opening the proceedings, said:—As you are doubtless fully aware, this is the final meeting of the Medical Council under the old Medical Bill, and a new state of affairs is about to be introduced. During the three years that have elapsed since the first organization of this Council, some small degree of good has no doubt resulted from the meetings in various parts of the Province of Ontario. Medical men have thus been enabled to know and understand each other better in many respects, and the very interchange of thought and friendly association has tended to subvert the Shakespearian idea that we are the "jealous members of the conjectural art." We live in an age of progress and an age of advancement in many respects; and in a new Dominion, such as Canada, radical changes, even of a medical nature, must be very gradually introduced. In the process of medical advancement, difficulties unforeseen arise in everything pertaining to legislative enactment. However, during the term of office which has now elapsed, we can, without the fear of contradiction, assert that some good results have, so far, arisen out of our labors. A uniform system of matriculation for medical students has become law, and on this point the members of the Council have had ample proof of the beneficial results likely to accrue from closer attention to preliminary education. The youth of our country have ample opportunities, which, when properly embraced, seldom fail to give that place of distinction they occupy in competitive examination. Again, the new Medical Bill of the College of Physicians and Surgeons of Ontario compels those students who study at each of the Medical Colleges in Ontario to undergo examinations, equal in every respect as to test, of ability and efficiency. No one body will be dealt with to the detriment of the other. No distinction will be known, but that arising from mental capacity and proficiency in medical study. He felt satisfied that when the students were well grounded in the chief branches of medical education, and were obliged to pass through a regular curriculum, many would be added to the ranks of our noble profession. The chief object of the present meeting was to frame a By-law for the new elections to take place in June next, and he trusted that, whoever their successors to office might be, they would, when chosen by the body of the profession, exercise their best endeavors to make the medical profession occupy a place of power, of pride, and of distinction in the Dominion. (Cheers.)

### THE MEDICAL BILL.

Dr. CLARKE presented the following report of the committee appointed to procure amendments to the Medical Bill:

"That after a protracted attendance before the Legislative Assembly of Ontario, and against the strongest opposition from various sources, they succeeded in procuring the passage of the new Bill, which they believe embodies all the amendments which they were directed by the Council to procure with other amendments and improvements, which they believe will be of the utmost benefit to the whole profession, and will also be satisfactory to the public."

Dr. CLARKE moved, seconded by Dr. BROUSE, "That the report be adopted." Carried.

## DRAFT OF A BY-LAW.

Dr. BROUSE then moved, seconded by Dr. ATKIN, "That a special committee of three be appointed to draft a by-law for the election as contemplated by the new Medical Bill, to be submitted at the next meeting of this Council; said committee to consist of Drs. Clarke, Dickson, Brouse, and the President." Carried.

## THE MEDICAL BILL.

On motion the Secretary was directed to read the Medical Bill, clause by clause, which was accordingly done.

Dr. LAVELLE drew attention to several minor inaccuracies that appeared in the Bill, and complained of the loose manner in which it had been passed through the House. Had it been passed as submitted by the medical committee these errors would not have appeared, but its manipulation while passing through the House had been bad in its effects, and might lead to trouble.

Dr. BERRYMAN humorously remarked that the regular practitioners were subjected, if the Bill were liberally interpreted, to the same pains and penalties as those imposed upon the "quack," namely, that by the reading of the Bill it would be seen that they might be fined for practising. (Laughter.)

Dr. CLARKE said he thought the public would be benefited if medical men were all fined for practising. (Laughter.) He then proceeded to defend the Bill, and stated that there were only a few clerical errors in it; and he said he had had the privilege of reading every clause before it was adopted. The only thing that he regretted was that he allowed a clause to be inserted in the Bill making a travelling manerie of the Board in order to make it visit Kingston occasionally for the purpose of examining the few students that could be gathered together there. (Laughter.) He had hoped that a general discussion would have taken place upon a few of the important clauses of the Bill. There was one object which the framers of the Bill had in view, and that was to bring together all the medical men in the country, in order that the jealousies which had heretofore existed among the various schools might be entirely removed, and that the public would thereby be benefited. If this Bill were fairly and honestly worked out he felt that the committee had left a legacy to their successors which could not but be appreciated.

Dr. LAVELLE explained that the medical men of Kingston had the greatest difficulty in procuring a copy of the bill, and indeed it was only by applying at a newspaper office in that city a copy had been obtained. The medical men of Kingston had deemed it but fair that the Board should meet in Kingston occasionally, in order to examine their students. He had always been in favor of the establishment of a central board of examiners, but he objected to the mode of selecting the examiners.

Dr. CLARKE again spoke in defence of the bill, which he felt assured would, in a very short time, be found to work exceedingly satisfactory to the profession, because the standard of education of the students would be very materially raised thereby, and that a better class of practitioners would be sent in to the country.

Dr. BROUSE thought that Dr. Lavelle should be a little more explicit in his objections to the bill.

Dr. LAVELLE replied that he was sorry if he had spoken so long without making himself understood. His remarks and objections had been made in the most serious manner, but he objected to the mode of appointing the members of the board of examiners. It was his conviction that by the stupidly constructed clauses of the bill, difficulties would arise, and he was convinced that according to the act the board, composed in a great measure, of homeopaths and eclectics, might rule the council.

Dr. BROUSE was sorry that there was anything like an undercurrent of ill-feeling in this matter.

Dr. ATKINS spoke strongly in favor of the bill, believing as he did that it would not be only a great boon to the profession, but to the public at large. He saw no reason why Canada should not send out medical men equal to those of any other country in the world. The winter was very favorable for the study of anatomy especially, and he thought the establishment of the central board of examiners would be attended by the most beneficial results.— Now there would be healthy competition among the schools to send out well educated students. For his own part he would readily accept the bill and give it a fair trial as far as it lay in his power to do so. (Hear, hear.)

Dr. DICKSON did not wish it to go abroad that the medical men of Kingston were opposed to the establishment of a central board of examiners; because such was not the case. The bill, he had no doubt, would be very popular, and as he felt assured that, as in many instances during the past years, the Canadian students would stand high in the estimation of the English board of examiners, when such students went home for examination.

Dr. BERRYMAN spoke in warm terms of approbation of the spirit of the bill; and he felt assured it would give entire satisfaction to the profession, and also advance the interests of the public.

The PRESIDENT bore his testimony to the satisfactory nature of the bill, and trusted that all the members of the profession would be benefited by it. He also felt assured that the students of McGill College, Montreal, from the professors of which some opposition had been given, would reap equal advantages from the bill that the profession in Ontario would gain.

Dr. MCGILL then said that the gentlemen present should not for a moment imagine that it was an easy matter to obtain the bill, because indeed it was considered a great boon. Special representatives had been sent from Montreal to do all in their power to oppose the bill in its passage through the House, and indeed he understood that they paid a special visit to each member of the House, and stated their objections to it. He was sorry that Dr. Lavelle had raised an objection to the bill, because he understood that he was in favor of a Central Board of Examiners.

Dr. LAVELLE rose to explain. He had objected to the 8th clause; and in company with Dr. Aikins he might say that he had done so.

Dr. MCGILL said that the clause had been defeated in committee by the casting vote of the chairman, and that it was deemed prudent to have it reinserted in committee of the whole House. He felt that all the colleges and universities should have a representative at the Central Board of Examiners. He then proceeded to congratulate the profession upon the great boon that had been conferred by the

bill. Now, all the schools would have to compete to send out the best class of students, because each would have to be examined by the same board, and would have to come up to the same standard.

Dr. PRYOR, although one of those who was excluded by the latter part of the 8th clause, yet he felt it his duty to express his approbation of the bill; and although he was to be affected by it, he had himself suggested its insertion, and he hoped the representatives of all the schools would work harmoniously together.

WEDNESDAY, April 7th, 1869.

The Council resumed their sessions this morning at ten o'clock, Dr. Grant presiding.

Dr. RICHARDSON gave notice that in the afternoon he would move a resolution condemnatory to the amendments introduced into the Medical Bill.

Dr. BROUSE submitted the draft of the by-law prepared by the Special Committee appointed for that purpose, respecting the election of members of the Council.

The Council went into Committee of the Whole on the by-law in order to ascertain the views of the Council as to the changes it was proposed to introduce into the method of holding the elections.

Dr. CLARKE, seconded by Dr. BROUSE, moved—that the clause providing for nominations previous to elections be struck out. Carried.

Dr. CLARKE advocated that the elections should be conducted by printed voting papers, to be signed by the voter in presence of a magistrate or reeve and enclosed in a printed envelope to the returning officer, all voting papers, to be opened at a certain hour by the latter.

A resolution in favor of the use of voting papers was adopted, and the by-laws referred back to the special commission for reconsideration.

The Council adjourned at one o'clock.

The Council re-assembled yesterday afternoon at three o'clock. The Special Committee submitted the amended by-law, embodying the principle of the use of voting papers at elections.

The Council went into Committee of the Whole on the by-law. Dr. Morton in the chair.

Dr. PATTULLO moved an amendment to clause three, to the effect that nominations be held in each electoral division previous to such election. The amendment was lost.

A lengthy discussion ensued relative to the remuneration of returning officers.

Dr. BERRYMAN moved, seconded by Dr. CLARKE, that the fee be \$10.

Dr. ASKIN, seconded by Dr. MCGILL, moved in amendment that the fee be five.

The amendment was declared carried.

Dr. RICHARDSON, seconded by Dr. ASKIN, moved that this Council declines to interfere in the arrangements for the election of any of the members of the Council, excepting those who represent the regular profession.

Dr. MCGILL looked upon such a motion as an insult to every one who had taken part in the passing of the new measure. He hoped the Council would show its indignation at such a course. The attempt of Dr. Richardson to snuff out the Legislature and the people of Ontario was foolish and contemptible in the highest degree.

Dr. RICHARDSON came there with the intention of giving his thorough opposition to the Medical Bill. He cared nothing for the assertion that the Bill was popular.

Dr. CLARKE said it was only Toronto men who were leading in this movement.

The vote being taken, the amendment was lost.

Dr. BROUSE, seconded by Dr. GRANT, moved, that in order to dispose of their own by-laws before touching the other, the committee rise and report progress.

The committee rose and reported on the by-law regulating the electors.

The President having resumed the chair, the by-law was read a third time and carried.

The by-law regulating the election of members of the Board, to represent the Homoeopathic and Eclectic schools, was introduced. It provides that the members of those schools shall vote by sending in voting papers to the Secretary of each Board in Toronto, such papers to be opened on the same day. The by-law was read a first and second time.

Dr. RICHARDSON again protested against the Council considering the Bill.

Dr. GRANT said they must comply with the provisions of the Act.

Dr. ASKIN, seconded by Dr. RICHARDSON, moved, that this Council, having nothing to do with the election of members from the Homoeopathic and Eclectic Boards, the arrangements for electing members be left in the hands of the Lieutenant Governor. Lost.

YEAS.—Askin, Richardson, Turquand and Lavell. NAYS.—Aikins, Brouse, Berryman, Clarke, Dewar, Fulton, Morton, McGill, Pattullo and Sullivan.

The Council then went into committee of the whole on the by-law; Dr. Lavell in the chair.

Dr. ASKIN moved that the clause providing that the three scrutineers appointed to examine the votes were themselves eligible for election, should be struck out. He said he had no doubt that if it were left in the by-laws they would have the three scrutineers duly returned. (Laughter.)

The motion fell to the ground for want of a second.

Dr. RICHARDSON moved, seconded by Dr. ASKIN, that the clause specifying who should be entitled to vote, be struck out, which, after some discussion, was declared carried.

The by-law was then passed in committee and reported, and the Council adjourned.

THURSDAY, April 8, 1869.

The Council resumed their sittings yesterday morning at 10:30. Dr. Grant in the chair.

The roll having been called, and the minutes adopted, the Council resumed consideration of the

#### BY-LAWS.

A short discussion ensued as to whether the returning officers in the electoral districts should have a vote, irrespective of the casting vote referred to in the by-law; but the Chairman ruled the discussion out of order.

#### PETITIONS AND COMMUNICATIONS.

A petition was read from the Hamilton Medical Institute, asking the Council to take measures towards the carrying out of the measures of the new Act relative to illegal practitioners.

A communication was read from the Medical Section of the Canadian Institute.

## MOTIONS.

Dr. Brouse moved that the communication from the Canadian Institute lie on the table.

The motion was carried—ayes, 11; nays, 3.

## MOTIONS.

Dr. Richardson moved the following resolution: "That this Council would emphatically condemn the following amendments to the Medical Act, viz.: 1st. The 25th clause by which it is provided that every candidate who shall, at the time of his examination, signify his wish to be registered as a Homœopathic or Eclectic practitioner shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the theory and Practice of Physic, or in Surgery, or Midwifery except the operative practical parts thereof, before any Examiners other than those approved of by the Representative in the Council of the body to which he shall signify his wish to belong.

2. The 4th clause by which it is expressly provided that the saving effect of the 36th section of the 29th Vic. Cap. 34, "shall not be modified or restricted in any way whatever," and in consequence of which the rights, franchise, power or duty, of the Homœopathic or Eclectic Board are not in any way "abridged, altered or affected."

3. The 3rd section of the 23rd clause, by which "any person, who has actually practiced medicine, surgery, or midwifery according to the principles of Homœopathy or the Eclectic system of medicine before the first day of January, 1850, and for the last six years in Ontario, may, by the direction of the Representative of the Homœopathic or Eclectic systems of medicine "be admitted to register under the act, and by so doing, according to section 6, become a member of the College of Physicians and Surgeons of Ontario."

Resolution was lost by 9 to 6.

It was moved by Dr. Aikens, seconded by Dr. Brouse,—That the Treasurer is hereby instructed to refund \$5 to such practitioners as were entitled to be registered before the 1st July, 1865, and who have paid \$10 for their registration. Carried.

Moved by Dr. Aikens, seconded by Dr. Brouse,—That Homœopaths and Eclectics, who had license from their respective boards before the 1st July, 1865, and who may within one year after the passing of the "Ontario Medical Act" desire to register are permitted to do so on the payment of five dollars and otherwise complying with the provisions of the said Act. Carried.

A vote of thanks having been passed to the President, the Council adjourned *sine die*.

The following by-laws were adopted:

## BY-LAW AFFECTING ALLOPATHS.

By-law to regulate the holding of elections in the twelve electoral districts described in Schedule C of the Medical Act:

Whereas power has been granted to the Medical Council in the Ontario Medical Act, to make by-laws for determining the manner of holding the elections under the said Act. be it therefore enacted as follows:

1. This by-law does not apply to the election of Homœopathic or Eclectic members of the Council.

2. The election of members to represent the Territorial Divisions referred to in section 12 of the Ontario Medical Act, shall be held respectively in the places mentioned in Schedule "A" to this by-law.

3. That there be no nominations for the position of members of the Medical Council, but that a form, according to the schedule "D" to this by-law appended, be transmitted by the Registrar to each registered medical practitioner to be filled up in favor of the candidate of his choice; and that such papers be forwarded to the returning officer; and such paper shall not be examined, nor such envelope opened, until the day appointed for the recording of the votes. Each envelope to have a printed address by which the returning officer may recognize its character. These papers to be carefully examined at two o'clock p.m. on the day specified by the Act, at which time the polls will be declared closed; and a strict and careful record of each legal medical vote be made by the returning officer.

4. At the close of the poll the returning officer shall add up the votes given and declare that one of the candidates who has received the largest number of votes, duly elected to serve as member for the division.

5. The returning officer shall make a certificate under his hand of the result of the elections, and shall transmit the same to the registrar of the Council within the three days next following the day of the election; and that all the papers connected with the election be forwarded to the registrar of the Council and be kept by him as the property of the Council.

6. In case two or more candidates receive an equal number of votes, the returning officer shall give the casting vote for one of such candidates, and his vote shall decide the election.

7. In the event of the death or the unavoidable absence or refusal to act of any returning officer appointed by the Council, it shall be lawful for the present representative in such division to appoint a returning officer in the place of the one deceased, absent, or declining to act.

Schedule (A) gives the name of the Division and the polling place in each.

Schedule (B) gives the form of polling papers.

## BY-LAW AFFECTING HOMŒOPATHS AND ECLECTICS.

A By-law to regulate the holding of elections of Homœopathic and Eclectic representatives in the Medical Council under the Medical Act of Ontario.

Whereas power has been granted to the Council in the Ontario Medical Bill to make By-laws to regulate the manner of holding the elections under the said Act, be it therefore enacted as follows:

1. This By-law shall apply to the elections of Homœopathic and Eclectic members of the Council.

2. Be it enacted that for the purpose of carrying out the provisions of sub-section 2, of clause 12 of the Ontario Medical Act, with reference to the election of Homœopathic and Eclectic representatives of the Council of the College of Physicians and Surgeons of Ontario.

3. That the Homœopathic members of the College of Physicians and Surgeons of Ontario shall meet at the Queen's Hotel, in the City of Toronto, on the first Tuesday in June, at 2 o'clock P. M., to make arrangements for the election to take place on the following Tuesday.

4. That there shall be appointed at this meeting three scrutineers for said election, who shall be Homœopathic members of said College; that such Homœopathic members of said College who may be unable to attend at this meeting, may nevertheless vote for the appointment of said scrutineers, by sending their votes, duly signed, to the Secretary of the Homœopathic Medical Board, in a sealed envelope, by mail; and such votes being recorded by the said Secretary, shall have the same value as if the voter were personally present.

5. That the scrutineers so appointed shall forthwith cause voting papers to be sent to every Homœopathic member of said College, by mail, with instructions that the names of the five Homœopathic members he may desire to elect as his representatives in the Council of said College, be legibly inscribed in said paper, which is to be returned by mail to the Secretary of the Homœopathic

Medical Board without delay, in a sealed or duly closed envelope, marked on the outside, "Vote for Homœopathic members of College of Physicians and Surgeons of Ontario."

6. That the Secretary of the Homœopathic Medical Board shall, on the second Tuesday in June, in presence of the scrutineers above referred to, open the envelopes containing the votes, and the five names having the highest number of votes, shall be returned to the Registrar of the Council of Physicians and Surgeons, as Homœopathic members of said Council for the next three years.

7. If upon examining the voting papers it should appear that there is an equality between two or more, having the lowest numbers of votes, it shall be lawful for the scrutineers above mentioned to decide by lot which of those names, thus being equal, shall be chosen as representative.

8. That in the event of the unavoidable absence of any of the scrutineers appointed at the meeting above referred to, on the 1st Tuesday in June, it shall be lawful for the scrutineers and the Secretary of the Homœopathic Medical Board to nominate some other Homœopathic member of the College to act as scrutineer in his stead.

9. That the present officers and members of the Homœopathic Medical Board shall be eligible as scrutineers.

10. Wherever the words "Homœopathic members of Homœopathic Medical Board" occur in the above clauses, it should be understood that the same proviso shall be applicable to the Eclectic members in the Eclectic Medical Board, and that they shall comply in every respect with the arrangements above made for the Homœopathic members.

J. A. GRANT, *President.*

We have to acknowledge our indebtedness to the Toronto daily papers for the preceding report.

#### Tobacco a Hypnotic in Chronic Wakefulness.

Dr. E. A. Hervey, of Rossville, Staten Island, New York (*Am. Jour. Med. Sciences*), alludes to a case of *insomnia*, in a person who had never been in the habit of using tobacco in any form, which was relieved by a few puffs of tobacco just before the patient retired. A sweet and dreamless sleep was induced.

#### The Stains of Iodine.

By adding a few drops of liquid carbolic acid to the iodine tincture, the latter will not stain. According to Dr. Dogs, of the Indian Service, carbolic acid also renders the efficacy of tincture of iodine more certain. He recommends the following formula, whenever injections of the latter are indicated: Alcoholic tincture of iodine, 45 drops; pure liquid carbolic acid, six drops; glycerine, one ounce; distilled water, five ounces. In blennorrhœa and leucorrhœa, this mixture is said to be superior to tar-water.

#### Prescription for Whooping Cough.

The late Dr. Valentine Mott's prescription for whooping cough was as follows:

R. Hydrocyanic acid,	gtt. vi.
Ext. Belladonna,	gr. ij.
Paragoric,	f. ʒ ii.
Syrup Balsam of Tolu,	f. ʒ j.
Aqua,	f. ʒ ii.

M. S.—One teaspoonful four times daily.

—Mr. Spencer Welis, in a note to the *Bost. Medical and Surgical Journal*, gives the following statistics of his operations for ovariectomy:

1st 100 cases,	66 recovered,	and 34 died.
2d 100 " "	72 " "	28 " "
3d 100 " "	77 " "	23 " "
—	—	—
300	215	85

A general mortality of 28 per cent.

The following obituary notice we clip from a Guelph paper. He was one of the old pioneers of the profession:

Dr. Orton, of Fergus, well and widely known to the people of Guelph, where he first resided in the year 1834, and whose retiring and unassuming manners coupled with his skill, moral worth and high reputation in his profession, collected around him a host of admirers and friends, who will mourn his loss with no ordinary sorrow. For the first two years of his residence in Guelph he practiced alone at the expiration of which time he entered into partnership with Dr. Clark, which existed for 16 years; but his health failing, he went home to Leicestershire, England, with the hope that change of air and scene would recruit his energies. Returning in 1865, fully restored, he resumed his connection with the Dr., for three years, and subsequently left for Fergus, where he has ever since resided with his son, until death—caused by an affection of the kidneys—snatched him off yesterday morning, at the ripe age of 67 years, much regretted by all who had the pleasure of his acquaintance.

#### ANSWERS TO CORRESPONDENTS.

G. W. P.—The physician's affidavit and ledger are sufficient in most cases of disputed accounts, but sometimes it is necessary to produce other witnesses. I should recommend your consulting your legal adviser.

#### TO OUR EXCHANGES.

Some of our exchanges come very irregularly. We have not received the following journals:—Cincinnati Lancet and Observer, for January. Detroit Review, Med. and Pharm., for January. Medical and Surgical Reporter, February 6th. Boston Medical and Surgical Journal, Feb. 4th. California Medical Gazette. February.

#### BOOKS RECEIVED.

We have received from the publishing house of Wm. Wood & Co., New York, through W. C. Chewett & Co., the following books:

*Flu'ts, Percussion and Auscultation.*  
*Tröltsch on the Ear.*—St. JOHN ROOSA.

THE following has also been received from the publishing house of H. C. Lea, Philadelphia:—*"Cellerier and Bumstead's Atlas of Venerea Diseases."*