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THE
CANADA LANCET,
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MEDICAL AND SURGICAL SCIENCE.

VOL. III.

DECEMBER, 1870.

No. 4.

Original Communications.

TREATMENT OF TRANSVERSE PRESENTATIONS.

BY A. L. FULTON, M.D.

As transverse presentations are the worst forms of dystocia met with in practical midwifery, I am pleased to submit to the medical profession the treatment of a perplexing case that occurred in my practice:

Mrs. M—, residing in Kas, U. S.—aged 20—primipara—was taken with labor pains on Saturday, Oct. 22nd. I was summoned in consultation on the following Monday. I was informed that the *liquor amnii* had discharged about mid-day on Sunday, and that since that time the patient had been very restless, and the bearing down pains inefficient up to six hours before my arrival, when they had entirely ceased. I found her very irritable and restless. She complained of a very severe pain in the head, rigor, and abdominal tenderness. She had considerable nausea, and vomited frequently.

I made a thorough examination and found the *os* well dilated, and the child in the *right cephalo-iliac* position, with *left shoulder* presenting; the head of the child being distinctly felt from without in the right iliac region, the dorsum to the front, and the left shoulder pretty well down in the pelvic cavity, but not apparently wedged tightly.

On auscultation I discovered that the child was still alive. I recommended the administration of ergot and stimulants at once in the ordinary doses, I also advised a hot *foot bath*, &c. By these means we succeeded in reviving the pains moderately in about three quarters of an hour.

I then directed the patient to lie on her left side, which was the most favorable position for the object of my proposed treatment, and having oiled the back of my right hand, I introduced it into the vagina, raised up the shoulder, and in order to raise the shoulder completely out of the pelvis, I allowed two fingers to follow the shoulder into the uterus. At the same time I manipulated with the left hand externally, so that through the conjoined manipulation of the right hand internally, and the left externally, together with the postural assistance, I succeeded in bringing the head into the excavation of the pelvis, I was then prepared to apply the forceps, but the irritation produced by the hand had stimulated the uterus to such activity that the child was expelled in a few minutes without the aid of instruments.

The child was delivered alive, and both it and the mother are doing well.

The post partum hæmorrhage was rather alarming at first, but by the ordinary treatment it was soon stopped.

I am firmly of the opinion that the routine practice of turning and delivering by the feet is totally uncalled for in the majority of shoulder presentations, especially when the diagnosis is made early, before the amniotic fluid has escaped. The following are the reasons why I would recommend the above as the better treatment:

1st. It is natural for the head to be born first; hence when we procure podalic version we pervert the law of nature.

2nd. We have a much better opportunity of saving the life of the child than podalic version would afford us. We should not forget for a moment that we have the life of the child as well as the mother under our care.

3rd. The whole hand does not require to be introduced into the uterus, as it generally does in podalic version, hence there is less danger of rupturing or otherwise *injuring the uterus*.

4th. When compression of the head or traction is required we can apply the forceps with much greater facility.

5th. We have a much better opportunity for mutilating *when that becomes necessary*.

6th. The danger of post partum hæmorrhage is decreased.

7th. The irritation produced by the child's extremities in passing slowly from the uterus through the os and vagina assists in contracting the uterus and arresting hæmorrhage when it occurs.

HEREDITARY MALFORMATION.

I lately attended a woman in her confinement, who, on the external side of the middle of the first phalanx of each little finger, presents well formed stumps of what were supernumerary fingers. Her infant had one on one hand, and a tubercle on the other hand in place of it, showing that the tendency existed but development was arrested. On inquiry, I was informed that in her grandfather's family, three children, including her father, had these appendages, while four of her father's family were similarly marked. One of my patient's sisters, who was confined some time ago, also had the extra fingers, as also her infant. The finger of my little patient, which I have in my possession, is well formed and has a fully developed nail.

A. EBY, M.B.

Sebringville.

Editorial.

INCREASE IN SIZE OF THE *LANCET*.

The next issue of the *Lancet* will be increased in size, and appear in an entirely new dress. From the encouragement and support we have received since assuming the management in September last, we feel justified in expending a considerable sum in improving the journal. It will be increased to 64 pages, and otherwise improved in appearance, so that it will, it is to be hoped, be still more acceptable to our many subscribers. Since we assumed the management, our subscription list has increased at about the rate of 50 per month, a circumstance which affords us considerable encouragement, and warrants us in proceeding thus early with the changes and improvements which we have in contemplation. The subscription price will still remain the same.

MEDICAL SOCIETIES.

The formation of medical societies is a matter which should receive the attention of the medical profession more than at present. True, there are societies in successful operation in some parts of the country, but in the great majority of places there are no such organizations. In parts of the country where they have been established, they have been found useful in promoting harmony and good feeling among the various members of the profession. In determining the rules of etiquette, in regulating to a certain extent the tariff of charges, and in driving from the ranks men who are unworthy their calling.

It is an old motto, that "Union is strength," and this is true in every sense of the term, as applied to the medical profession. No great reform can be secured except by united effort, and in asking for any enactments for the benefit of the profession, or demanding the redress of any grievance, the voice of a society—speaking unanimously for or against a measure, as the case may be—will carry greater weight with it than that of private individual members, no matter how influential they may be.

There are many grievances which could easily be remedied, if the profession were only more united, and more active and energetic in looking after their own interests. A great many complaints are made by individual members, from time to time, in reference to the defective state of the laws regarding the giving of evidence in criminal cases; but from want of united effort on the part of the medical men themselves, nothing is done, nor is likely to be done.

One great object of medical societies is to promote harmony and unanimity of sentiment among the professional brethren. They can meet together at stated periods, and discuss matters pertaining to their calling on common ground, and thereby become better acquainted with each other, and be less likely to fall into the error—too often incurred—that of treating every professional brother, with whom they are not on intimate terms, as an enemy. They also tend to promote liberality and brotherly feeling, to awaken a lively interest in the general welfare of the profession, and afford an excellent opportunity for mutual improvement, by the reading of papers and the discussion of subjects of interest occurring in practice. Difficult and

perplexing cases might be brought under discussion at these meetings, and the suggestions and opinions of the various members might be found useful and valuable in arriving at a correct diagnosis, or in determining the appropriate plan of treatment.

All will admit that the time has come when the profession should be united more firmly and cordially together, that they should extend to each other more than ever the right hand of fellowship, and endeavor, by their actions and conduct towards each other, to secure more fully the confidence and respect of the public, and endeavor, by their example of moral rectitude, to elevate the standard of the profession in this country, and place themselves in a position second to none other of the learned professions.

The profession of medicine, if properly and honorably sustained, is one of the noblest and purest to which a man can devote his time and talents. It affords him many opportunities of doing good to his fellow-beings, and relieving the pangs of suffering humanity. It affords him many opportunities for the exercise of self-denial, and of bringing into play those finer feelings which tend to elevate and ennoble the mind. It constantly brings before his mind the many imperfections, weaknesses and infirmities of human nature, and teaches him many useful and moral lessons which, if properly considered and observed, may prove highly important and instructive.

By reference to our advertising columns, it will be seen that Mr. Rose (Chemist and Druggist, corner of Queen and Yonge-sts., Toronto), has been appointed agent for the sale of Codman & Shurtleoff's Atomizing instruments. Heretofore the agency was in the hands of the proprietor of the *Dominion Medical Journal*, but we have thought it better and more convenient to the profession, to turn them over to Mr. Rose, who now offers for sale—the Steam Atomizer for purposes of inhalation, the Atomizer for local Anæsthesia, and also the Nasal Douche. These instruments are all well finished, and perfect in every respect. We have one of the Steam Atomizers, and it works well, is easily adjusted, and gives good satisfaction. The

atomizing apparatus for local anæsthesia is a most useful instrument, and should be in the hands of every surgeon.

The nasal douche is intended for the treatment of diseases of the nasal cavity, such as catarrh, ozæna, &c. It is very simple in its construction, easily applied, and very effectual in clearing out the nasal cavity. These instruments are all very low in price. They are securely packed, and may be sent by express to any address. Full instructions for use accompany each instrument.

THE PEOPLE vs. THE PROFESSION.

HUNTER v. OGDEN.

At the Assizes recently held in Toronto by Chief Justice Richards, an action for breach of contract was brought by one Thos. Hunter, a journey man bricklayer, now of this city, but formerly a member of Forrest's cavalry in the Confederate army, against Dr. Uziel Ogden of Toronto, and as we think it brings up issues of very serious import to the whole profession throughout the Dominion, and may possibly be made a precedent for other similar actions in the future, we take the liberty of devoting a considerable space to its consideration in order that our friends may have some idea of the responsibility and danger they incur in their daily practice, and the kind of justice to be expected at the hands of a popular jury. It appears that on the evening of the eleventh of April, plaintiff asked Dr. Ogden to see his wife who was supposed to be in labor, the friends representing that severe pains had existed for several hours, but on examination, the os uteri was found perfectly undilated.

The pains then ceased and did not return till about noon of the next day. Plaintiff again called at Dr. Ogden's office between one and two o'clock on the 12th of April, and said he "thought his wife was going to be sick." The Doctor knowing the peculiarities of the patient, and believing that he was not needed then, told plaintiff he "he would call as he was going through the ward in the afternoon," repeating the statement several times in order that he might not expect him at any particular hour, and would send again if the pains became urgent. The defendant expressly told plaintiff that "he did not leave his

house till three o'clock," in reply to plaintiff, when asking him what time he went out.

When three o'clock came and no message was received, the Dr went to the House of Industry where he is required to be every Tuesday and Friday at three o'clock, and in view of which engagement he declined to mention an hour when he would be at plaintiff's. Having attended to his duties there he drove directly to Hunter's, which is about *four minutes walk* from the House of Industry, and about the same distance from his own office.

On arrival at the plaintiff's, he found that instead of sending for him again, they had called in some one else, Hunter saying, "they had got another Doctor," but without mentioning his name; and the defendant found a person who was a total stranger to him, sitting by the bedside, where he showed every disposition to remain. Dr. Ogden, seeing his desire to retain the case, said he would "leave it in his hands, as there was no occasion for both to remain," but as plaintiff urged the defendant to "wait and see," he repeated several times the statement that there was no occasion for both to remain, till, finally, the gentleman who was in attendance, got up from his chair, saying, "perhaps they would rather he would go away and leave the case in Dr Ogden's hands," whereupon the plaintiff's wife replied, "No, we don't mean that, but we want Dr. Ogden to remain, too."

Defendant says, when he thus saw they only wanted him to stay and watch, and the other gentleman appeared to be doing all that was necessary, he left the house.

Now it appears from the evidence that the case was one of foot presentation, and the gentleman who was called in brought down the feet, one of which, he says, was so hitched on the perineum, as to arrest labor, while the other was thrust out of the vulva. Having delivered the body, he allowed the head to remain in the pelvis for half-an-hour, where it still was—with the cord pulsating—at the time Dr. Ogden left the house, although defendant says he had no opportunity of verifying the statement.

After Dr. Ogden left, the child was delivered dead, and some weeks after labor, insanity, which had clearly manifested itself during gestation, and which was proved to be hereditary, developed itself again in a very mild form.

Plaintiff sued Dr. Ogden for breach of contract, asserting that the doctor promised to be at his house at three o'clock, and did not go for nearly two hours after, that in consequence thereof, his wife's labor was that much longer than it should have been, that the child was lost and insanity produced. Damages were laid at three thousand dollars.

Defendant swore that he did not promise as stated, and he showed by the evidence of Drs. Hodder, Workman, Nicol, Russell, Goikie, Agnew and Philbrick, that according to the plaintiff's own evidence, the labor was a very short and easy one, being only four or five hours long, that the prospects of both mother and child were not endangered by the absence of defendant, that he was present in full time to have rendered all necessary assistance if he had been allowed to do so, and that the subsequent insanity could hardly be chargeable to an unduly prolonged labor when the whole duration was less than five hours; and further that insanity was hereditary, and had evidently manifested itself during gestation, while a large proportion of the children in tootling presentations were necessarily lost. Drs. Aikens, Wright, and Ross were in attendance to bear similar testimony, but defendant's counsel thought the evidence was so strong already they would not be required, and hence they were not called, but, notwithstanding the evidence, and the charge of His Lordship the Chief Justice, which appeared to be very strong in favor of defendant, the jury returned a verdict for plaintiff with five hundred dollars damages. The trial occupied two whole days.

Now we think it would be well for the profession to consider carefully the position in which they are placed by the verdict in this case.

In the first place Chief Justice Richards ruled that the ordinary promises of medical men, although generally supposed to depend upon contingencies, have all the force, character, and responsibility of written contracts, an interpretation of law we venture to say that few medical men ever dreamed of, while the counsel for plaintiff broadly asserted, without contradiction, that if a medical man was ten minutes late in keeping an appointment he would be liable for any suffering the patient might endure in the meantime. But the verdict in this case shows this principle of law in a more pernicious light still, for it proves that it is only

necessary for a person to come forward and swear that a promise had been made, and that certain misfortunes, real or imaginary, were the results of delay in keeping such promise, in order to obtain heavy damages at the hands of an ignorant or prejudiced jury, and who can say when he will not come across a man more ready to make money by strong swearing than by bricklaying.

In the face of such facts we think it is quite time for the profession to take some steps towards securing by Legislative enactment that protection which it appears they cannot hope for from the law as it now stands. We understand that Dr. Ogden has already taken the opinions of Dr. McMichael and R. A. Harrison, Esq., M. P., his counsel, on this matter, and they advise him that if the Chief Justice's ruling in this case be sustained by the court above, that Legislative protection should be obtained by the profession without delay.

Among our advertising pages will be seen the advertisement of Dr. Henry A. Martin, of Boston, who is prepared to supply the profession, both in the United States and Canada, with good reliable *Vaccine Virus*. He has made the propagation of vaccine matter a special study for the past twelve years, and is able to supply the profession with either *vaccine virus* or *cowpox virus*. The importance of proper vaccination cannot be over-estimated, and we are glad that a good supply of reliable matter can be obtained so readily. We have been written to frequently for a supply, but it is almost impossible to obtain it. All virus sold by him is collected by himself, and warranted to give satisfaction, and in case of failure, a second supply will be sent free of charge.

A SERIOUS CHARGE.

The *Northern Light*, a paper published in Orillia, in its issue of Nov. 11th, says:—

"We are informed on the highest authority that many of the medical students who passed their examination in April, before the Medical Board, have not yet received their certificates. As Dr. Strange is simply the paid official of this body, we deem such conduct highly reprehensible, and shall not hesitate to expose his want of ordinary and gentlemanly courtesy. If the *Lancet* neglects to attend to the interests of the profession in this country, we are not afraid to do so, and shall request our metropolitan contemporary to thoroughly ventilate the subject."

If such is the case, we are not aware of it, as no complaints have reached us with reference to the matter. Should there be any graduates who have not received their certificates from the Registrar, we would be obliged if they would be kind enough to send us their names, and we will inquire into the cause of delay, and then we will be in a position to expose the negligence if such exists, or to deny the charge of our contemporary if such is not the case.

We would like to hear from the Registrar himself on the subject.

NOTICE TO EXCHANGES.—Some of our friends with whom we exchange journals, have been sending two copies—one for the *Lancet*, and the other for the *Dominion Medical Journal*. We need scarcely remind them that the latter journal has become the CANADA LANCET. This is the only medical journal published in Ontario. Our friends will therefore be kind enough to send their exchanges to the *Canada Lancet*, Toronto.—[Ed.]

Selected Articles.

FLEXION AS A HÆMOSTATIC MEANS.

In the course of an admirable address in surgery, delivered at the late meetings of the British Medical Association, Mr. George Y. Yeath, surgeon to the Infirmary at New castle-upon-Tyne, recounted the results of some experiments undertaken to decide the efficacy of flexion as a hæmostatic means as follows.

A *Upper Extremity*.—1. Forearm bent on arm by muscular action of the individual experimented on. In persons with considerable muscular development, pulse at the wrist entirely stopped.

2. Forearm bent on arm simply, with the hand flat on the shoulder. Pulse weak and indistinct sometimes, but rarely quite weakened.

3. Forearm bent on arm, with hand pronated. Pulse more weakened, sometimes stopped.

4 Forearm bent on arm, hand pronated and extended. Pulse usually quite stopped.

5 Forearm bent on arm, hand pronated and bent at wrist. Pulse either almost imperceptible or quite stopped.

6 Forearm bent on arm, with a roll of lint, or cambric pocket handkerchief rolled up and laid in bend of elbow. Pulse always entirely stopped.

B *Lower Extremity*—Leg flexed on thigh. Pulse in posterior tibial artery much weakened.

2. Leg flexed on thigh, and thigh on abdomen. Pulse in posterior tibial stopped altogether, almost invariably.

3. Leg flexed on thigh, with a roll of lint or cambric pocket handkerchief laid in the bend of the knee. Pulse stopped in some cases; not always, but with flexion of thigh on abdomen also, pulse invariably stopped.

4 Thigh bent on abdomen, the trunk bent forward. Pulse materially weakened.

From these experiments, as well as from those cases of actual bleeding in which this method has been used, it may fairly be inferred that we possess in over-flexion a blood controlling agent of considerable power, which can be applied on the shortest notice, which requires neither instruments nor apparatus other than can be obtained in the poorest cottage, which can be put in force by any one possessing neither special knowledge nor operative skill, which is not dangerous in itself, and which may be relied upon with certainty to restrain bleeding, at least temporarily, even when it may fail permanently to arrest it. The bleeding from a wounded artery is so striking a thing—so many circumstances occur to attract the eye and arrest the attention—the crimson blood flying in jets across the room, or welling from the wound, the deathlike aspect of the bleeding man—his livid pallor and convulsive agitation, these are so appalling, the absolute danger is so great and imminent, that we do not wonder if the ordinary bystander is palsied by affright, and the surgeon himself deeply impressed by the gravity of the situation. It is to such a scene that, suddenly and without preparation, he may be summoned, perhaps to some remote place—it may be in the middle of the night. Without assistants, except the terror stricken spectators who encumber the room, by the flickering light of a candle, a practised operator might hesitate to undertake the search after the wounded vessel. If then, at such a time, the mere flexion of a joint will remove the danger, allay the

tumultuous excitement, dissipate the apprehension and anxiety, and relieve the surgeon from an embarrassing and perhaps doubtful operation, were it only temporarily, it is surely a valuable addition to our resources.—*Med. Gazette.*

POISONOUS EFFECTS OF ORANGE PEEL.

Now that oranges are in every child's mouth in California, it is well enough for parents to know that fatal consequences may follow the swallowing of the rind. Many years ago we had in charge two little girls, sisters, four and six years of age, who were seized with violent inflammation of the bowels from this cause. One of them died in convulsions, and the other had a narrow escape. Since that time quite a number of instances similar in character have come under our observation. Quite recently we have seen a child something over a year old, that was attacked with violent dysenteric symptoms for which no cause could be assigned. The attack came on during the passage of the family on the steamer San Diego. The symptoms were so identical with those which we had previously noticed to arise from poisoning by orange-peel, that we were induced to inquire particularly if the child had had an opportunity of getting this substance in its mouth. We were informed that it had been playing with an orange and nibbling at it just before the attack of disease. The discharges from the bowels were frequent and painful, and consisted of blood and mucus. After a week of severe enteric inflammation, the child died. We have no doubt the disease was brought on by the rind of the orange. Though but a small quantity must have been swallowed, yet a very small quantity of such an indigestible and irritating substance will often produce the most serious consequences. The oil of the rind is highly acid, and adds greatly to the noxious quality of the indigestible mass. We learn that it is a common practice among the children at some of our public schools to eat the rind, and that juvenile merchants have been known to trade off the inside of the fruit for the skin.—*Pacific Med. and Surg. Journal.*

The name given to Chloral by the Germans, is, Trichlorethylhydrocarbonoxyl. For variety, they sometimes call it Erchloracetoxylwasserstoff, or Tychloracetyloxydhydrat.

SUPPOSED NOXIOUS EFFECT OF FRUIT.

Every summer, when complaints of the bowels set in, just as the season for fruit commences, many people, and not a few physicians, are wont to exclaim—"So much for fruit!" We are glad to see that Dr. Snow, the indefatigable Health Officer of Providence, R. I., takes pains to correct this prevailing error. The great mortality in the fruit season is among children too young to eat fruit. Both common sense and statistics go to prove that a reasonable proportion of sound and mature fruit and vegetables, conduces to health and not to sickness.

Since the above was written, the monthly health report of Dr. Logan has come to hand, enforcing the same estimate of the relation of fruit to health.—*Lancet and Observer.*

GONORRHEA.

Prof. W. A. Hammond, in his "Lectures on Venereal Diseases," asserts his belief, which he supports by cases, that gonorrhœa may be introduced either by the virus of hard chancre, or by the virus of soft chancre, when the chancreous matter has been deposited for a certain length of time upon the mucous surface, without any abrasion being present, or without any chancre following. Vaginitis and urethritis may be induced by other causes, but true gonorrhœa owes its origin to the contagion of chancreous pus alone. He also believes that the gonorrhœa induced by the matter of a hard chancre will be followed by and may impart constitutional syphilis, just as if a chancre had been present. Dr. Hammond's opinions in this respect coincide with those of Hunter. The experiment of Ricord appeared to have finally decided the question that gonorrhœa was incapable of producing syphilis, and that they were totally different disorders. But the conclusions arrived at by Dr. Hammond are:—

"1st. That the virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease.

"2nd. The matter of such a gonorrhœa is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis."

Similar propositions are made about soft sores.—*Lancet and Observer.*

ON DISLOCATION OF THE WRIST.

By HOLMES COOTE, Surgeon to St. Bartholomew's Hospital, etc.

To the question, which is so often raised, Do we meet with cases of dislocation of the wrist in practice? the correct reply is, almost without exception, that under that head have been described instances of fracture, impacted or otherwise, of the lower extremity of the radius. In the museum of the hospital (Series III. No. 78) we have the radius of a young man which had been broken three-quarters of an inch above its carpal articular surface. The posterior or dorsal margin of the upper fragment is driven into the cancellous tissue of the lower one. The two palmar margins are in contact, but a projecting angle is here formed at the line of fracture. In another specimen the projecting angle is on the dorsal aspect (No. 89). In other cases (Nos. 94, 95) the line of fracture is just above the epiphysis.

But in speaking of the "wrist" let us inquire what is meant by the term. If we refer to the movements of the hand we must include at least six articulations. (1) The rotation-joint, or that between the radius, ulna, and inter-articular fibro-cartilage. (2) The flexion-joint, or that which allows the hand to drop towards its palmar aspect—namely, between the radius and inter-articular fibro-cartilage on one side, and the scaphoid, semilunar, and cuneiform bones on the other. (3) The extension joint, or that which allows the front of the hand to be raised towards the dorsal aspect—namely, between the scaphoid, semilunar, and cuneiform bones on one side, and the trapezium, trapezoid, and magnum and cuneiform on the other. (4) That between the pisiform and cuneiform bones, which favors palmar and volar flexion. (5) The carpo-metacarpal joints, in which the movement is very limited. (6) The trapezio-metacarpal joint, which gives to the thumb the freedom of action of a ball and socket joint, and enables it to be brought into every degree of opposition. The arching of the hand downwards is a combined movement of all the joints, including that at the bones of the forearm.

That dislocations are uncommon is due to the fact that the bones are small and numerous, the ligaments and surrounding tendons are strong, and it is not easy to apply such a degree and direction of forces as will cause such an accident in preference to fracture. When dislocations do occur, they are mostly combined with laceration of the soft parts, being caused by severe machinery or gunshot accidents. The displacement of the bones then becomes of secondary consideration.

In combination with such severe injuries, the following dislocations have been observed (a) Dislocation of the radius forward and backward, the ulna remaining attached to the carpus. (b) Dislocation of the ulna forwards, backwards or inwards, the radius remaining attached to the carpus (c) The tearing away of the carpal bones from the forearm (d) Dislocation of the first and second row of carpal bones. (e) The scaphoid, pisiform, magnum and trapezium have been dislocated separately (f) Dislocations of the thumb are well known, it may be thrown backwards, forwards, or towards the index finger.

In speaking, then, of dislocation of the wrist we must take into consideration the whole set of articulations. Such accidents are very uncommon, except as associated with severe compound fracture and laceration.—*Lancet*.

PHILADELPHIA HOSPITAL.

POISONING FROM 460 GRAINS OF HYDRATE OF CHLORAL, SERVICE OF F. L. LUDLOW, M.D.

At 5½ o'clock in the morning of September 18, Mrs. B., a nurse in the Woman's Medical Ward, was found in a deep sleep, from which she could only with very great difficulty be even partially awakened. Thirty grains of ipecac were immediately given, under the supposition that some dangerous narcotic dose must have been taken. As this failed to produce emesis in ten minutes, an attempt was made to administer a mustard emetic, but she could not be forced to swallow it. At 6 o'clock the respirations were 35 in the minute, and heavy and stertorous, the pulse was quick and frequent, numbering 140 in the minute. The face was somewhat flushed, and the extremities cold and livid. No change was observed in the pupils, except that under the influence of light the left one contracted, while the right seemed scarcely affected. A bottle marked "Hydrate of Chloral," which was

known to be full only a few minutes before the occurrence of the alarming symptoms, was now discovered nearly empty. Suspecting this medicine to be responsible for the woman's condition, she was transferred to a chair, mustard poultices were applied to the extremities, and vigorous flagellation was resorted to. This severe treatment was pursued for one hour before the least sign of returning consciousness was appreciable. She now endeavored to raise her hand to her face, which I was slapping with my hand. Before this time every muscle was *most completely* relaxed. Another indication of approaching consciousness was an occasional moan, which the flagellation would draw from her, but the moment the treatment was discontinued she sank back into the most profound slumber. At this juncture a very powerful faradaic current was applied along the spinal column, the course of the phrenic nerve, and to the chest. As soon as the poles came in contact with her body she showed symptoms of discomfort by writhing and moaning as before. After continuing this mode of treatment for half-an-hour, she began to open her eyes at short intervals, and with some difficulty made us understand she was suffering, but the moment the poles were removed she sank again into the deepest sleep. At 9 o'clock it was observed that when the poles were applied, she endeavored to get off the chair and away from the object causing her suffering. The assistants were now directed to try to make her walk, with one on each side to support her and another behind to stimulate her vigorously with the palm of the hand. She made some effort to walk, but with a very staggering gait, requiring all the strength of the assistants to keep her from falling to the floor. The application of the battery and attempts at walking were continued alternately for two hours, at the end of which time (11 a.m.) she had so far recovered as to be able to walk unaided and to converse in an intelligent manner. A small quantity of whisky was now given, and soon after a good drink of beef tea, containing a considerable amount of capsicum. Considering that it would now be safe to allow her to sleep off the remaining effects of the narcotic, she was put to bed, and slept soundly from this time until 6 p.m., being easily awakened at intervals of an hour or two for the purpose of receiving nourishment. She soon fell asleep again, and remained in this condition until the following morning, when she awoke, feeling quite sore, and with a slight headache, but otherwise very comfortable. There was no sickness of the stomach or constipation of the bowels following. Her statement is that, having been up all night nursing a patient with delirium tremens, she went to the ward

office about 5 a.m., in search of something to relieve a headache under which she was suffering, and finding the solution of chloral, drank the greater portion contained in the bottle. She immediately felt a burning sensation, and swallowed some water to relieve it, beginning to feel faint already; however, she endeavored to reach her bed, but according to the statements of those around her, fell to the door before reaching it. She remembers distinctly going to her ward, but nothing after that until recovering at 11 o'clock the following morning. She has no knowledge whatever of either the flagellation or the application of electricity. The bottle from which the dose was taken contained 10 drachms and 2 scruples of hydrate of chloral, dissolved in 4 ounces of cinnamon water, and had been brought from the drug store only the previous afternoon. One of the physicians used 6 fluidrachms of the solution, containing 120 grains for some of his patients, but no more was taken by any other person, except this woman. She left in the bottle only 3 fluidrachms containing 60 grains of chloral, each fluidrachm of the solution corresponding to 20 grains. Supposing, then, that she swallowed the rest of the four fluidounces (and it is safe to presume she did, from her own statement), she took at least 460 grains of hydrate of chloral. Her pulse was carefully watched throughout, and at the time when she seemed to be most thoroughly under the influence of the poison it was wholly impossible to be counted, so small and frequent was it. As the stupor became less marked, the pulse gradually approximated towards normal frequency, remaining at 100 beats per minute at 11 a.m.

The treatment above described was adopted on account of the resemblance between the symptoms present and those which result from an over dose of opium or some of its alkaloids; and from the threatening condition which was developed in this patient by this large dose of chloral, it seemed as though her sleep would have passed into the sleep of death, had it not been for the timely application of faradization and vigorous flagellation. At the time of the occurrence of the case I was not aware of the existence of any supposed antidote for the hydrate of chloral.

IODIZED MILK—From Hoffman's most admirable report on the progress of pharmacy, 1869, we make the subjoined extract, which has a practical value for the physician:

Iodine and Milk—It is well known that milk takes up iodine, disguising its taste, smell and color completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form

of administering iodine. Its therapeutic effect seems to be equal only to about one-fifth of the iodine.

Hagar thinks iodized milk will soon become a favorite form of administering iodine, and suggests the following mode of preparation: one part of iodine dissolved in ten parts of alcohol, admixed with ninety parts of fresh warm cow's milk.

LANCING THE GUMS IN DENTITION.

H. Gibbons, M. D., in the *Pacific Medical and Surgical Journal* says:

"There are three objections to scarifying the gums. First, the pain and struggling of the child, second, the increased difficulty of teething arising from the ecatrix, third, the danger of hæmorrhage.

"As for the pain, it is trifling, and unworthy of notice. The consequent relief is much more than sufficient to counterbalance the pain. Often the itching of the gums is so intolerable that the impression of the lancet is agreeable. I have known a child to close its jaws on the instrument, and press it into the gum with evident satisfaction.

"The struggling of the child, and its fright, are of greater importance, especially if the operation be bunglingly done, as is often the case. There is but one right way of doing it. Take your seat behind the child, as it rests on the nurse's lap in a proper light, and, placing your knees towards its back, draw its head down between your knees. Let the nurse hold the infant's hands. What with your knees and your two hands, the head is now completely under your control. Grasp it between your two palms, and, as it opens its mouth to cry, thrust one or two fingers of the left hand in its mouth to keep the jaws apart, and use the lancet with the other hand. By this method you have the most perfect command of the head, and can cut exactly in the spot, and to the extent you desire. I am thus precise in the description, because I have so often seen the operation so awkwardly undertaken as to fail of its purpose, and to endanger serious wounding of the child's mouth.

"Some writers have recommended cutting down on the outside of the gum, toward the root of the tooth, and not on the ridge, in the perpendicular direction, toward the crown. If the gum be much swollen, and the tooth deep, this plan may answer.

"In some cases, it is sufficient simply to relieve the distension by scarifying without cutting down to the tooth. The loss of a few drops of blood in this way is often eminently useful, aside from any topical effect.

"The second objection, namely, the cicatrix, is scarcely worth a serious refutation. When we consider that the tooth effects a passage by inducing absorption of the gum through pressure, it is evident that absorption will be more easily accomplished where there is a cicatrix, than where the tissue possesses all its original vitality and power of resistance. Repeated incisions, therefore, have an effect opposite to that which the popular mind ascribes to them. By weakening the vitality of the tissues, they facilitate the exit of the tooth.

"The idea of induration, as attached to the cicatrix, is probably fallacious. I have never observed any induration of the gums after scarification, perhaps because they heal so speedily, and are kept constantly moist.

"Finally we come to the most important objection—the danger of hemorrhage. This is of rare occurrence. In an experience of more than forty years, during which it has always been my practice to use the lancet freely in dentition, not a single instance has occurred to me. I have heard the same testimony from my father, after forty years of practice, in which he never hesitated to lance the gums of a teething child.

Dr Hatch, of Sacramento, in a paper read before the Medical Association of that city, mentions four cases of hemorrhage following incision of the gums, which have come to his knowledge, all of which proved fatal. In these cases however, there was pre-existing disease, which, in all probability, would have destroyed life, had the gums been left intact. Further, they had been treated with calomel, until the peculiar effect of that agent on the blood appeared to be fully established. Dr Hatch infers that the operation should never be performed on anemic children, or on those whose appearance might lead to a suspicion of the hemorrhage tendency, and that it should be particularly avoided in patients under the influence of mercury.

"The experience of Dr Hatch is exceptional, and not to be accepted as a guide, in regard to the frequency of hemorrhage from this cause. It is extraordinary that so many cases should have fallen under the observation of a single practitioner. There have been deaths from hemorrhage resulting from the extraction of teeth—perhaps as large a proportion as from cutting the gums. The same may be said of many other minor operations. But such extraordinary accidents are not allowed to deter us from operating, when occasion presents. I therefore conclude that the irritation of the gums from teething is so much more dangerous, under all circumstances, than the cutting of them with the lancet, as to justify the operation, without regard to consequences."

Dr Alfred Swain Taylor, so well known in this country by his work on Medical Jurisprudence, has resigned his professorship (Medical Jurisprudence and Chemistry) at Guy's Hospital, London.

CASE OF COMPLICATED VENEREAL DISEASE.

UNDER THE CARE OF THOMAS BALL, L.R.C.P., &c.

Mr. H., aged 30, married, applied to me for advice on March 9th. On examination of the penis I found three well-established chaneroids, together with "urethral gonorrhœa" and balanitis, the latter of which produced intense itching, so much so, that it prevented sleep for two or three nights in spite of a full dose of opium. He also had obstinate contraction of the prepuce. My treatment for the chaneroids was a saline cathartic, and rest in bed for the first day. Next morning I freely cauterized them with strong nitric acid, followed with water dressing three times daily. I also prescribed the following:—

R Potass chlorat., ½ oz.
 Acid nitro-mur. dil., 3 drs.
 Infusi Cinchonæ ad., 12 oz.—M.

Two tablespoonfuls, thrice daily.

Under this treatment, with low diet, they healed in about a fortnight. On the disappearance of the chaneroids, the contraction of the prepuce subsided and assumed its normal state, but the itching continued. To remove this I found the following application of signal service.—

R Ol olivæ opt
 Ungt. catæci aa., 1 oz.
 Hyd. subchloridi, ½ dr.
 Ext. opii aquosi, 1 dr.—M.

To be applied night and morning under the prepuce with a camel's-hair pencil.

For the urethral gonorrhœa I prescribed the following injection, which I find after long experience to be one of the best:—

R Zinci sulphat., 12 grs.
 Alum sulphat. 21 grs.
 Ext. opii aquosi, 20 grs
 Glycerini, 1 oz
 Aquæ ad., 8 oz.—M.

To be used with a syringe every three hours, also two capsules of copaiba every six hours.

I may further state that I was called to attend his wife for vaginal gonorrhoea. My treatment in her case was, first, an injection of

R. Liq. plumbi subacetat. dilut., 8 oz.
Decoct. papaveris, 24 oz.

To be used tepid three or four times daily, mild aperients, rest and warm hip baths; subsequently, injections of alum and sulphate of zinc. On the 31st of May I pronounced them both cured.—*Journal of Cutaneous Medicine, Belfast.*

CASE OF CHRONIC ECZEMA.

BY PROF. W. H. DRAPER.

A woman of 48, presents the characteristic ruddy eruption, very well marked, on the right leg and foot. It has existed for thirteen months, and "came of itself." There is considerable thickening and infiltration, and the patient complains of itching and pain. She has always good health. She has consulted a number of doctors, and, last and not least, the proprietor of a much advertised pain paint. Feels very indignant at being taken in and fleeced without relief, by the "no cure no pay" caption, verbally made to her. The preparation gave her slight relief at first, but she declares it is composed of nothing but essence of peppermint—not very wide of the truth. The essential oil of peppermint is largely used among the Chinese, and when applied to a seat of pain is, like the patent nostrum of our own country, followed by a sensation of coldness and numbness, which will last for hours, and even days.

Treatment must be both constitutional and local. You may give arsenic if you will, combined with iron and a good diet. Locally, elevate the limb, keeping it as still as possible. We can, however, supplement rest and position by bandaging, being careful to apply it *secundum artem*, not from the ankle, but from the toes, too; if possible, above the knee. In this case, there is some enlargement of the superficial veins, but they are hardly varicose. Some months ago she had a severe hæmorrhage from one of these veins rupturing. The application of a rubber

bandage, which will exclude air, will often be followed by a cure of the cutaneous lesion, but I have never tried it. Exposure to air, no doubt, aggravates it. Preparations of the alkalies, tar, and solutions of the sulphate of iron have a good effect. Of the alkalies we may use caustic potash, 2 to 40 grs. ; ad aquæ, 1 cz., applied with a camel's-hair brush, for the purpose of producing pain. If we use a very strong solution, it is to be washed off in from three to five minutes, as the pain is insufferable longer. We may use, too, the oil of cade combined with zinc, or a drachm of the flowers of zinc to an ounce of benzoated lard, and then use a drachm of this ointment with an ounce of the oil of cade. It at once stimulates and excludes air. I have seen very good effects from the iron. It produces contraction of the motor nerves, and when the circulation is improved, the condition of the part becomes easier. It should be strong enough to cause pain, 1 to 4 drs. ad aquæ Oj, for although the pain is severe, yet there is ultimate relief. It is to be applied about three times a week, and washed off after the pain has lasted for say five minutes. After it we may apply the benzoated ointment mixed with oil of cade. Outside of this we may put a piece of linen, and over that a bandage from the toes to beyond the knee. This should be removed about three times a week, oftener being hardly necessary. Among constitutional tonics we can give iron and arsenic, which should be continued for a good while.

As to the use of arsenic in eczema, and generally in cutaneous lesions, it can hardly be of no use when it has been so largely used with apparent success. In chronic cases the habit of arsenic eating may be acquired, just as of opium or cannabis indica; its abuse for improving personal charms is not unfrequent. Hebra, I am informed, does not now use it, although in his work he advises its use, but not with the enthusiasm of many of the English and French dermatologists, especially the former. It is almost a specific in psoriasis. Fowler's solution is perhaps the best form for administration, in gtt. v. doses; arsenious acid is also eligible, one-fifteenth grain doses. The arsenite of soda, made similarly to the arsenite of potassa, has an advantage over it. Sometimes Donovan's solution is given; it has been found especially efficacious in some cases of syphilide, but is apt to produce nausea. Arsenic should always be given upon a full stomach, or after eating, and in small doses, gradually increased.—*New York Medical Gazette.*

**REMOVAL OF A MALE CATHETER FROM THE FEMALE
BLADDER.**

BY J. C. REEVE, M. D., DAYTON, OHIO.

In the latter part of July last, I was called to see a young married woman laboring under unmistakable symptoms of vesical calculu.. Her sufferings were extreme; she was compelled to spring out of bed in my presence, get on the chamber-vessel, and strain violently. For relief from these sufferings she had resorted to large doses of morphia. There was nothing obscure in the history of the case. I was told that, five months before, she had broken off a piece of a catheter in her bladder. In reply to my inquiries as to why she was using such an instrument, I was told it was for "drawing her water." As she was about five months pregnant, others may believe as much of this explanation as they please, and I shall do the same. She had been under the care of three different practitioners since the accident happened, to one at least of whom the same story had been told as above, as he had assured the patient that it would soften and come away with the urine.

Physical examination yielded abundant evidence in confirmation. A large and irregular mass was readily felt up behind the pubes, by the fingers in the vagina, and a silver catheter introduced through the urethra came in contact with a foreign substance in the bladder.

Had not her sufferings demanded relief, her approaching labor would have necessitated the removal of the foreign body; and on the next day I proceeded to operate. I first attempted gradual dilation of the urethra, by packing the canal full of sea-tangle tents, intending to follow them with tents of compressed sponge; but the pain and distress occasioned compelled me to abandon this plan; it was impossible for her to bear the tents but for a few minutes. I then placed her under chloroform, and dilated the urethra with dressing forceps, and, after two or three trials, dragged out, with no little surprise, an entire gum male catheter of medium size, and measuring nine and a half inches in length! I had caught it near one end, but, in its softened condition from maceration, it readily bent close on itself, and came out thus doubled. The bladder was full of putty-like, cal-

carcous matter, which was turned out with the finger. There were two concretions, however, about the size of chestnuts, evidently accumulations around calculary fragments broken off from the catheter; these I have preserved with the instrument. The bladder was washed out, the patient placed in bed, and made a rapid recovery. She could perfectly control her urine on the day following the operation.—*Medical Times*

CONDENSED FOOD.

There are few men to whom the world owes more than to the great chemist Liebig. Whether we follow his career in the laboratory—working amongst objects of recondite chemical research—or trace his influence upon the application of science to the practical matters of every day life, we must feel convinced that he has accomplished wonders. He may, occasionally, have made mistakes, but then, as he himself says—“show me a man that makes no mistakes and I will show you a man that does nothing.” One of his most important contributions to the practical application of science is the utilization of the meat of the vast herds that roam the pampas of South America. His first investigation in regard to this subject, printed in 1817, had the effect to direct scientific attention to this alimentary problem. But, though the promulgation of an idea may be easy, its realization as an element in civilization is more difficult, and nearly ten years had elapsed before Liebig's suggestions were adopted by medical practitioners. The extract of meat was at length, in 1856, incorporated into the Bavarian Pharmacopœia, whence dates its gradual introduction into all the German states. Bidder, in Germany, Lassaigne in France, and Dr. Thudicum, of London, were the next to take up the idea which had, as yet, made no popular progress, and to direct peculiar attention to its value. Dreamers dream and workers work, and, on the whole, the workers are quite as progressive in their way as the thinkers—the former being the hands of which the latter are the heads.

In 1862, Mr. G. C. Stebert, an engineer by profession, induced by the perusal of one of Mr. Liebig's papers on the subject, began a course of study under that eminent scientist, with the intention of founding a manufactory in South America. The experiment of manufacturing for the market was, as a consequence, attempted on a large scale in

Uruguay; and, in November, 1864, eighty pounds of the extract—fifty of beef and thirty of mutton—were submitted for analysis, and found to be of better quality than was expected, even by the most enthusiastic advocates of the idea.

The consent of Liebig, that the extract should have the benefit of his name, was given on three conditions. 1. That it should be free from fat and gelatine. 2. That samples of every shipment should be subjected to gratuitous examination by him or his agent. 3. That it should be sold at one half the price of its cost in Europe. So rapidly has the article increased in popularity abroad, that within the past two years there has been erected a manufactory having facilities for the preparation of of 120,000 head of cattle per annum. The utensils for mincing all the appliances, in fact—are managed by engines of large construction. The evaporation is effected in large vacuum pans, from which the air and vapor are removed by air-pumps. Dr. Seckamp, formerly one of Liebig's assistants, superintends at the mills—Dr. Max Von Pettenkofer conducting the test analysis at Antwerp. Pure muscular tissue, freed from fat and bones, constitutes the stock, the animals to supply it being reared on the pampas (now subdivided into estancias) under the supervision of the superintendent. Animals under four years old are valueless for extract, rendering it rapid in taste and of unpleasant viscosity. Oxen from four to six years old make the best stock, though extract from the flesh of cows, is milder in flavor and of lighter color, and therefore, preferred by the extremely delicate. On the average, a fully developed animal yields ten pounds of the product, thirty five pounds of muscular tissue being needed to produce a pound of the condensed article. Ideas evolve revolutions—a revolution without an idea being a drama without a motive, and this vast annual production of beef extract indicates that the great dietetical revolution, conceived by Liebig in 1847, has begun in earnest. * *

[The extract has been in use now for a considerable length of time and has given very general satisfaction. It is very largely used as a substitute for beef tea, and it answers the purpose admirably. The flavor is very nearly the same, and when well seasoned is quite as palatable. In some parts of the country during the summer months it is often very difficult to obtain fresh beef. In such instances the extract will be found a most valuable and suitable substitute.]—Ed.

CONSERVATIVE SURGERY.

Dr. Wayne Griswold, of Cireleville, sends the following case to the *Western Journal of Medicine*:

December 8th, 1868—Was called to see Miss W. While holding a chicken for her brother to kill, a misdirected blow of his hatchet cut off the end of her thumb, taking the entire nail, about one-third of the first phalanx and the entire ball of the thumb. On asking for the piece of thumb, they informed me that it was rolled up in a cloth, out in a cold room, and that it had been one hour and three minutes (by the clock) since the accident. The mother was in great tribulation at the prospect of a deformed thumb for her young daughter, and the daughter was still more worried for fear she would not be able to play octaves on the piano. After washing the thumb in warm water till it bled freely, and warming the piece in the same manner, it was placed as near in position as possible, and secured by adhesive straps. Left orders to wet the thumb (in a warm, weak solution of carbolic acid in water) every few hours.

On the third day removed the dressing. The parts adhered, but the nail looked blue and the skin white and dead. Dressing continued.

On sixth day, removed the dead skin, and with it the phalangeal bone. The ball of the thumb looked like a piece of fresh beef covered with purulent matter. Found, by examining with a glass, a new nail growing. Continued the carbolic acid dressing.

The old nail came off in fifteen days, leaving the thumb perfectly natural, except a little flatness of ball from loss of blood. There is not a scar to mark the place where the thumb was injured. New skin formed from the stump up over the ball, smooth as it ever was. The mother was left to rejoice that her daughter had no thumb deformity, and was again able to play the piano as well as she did before the injury.

SUITS AGAINST PHYSICIANS.—It seems as if there were an epidemic influence prevailing just now, by reason of which these suits are unusually frequent. So far, the profession has maintained its ground, as in the case lately decided in favor of Dr.

Sayre, in New York, and another in this city, in which the jury, without leaving the box, pronounced for Dr. Reese, the defendant. But last year a jury brought in a verdict so manifestly unjust, against Dr. Hall, that it was at once set aside by the judge (Stroud). These suits involve a great deal of annoyance and loss of time, not only to the gentlemen who are thus attacked, but to their friends who are called upon to testify. Nevertheless, it behooves us to resist such attempts at levying blackmail upon us (for trials of this kind are usually nothing more), and to aid one another cheerfully, since no one knows when his own turn may come. To buy off a prosecutor would be to inflict an injury upon the whole profession.—*Medical Times*.

[We are sorry to say that this epidemic has spread to Canada, as within the past year we have had several suits against physicians. The profession has not been so fortunate here, however, for in several instances they have been heavily mulcted by ignorant juries. This is an annoyance which will sooner or later cure itself, for the evil has assumed such a magnitude, that a reaction will most certainly take place, otherwise the profession will be brought into such a state that few will be found willing to enter it.]—Ed.

CONSULTATION FEES—WHO SHALL PAY THEM?

A surgeon in Ireland having been summoned by telegraph to a distant point for the purpose of consultation, regarded the physician in attendance, who had summoned him, as liable for the fee. But the medical association of Cork decided unanimously that consulting physicians must look to the patient for compensation. We believe there has never been any question among physicians in America, on this point. Patients, however, very often expect the consulting physician to be paid by the one in attendance. This is the case more especially when they themselves do not intend paying either. Note also that non-paying patients are most likely to require consultations, to change their physicians, to call them up in the night, to set them by the ears, and to compensate them by annoyance and abuse.—*Pacific Med. & Sur. Journal*.

M. TROUVE'S NEW POLYSCOPE.—This instrument, which serves for a laryngoscope, ophthalmoscope, otoscope, and urothroscope, represents when closed a case seven inches long by one inch and a quarter in diameter. The two parts comprising it carry each a lens at their opposite extremities—the one two and a half inches, and the other three and a half. In the lids which close the case, two mirrors are placed, the one plane, the other concavo, both being pierced in the centre. The case contains—
1. Two larynx mirrors with handle. 2. Three ear-speculums. 3. A photophor or candlestick with three branches, terminating on the side of the light by a vent, which at the same time does for a reflector, the photophor can ascend to the height of fifteen and three-quarter inches.—*N. Y. Medical Journal.*

EFFECT OF ELECTRICITY ON THE UTERINE CONTRACTIONS.—Dr. de Saint Germain has proved conclusively, from his recent experiences, that electricity does not provoke uterine contractions when they have not yet spontaneously appeared, but that it quickens them when the pains have begun, the placenta, as a general rule, being immediately expelled after the birth of the child. This rapid expulsion of the after-birth appears to constitute one of the most important applications of the electric current. Dr. Radford had already used this means to arrest hæmorrhages connected with delivery, likewise Dr. Barno's to counteract the effects of uterine inertia.

The *British Medical Journal* expresses the hope that "it will not be long before every intelligent mother of a family is familiar with the use of the thermometer for the discovery of disease. In many respects, it is far more reliable than the tongue or the pulse. As a means of ascertaining when it is desirable to consult a doctor, and when advice may be deferred with safety, it would be invaluable. By its aid the difference between insignificant skin-rashes, which will disappear in a day or two, and those which imply a constitutional fever, may usually be satisfactorily determined. Under many circumstances, the early discovery that a child was sickening for scarlatina or measles might be of great importance. We hope that before long a few brief rules adapted for home employment will be prepared, and that, aided

by them, the mothers and nurses of our land will at once commence the acquisition of a kind of experience which will become every year of increased importance. In addition to its practical value in reference to the health of their households, we must also add that all who become familiar with the facts of human thermometry must learn some interesting lessons in physiology." *N. Y. Medical Journal.*

Sir William Ferguson, Bart., has been elected to the presidency of the Royal College of Surgeons, London, thus breaking through the hitherto scrupulously observed practice of selecting no one but an Examiner of the college for this post. The precedent thus established is a good one, and meets with the general approval of the medical press.—*N. Y. Medical Journal.*

In San Francisco recently occurred a case of sudden death, which, in a medico-legal point of view, was highly interesting. A boy ten years of age died suddenly, shortly after having been whipped by his father. The circumstances seemed sufficiently suspicious to warrant an examination by the coroner, and, accordingly, Dr. Bentley carefully examined the various organs, and finding nothing to account for death, removed the stomach in order to have its contents subjected to chemical analysis, and sewed up the body. The father had, in the mean time, been arrested, under the supposition that he had caused the death of the child. After completing the autopsy, from some singular afterthought, Dr. Bentley was induced to examine the larynx; he therefore reopened the body and removed that organ. Upon making section of the larynx, there was found a large bolus of beef quite filling its cavity, fully accounting for death, and completely exonerating the parent. It was learned subsequently, that the boy had eaten freely of beefsteak before going to bed. In the night he was roused from sleep by an attack of vomiting, during which a piece of the imperfectly-masticated beef caught in the larynx, and produced suffocation.—*Pacific Medical and Surgical Journal.*

Another death from a similar cause occurred in the same city recently. The lad, however, was under the influence of

chloroform at the time for the purpose of amputation at the shoulder-joint. He had, contrary to the doctor's orders, partaken of a heavy meal a short time previous to the operation, and a portion of the food being ejected by vomiting, lodged in the larynx, and produced suffocation in spite of every effort to prevent it.—*New York Medical Journal.*

Some medical students in Montreal have roused the ire of the *Star*, and that paper, recently, talks to these young men thus:—"If a signed apology is not sent in to this office by noon of Monday, for the insulting display of rowdyism by some seventy medical students, before our office last night, we shall publish and lay before the Dean of the Faculty of Medicine the names of six of the students who promenaded the streets three weeks since with a human leg, thrusting it into a passer's face; hand over to the municipal authorities of a certain rural parish the names of three other enterprising gentlemen who 'resurrected' a young woman before her time, and put Chief Penton and the landlord in possession of the address of a private dissecting-room in the city."

During an examination, a medical student being asked the question, "When does mortification set in?" replied, "When you pop the question and are answered 'No.'"

INJECTIONS OF WARM WATER INTO THE TUNICA VAGINALIS IN HYDROCELE—The *Boston Medical and Surgical Journal* translates the following from the *Gazetta Clinica di Palermo*, No 1, 1870; by Prof Albanseo:—

In the cure of hydrocele surgeons have, after the evacuation of the fluid, employed various means for the production of adhesive inflammation. The injection of iodine has long been used with good effect, but while some have sought for means of more active irritation, others, as Dr. Albanseo, have employed methods more simple in their action. Prof Albanseo has studied the action of injections of air in the tunica vaginalis. Having employed them in twelve cases, he has not found any marked advantage.

In another series of experiments he has used injections of

water at a temperature of 40° to 45° centigrado (107° to 113° Fahr.). The phenomena which immediately follow the operation are a trifling of burning in the part, a moderate inflammation with a now effusion of fluid, and a rapid absorption. The injection of warm water has been used with success in a hydrocele which has resisted the employment of iodine. In only one patient has a suppurative inflammation occurred, and this was very probably caused by an infiltration of the water into the subcutaneous tissue of the scrotum.

CASE I.—Right hydrocele, of three years' duration, in a man of 40 years of age. Puncture and injection of water at 45° cent; retained for two minutes. There was a very limited suppuration of the subcutaneous tissue. Cured in twenty-three days.

CASE II.—Patient 23 years of age. Right hydrocele of two years' standing. There had been two punctures, in the first of which iodine had been used, and in the second insufflation of air. A puncture was made, and 300 grammes of water, at 42° cent., injected. The sac of the hydrocele contained 8 decilitres (10 ounces) of an albuminous fluid. Cured in eight days.

CASE III.—A man of 55 years of age. Left hydrocele of a year's duration. Cured in eight days.

CASE IV.—Right hydrocele and left hydro-sarco-celo of syphilitic origin. Cured equally rapid.

CASE V.—Patient 56 years of age. Right hydrocele of five years, having already been treated by injection of iodine. The patient went away after the operation, and the result is unknown.

In three other cases a cure resulted without accident.

Dr. Albanese is induced by these cases to look favourably on the injections of warm water. They have certainly the merit of being more easy of application than the injections of iodine, but it may be questioned if they are in all cases equally reliable.

REGENERATION OF NERVE TISSUE.—Vout has recently proved the reproduction of the cerebral tissue in the pigeon and the coincidence of this reproduction with almost complete renewal of the cephalic functions. MM. Masius and Van Laer, professors in the University of Liege, deduce from recent experiments—detailed at length in a late number of the "Monthly Microscopical Journal"—that the spinal cord in the frog can recover rapidly a loss of substance which has taken place in its own tissues, and repair its primitive anatomical and physiological properties.—*British Medical Journal.*

TRINITY COLLEGE MEDICAL BOARD.

At a meeting of the Council of Trinity College, held on the 10th ult., it was agreed to appoint an Examining Board for the purpose of granting degrees in medicine at this college—said Board to consist of the following gentlemen—E. M. Hodder, M.D., F.R.C.S., London, Norman Bethune, M.D., F.R.C.S., Edinburgh, James Bovell, M.B., L.R.C.P., England, Wm. Hallowell, M.D., M.R.C.S., Edinburgh, C. B. Hall, Esq., M.D.

Correspondence.

To the Editor of the Lancet.

NOBLETON, 18th Nov., 1870.

SIR,—I would wish to bring before the members of the medical profession the necessity of a change in the law with regard to Crown prosecutions. As the law now stands a medical witness receives no pay either for travelling or other expenses, and is often called from a long distance and kept waiting from day to day on the "*slow process of the law*," and after remaining several days (as happened myself) told to go home, but must be in town at a certain time, when in all probability he is again kept in suspense for a day or two more.

Now, Sir, we country practitioners are not at all times so full of pocket as to be able, without borrowing (a very unpleasant business at best) to bear the expense, and have our time, which should be devoted to getting means for our family, wasted in attendance on the law courts without compensation.

Our brethren in the house will have, I hope, a bill for this purpose this session to remedy this evil, and should we not succeed in getting one passed, I for one will join a club to pay any brother who refuses to give evidence, until paid, no matter how long kept in confinement for contempt of court.

MEDICUS.

TORONTO HOSPITAL REPORTS.

Typhoid fever has been very prevalent in Toronto for the past two months, and there are at present about twenty patients in the fever ward of the Toronto General Hospital. The proportion of deaths has been exceedingly small. The disease presents no peculiar features, except that in some cases the symptoms usually observed have not been all present; for instance, in many cases there has been no diarrhoea, but on the contrary obstinate constipation, and these cases have not been the mildest of her, as some deaths have occurred amongst this class of patients. The treatment has been chiefly quinine, in grain doses every four hours, and the mineral acids; hydrate of chloral has been used in some cases to quiet the delirium and procure sleep, and it has succeeded on the whole pretty well. The diet has been of the most nutritious kind—milk, eggs and beef tea—with stimulants when necessary.

A man named James Sheriff was admitted to the Hospital, suffering from the effects of a narcotic poison. He was supposed to have taken about 2½ oz of laudanum. He was brought to the Hospital by Dr. Lazarus, and was placed under the care of Dr. Canniff, a member of the staff. The stomach pump was at once used, and the stomach thoroughly emptied. A good deal of the laudanum had been absorbed, however, before the stomach pump was used, and it was thought that the patient could not be brought through, but at last accounts he is recovering slowly.

RAILWAY ACCIDENT—A man named Cuzco, aged 34, employed on the Grand Trunk Railway, was admitted to the surgical ward, suffering from a very severe injury, caused by being run over by a locomotive. His left arm was nearly severed from his body at the shoulder, his face badly bruised, the scalp torn from his forehead, and a large fissure in the occipital bone. He was placed under the care of Dr. Canniff, who amputated his arm and dressed his wounds. Notwithstanding the serious nature of his injuries, which the majority of the surgeons present thought would prove fatal, he is doing very well.—*Com.*

Obituary.

Died on the 22nd ult. Charles McKenzio Covernton, in the 21st year of his age, undergraduate of McGill and Harvard Universities, member of Boylston Society, Boston. The subject of this obituary was a young man of rare qualities and highly deserving of kind remembrance. He was gifted with more than ordinary intellectual and moral endowments, and with that simplicity of modesty which is the most lovely feature in youthful character. His heart was as warm and guileless as his head was clear and truth searching. He has been early called home from a field of labour in which he was destined to earn high honours, but none who knew him may regret, for he was not unprepared for the call. His later end was in perfect accord with the whole tenor of his life, which was that of an humble and devout follower of the great Master.

BOOKS AND PAMPHLETS RECEIVED.

THE SCIENTIFIC AMERICAN.—Published weekly by Munn & Co., New York. Price \$3 per annum.

THE CANADIAN ILLUSTRATED NEWS.—Published in Montreal, by G. E. Desbarats. Price \$4 per annum.

This is a new paper. The first number was published on Saturday, the 30th October, and will appear weekly. It is well got up, and reflects great credit upon the publishers.

THE PHOTOGRAPHIC REVIEW.—Published by Lippincott & Co., Philadelphia.

It is a bi monthly journal, each containing four photographic plates, with appropriate notes and remarks. This is an entirely new feature in journalism, novel and interesting. The first number contains a photographic plate of a case of meningococle, keloid tumor, horny tumors on the face, and hydatid tumors. Price \$6 per annum. The first number was published in October.

PETER'S MUSICAL MONTHLY.—Published in New York. 559, Broadway.

It contains some excellent pieces of music. Price \$3 per annum.

A DESCRIPTIVE CATALOGUE OF THE NEW SYDENHAM SOCIETY'S
ATLAS OF PORTRAITS OF DISEASES OF THE SKIN, FROM
LINDSAY & BLACKISTON.

Any person wishing to join the Society can send his name to Mr. H. K. LEWIS, 136, Gowor Street, London, England. The annual subscription is £1 1s. Each member receives three valuable works on medicine, and a fasciculus or part of the Atlas. The following works were received by members in 1869 — *Trousseau's Clinical Medicine*, *Biennial Retrospect of Medicine and Surgery*, *Lancereaux on Syphilis*, and a fasciculus of the Atlas of Portraits of Skin Diseases.

THE RAPID WRITER — Published Quarterly. Devoted to the introduction of phonetic shorthand. Address, Mendon, Mass.

* *BYMOTEL* ON VENEREAL DISEASES and HEALTH'S PRACTICAL ANATOMY have also been received, and will be reviewed in our next number. Several communications that came to hand too late are also held over for the next issue.

BOOK NOTICES.

A TREATISE ON THE THEORY AND PRACTICE OF OBSTETRICS —
By WM. H. BYFORD, A.M., M.D., Professor of Obstetrics and
Diseases of Women and Children in the Chicago Medical College.
William Wood & Co., New York. Copp, Clark & Co. Toronto.

This is an octavo volume of about 460 pages, well got up, and illustrated with numerous wood cuts. It is clear and concise, and well adapted as a text book for students, or a work of reference for the busy practitioner. All points of controversy are excluded, and quotations from other authors avoided. Great care has been bestowed on its preparation, and the clearness and perspicuity of language render it a most readable book. It contains all the practical information necessary both for the student and general practitioner. The latest and most approved modes of treatment and management of obstetrical cases are presented to the reader in a plain practical way. No space is occupied in discussing exploded theories, or in dilating on new ones, but everything is made subservient to the one great aim—that of compressing a great deal of matter into a moderately small compass, and this has been very successfully done without any confusion or want of clearness. It is a most excellent work, and we have no hesitation in commending to our professional brethren.

LAY SERMONS, ADDRESSES AND REVIEWS—By THOMAS HENRY HUXLEY. Toronto. Adam Stephenson & Co.

This publication contains a number of papers on different subjects which have appeared from time to time in different periodicals, and are now published in book form. It consists of lectures and reviews on different subjects, several on Education, one on "A Piece of Chalk," "The Origin of Species," "The Physical Basis of Life, &c." The latter has been severely criticised on account of the peculiar views set forth in it. The subject of the lecture which is translated into the "Physical Basis of Life" was "Protoplasm," a kind of matter which is common to all living beings, and from reading his lecture it would appear that the writer was endeavouring to show that this matter was the basis of life,—LIFE ITSELF. It is, however, a very ably written lecture, and well worthy a careful perusal.

The lecture on a "Piece of Chalk" is most beautiful, plain, simple and truthful, within the comprehension of the working classes, to whom it was first delivered. It is clear in thought, suggestive, and most instructive throughout. The lecture on the "Origin of the Species" is also very cleverly written. He is bold and fearless in expressing his opinions, no matter how much they may be at variance with the opinions of his co-scientists. We commend this work to our readers with pleasure.

THE PHYSICIAN'S VISITING LIST FOR 1871.—Published by Lindsay & Blackiston, Philadelphia. Sold by all booksellers.

It is arranged for 50 patients per month, and contains an almanac, notes on poisons and their antidotes, Marshall Hall's method of resuscitation, &c., &c. It is in a very convenient size to carry in the pocket, and is altogether a valuable companion. Every medical practitioner should have one. The price has been very much reduced.