

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.

CANADA
MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Valedictory address to the graduates in Medicine, delivered on 4th May, 1869, by R. P. HOWARD, M.D., L.R.C.S.E., etc., Professor Theory and Practice of Medicine, University of McGill College.

GENTLEMEN GRADUATES.—It is again my turn to address to you a few parting thoughts in the name of the Faculty, upon whose teachings you have been attentive listeners for so long a period. You have this day received the testimony of your teachers to your qualification for the high degree you have been patiently working for, for the last four years; and the University, by the hands of its Principle, has conferred upon you severally the title Doctor of Medicine and Master of Surgery. Knowing as I do the difference between such a title, obtained after a complete course of instruction in conformity with the requirements of this University and a careful examination by its officers, and one granted by custom or assumed on possession of a simple license to practice, conferred by a Licensing Board, I heartily congratulate you upon the attainment of this the object of your ambition. You will often look back with pleasure upon the time you have spent as students, not alone on account of the pleasing associations the retrospect will recall, but also because it will remind you of much hard work, honestly done, and many opportunities faithfully improved.

This day gentlemen, you have attained your majority, and have slipped the leading strings, by which you have hitherto been held, and are about to direct your own course without further supervision. To-day your Alma Mater, sends you forthwith her seal affixed to your commission, to pursue the responsible and difficult work of caring for the life and health of your fellowmen. How sacred a thing is human life! Who shall dare trifle with it? I know not a better stimulus to industry in the acquisition of medical knowledge and skill, and a more likely quality to secure professional success than a realization of the sacredness

of human life. I have always felt that when persons ignorant of the structure and functions of the body, of the nature and symptoms of disease, and of the appropriate use of remedies, venture to prescribe for the sick, they incur not a grave responsibility simply, but commit an inexcusable crime against the life of the individual. If owing to such ignorant interference, the employment of a competent person be prevented, or a directly noxious thing be administered, and death results, what then? May not such a crime be properly designated culpable homicide?

As physicians then, who shall have to answer before an Omniscient tribunal for the lives entrusted to you, spare no pains to ascertain the nature of the ailments you may be called to treat, and to acquaint yourselves with the most approved means of combating and alleviating them.

For the first few years of your career, most if not all of you, will have much time not occupied with practice. Those years should be highly prized as affording the opportunity of enlarging your knowledge; and your future status in the profession, will depend very largely upon the manner in which you spend those early years—years of struggling and poverty they may be, of self culture, persevering study, and hopeful expectation they ought to be. Having then no more examinations before you, and having laid a good foundation of elementary knowledge, you should in future devote much of your time to the study of the great Masters of the past and present. Amongst treatises upon the general doctrines of morbid action, I know of none which will so much enrich your minds as John Hunter's works, Paget's "Surgical" and Virchow's "Cellular Pathology," and Williams' "Principles of Medicine." Would you study faithful records of disease as it presents itself at the bed side, learn its multiform phases, its perplexing combinations, its exceptional as well as its ordinary characters; would you learn how to modify your treatment according to the type of the disease, the habits, constitution and surroundings of the patient, pore over the graphic "lectures" of Graves, Todd, Trousseau, Brodie, Latham, Nelaton, Hilton, and peruse the suggestive cases related by Cruveilhier in his "Anatomie Pathologique" and by Bright in his "Reports of Medical cases." Then there are works upon diseases of particular organs and upon special departments of medicine, which you will do well to study during those early years of comparative leisure. Such are Brown-Sequard's, and Hanfield Jones' writings upon the nervous system; Stokes and Walshe on the heart; Fuller and Walshe on the lungs; Frerichs and Murchison, on the liver; Dickinson, Roberts and Thompson, on the renal organs and appendages; Barthez et Rillie; West and Hillier, on the diseases of children; Simpson and Graily Hewitt, upon the diseases of women; Wecker or Bader or Soelberg Wells, upon the eye; and Parkes, upon Hygiene.

During those early years too, acquire expertness in the use of the microscope in the examination of morbid textures and liquids, of test solutions and burettes in the volumetric analysis of the renal secretion, and of the ophthalmoscope in the exploration of the deeper parts of the eye. Let me advise you to keep accurate and complete notes of the cases that come under your care, and spare no pains to record every fact connected with them. This will tend to make you accurate observers and prevent that slovenliness in the examination of patients that lies at the bottom of errors in diagnosis, and that looseness of statement that spoils the records of so many would-be contributors to science. I am confident that were any of you to expend the time and labor necessary to ascertain the daily range of temperature, the daily excretion of the kidneys, the daily condition of the pulse-wave by the sphygmograph, in four or five examples of any disease, however common, you would not only acquire a reputation for scientific research, but would soon add many valuable facts to medical science; and I suggest this method of spending a portion of your time, that shall prove alike profitable and honourable. There are some topics which we Canadians have especial opportunities of investigating and at which you may therefore hopefully work. Such are the post-mortem appearances and modes of death from exposure to cold and to heat; the condition of the blood in ague; the nature of the alterations of the spleen and liver in that affection; and the following amongst other questions: Does the paludal poison cause amyloid degeneration, or protect against consumption? Is intermittent fever due to the entrance into the system of a microscopic fungus? What is the effect of the long cold winters in Lower Canada, upon the course, duration, and issue of consumption? What are the causes and most successful treatment of charbon? What is the influence of cold and dry weather upon the prevalence, course, and issue of diseases generally?

It is time that Canadian physicians should turn their attention to their own country, and study and investigate the peculiarities which our climate, soil, modes of life and social habits impress upon the course, and termination of disease. There is a subject not remotely allied to that just spoken of, in which, because of its great importance to the future welfare and progress of the whole country, I wish to interest you; I allude to the necessity that exists for an exact and uniform system of enregistering, births, marriages and deaths throughout the Dominion, placed under the supervision of a central authority—a Registrar-General. Some of you will doubtless one day occupy seats in the Legislature of your country, all of you will have more or less influence upon both electors and members, and I hope you will take every opportunity of forcing the importance of

the subject upon the attention of both *rulers* and ruled. But while thus enlarging your scientific and general knowledge, you should bear in mind that you have other duties than the mere acquisition of knowledge,—other faculties of our nature besides the intellectual require cultivation and development. Physicians should be men of large sympathies; you are men as well as physicians. Hence, every thing that concerns man's welfare should interest you, and engage a fair share of your attention—your moral, and as far as possible, material support must be given to all enterprises calculated to improve the social, material and moral progress of your fellowmen.

Take an active part then in all well-advised schemes for the instruction and elevation of the lower classes; lend the aid of your professional knowledge to the dissemination amongst all classes, of correct notions respecting the influence upon the health of dissipation in all forms, of sensational literature, of fast living, of motiveless, unemployed lives, of late going to bed and late rising, and of over application to business. Co-operate with others in the establishing of club-houses and reading-rooms for the working classes, of asylums for the cure of the habitual and hereditary drunkard, of magdalens for the recovery of fallen women, of reformatories for the correction and reformation of youthful criminals, of houses of refuge for the destitute and improvident.—Young men when about beginning the practice of medicine, naturally seek for hints as to how they shall attain professional success; I do not know that I can tell you how, but will offer some suggestions for your consideration.

First, do not rely upon letters of introduction, nor upon the influence of friends, nor upon the favour of family connections. These are all extrinsic aids, chiefly of use as sources of hope during the period of probation, in which your own intrinsic merits shall establish your reputation as competent and judicious practitioners. You must rely upon yourselves, not in a boastful, but in a manly honest way, and you will find that although the road to success may be long and lonely, and strewn with obstructions, yet its end may be reached by patient determined exertion.

When in charge of a patient, spare no pains to ascertain the real nature of the illness, and if it be obscure and serious, or one in the management of which you feel you would like assistance or counsel, do not hesitate to inform the friends; they will generally approve of your conscientiousness. Cultivate kindness of heart and sympathy with suffering; these will not only make you better men and attentive physicians, but will win the regard of those who employ you, and make you favorites. Be careful in your intercourse with the sick, to be truthful, simple and free from finesse or deceit; and in stating your well weighed opinion, do not endeavour to

surround it with loopholes of escape; such conduct will destroy confidence in you, and is unworthy of honorable men.

Yet avoid haste in forming a diagnosis and prognosis; nature does not reveal her secrets to the hasty superficial observer; nor can any degree of knowledge enable one infallibly to foretell her intentions.

It will frequently be necessary in the interest of your patients to exercise a prudent reticence, when you suspect or recognise a grave or fatal malady. To tell a man who is nervous about his health, that he has an incurable affection, may be to quicken into activity a passive, stationary disease; and to take away hope by too frank an answer to an unwise and unthinking patient, may be to deprive one's self of a powerful adjuvant in the management of the case, and the patient of a solace to his suffering—and may be, to say the least, a great unkindness, if not a great cruelty. Endeavour to realize at the outset, that more than most other vocations, that of the physician involves the daily practice of self abnegation. When tired and wearied by the labors of the day, you will be frequently called out at night, to watch by the bedside of one, who perhaps by his own long self indulgence, has induced the horrors of delirium, or permitted her emotions so to overrule her will as to induce a paroxysm of hysteria. Or it may be your lot to be condemned by the prejudices of a jury, and the ignorance or malice of rivals, to pay damages to an ungrateful patient whose life you may have saved by removing his limb; and that too perhaps, without having had any expectation of remuneration for your anxious services.

In the discharge of your professional duties, you must necessarily become possessed of information respecting the characters, circumstances and history of your patients which, however flattering to them, they may not care to have spoken of to others. Indeed as the family physician, you will be often likewise regarded as the family friend and counsellor, and be perhaps consulted on matters of the greatest delicacy or importance. See to it, that all such information remains confined to your own bosom, and that the confidence imposed in you, be not destroyed either by interested advice or babbling gossip.

Cherish a high respect for the noble profession you have this day entered. It numbers in its ranks many of the foremost investigators of science—its professional curriculum covers a wider range than that of almost any other profession—its members are generally characterised by liberality of opinion, comprehensiveness of observation, sobriety of judgment and unostentatious devotion to their continuous labours—and the value and sacredness of its object, can be estimated only by the value of human life, the sacredness of human suffering. Endeavour to prove yourselves worthy members

of this profession—honourable associates in its distinguished brotherhood ; endeavour as far as you are able to exalt its reputation and maintain its usefulness, so that in your hand Mr. Carlyle's eulogium may be applicable, "Blessed art of healing, once again divine"—

Cherishing this respect for the medical art, you will also respect all its honorable members ; you will not resort to any mean or unworthy methods to build up a reputation at the expense of a rival ; you will refuse to criticise the practise of a colleague behind his back, should his patients consult you. While honestly stating and defending your own views, you must respect the opinions of the brother who may differ from you, remembering that very frequently sufficient obscurity surrounds a subject to allow of differences of opinion between well informed men. Your honorable rivalry must not be debased by charlatanism or chicanery.

There are two or three evils now threatening the dignity and morality of the profession against which I would warn you. That of acting as a canvasser—*touter* is an expressive if barbarous word—for Life Assurance societies. The relation of the medical officer to a Life Assurance Co., is that purely of a scientific witness, and he should not debase his profession by becoming the special pleader for a particular company, more especially since it apparently is not thought disreputable by the managers of too many of these institutions to misrepresent their actual position to the public.

Beware of becoming the paid advocate in Courts of Law, and distorting scientific evidence in favour of the side with which you have allied yourself. Self-interest is a very disturbing medium, through which to examine difficult or nice questions.

Do not attempt to destroy the reputation of a colleague under cover of a third party. Within the past year, four suits for mal practice have been instituted in the Dominion, and as far as I can judge, the sole foundation for them has been the ignorance or malice of rivals ; such conduct is unjust, mean and despicable.

But finally do not practice medicine merely or chiefly for the sake of making money, but for its own sake. It is full of the most interesting analogies, facts and principles. There is scarcely any fact in physical science that does not in some way bear upon it ; it sheds light upon many important problems in Government, education, jurisprudence and social economy ; it takes cognizance of the wonderful processes observed in all organised beings—development, nutrition, growth, decay and reproduction ; it establishes the harmony existing between the moral teachings of the bible and the operations of natural law ; it cultivates the better feelings of our nature, enlarges our human sympathies, nurtures self denial.

Practice medicine with the hope, and for the sake of contributing something, however small, to the stock of knowledge left by your predecessors ; practice it for the sake of being useful and doing something for your country and countrymen, and of emulating soldiers and patriots, who labour for their country's good.

Practice it from a sense of *duty*. "Happy indeed is that man whose mind, whose moral action and whose spiritual being, are all harmoniously engaged in the business of his life, with whom the same *act* has become his own happiness, a dispensation of mercy to his fellow creatures and a worship of God."

"God guide ye, God guard ye on your way

"Young pilgrim warriors, who set forth this day."

FAREWELL.

Case of Chronic Synovitis of Knee Joint—Resection of Joint—Recovery.

By GEO. E. S. KEATOR, M.D., Surgeon to the General Public Hospital, St. John, New Brunswick, &c., &c.

The patient, æt. 12 years, was admitted into the Hospital Department of the Alms House of the City and County of St. John, on 6th March, 1863, and states that about five years ago he fell from a beam in a new building, striking violently on his right foot. The force of the blow was so great that he was unable to rise, and was obliged to be carried home. He remained in bed a week, during which time he experienced a good deal of pain in the knee of the injured leg, for the relief of which blisters were applied. At the end of this time, he says, he began to get better, and remained perfectly well for nearly a year, when without any apparent cause that he can remember, the knee again commenced to pain him, and also to swell. It was blistered a second time, and he was confined to his bed, most of the time, for about seven months when all the swelling and pain had left the knee, and he felt quite well. As soon as he began to use the limb, however, the swelling returned, but without much pain, and at the end of three months, he could walk without a stick, but could not rest any weight on the heel of the affected limb, and was consequently obliged to walk on the toes and ball of the right foot. The leg continued much in the same state, except that the swelling kept gradually increasing, accompanied with pain at intervals, (especially when he exercised it more than usual) for more than three years, a good part of which time he passed in the country. About a week before his admission, a sudden access of inflammation took place in the joint, accompanied with all the usual symptoms, and for which he can assign no particular reason. This necessitated his remaining in bed, and in a few days, and

ten only previous to admission, an opening formed on the outer side, of the joint, just above the patella, and in this state I first saw him.

Upon examination the joint was found to be very much swollen, and inflamed, and excessively tender to the touch, so much so, that I was obliged to place him under the influence of ether, before I could satisfactorily ascertain the amount of disease. After doing so, and passing in a probe, I found that the instrument readily passed into the joint, through the external opening, and came in contact with roughened bone. There was at this time a very considerable discharge of tolerably healthy looking pus from the opening. His general condition was far from good, he had a good deal of hectic, pulse wiry, irritable and between 90 and 100, with frequent night sweats. He also rested very badly at night and his appetite was very poor.

Treatment.—He was ordered complete rest, the limb to be placed in a guttered tin splint, with a poultice applied to the joint. Also ordered beef tea, quinine and iron, porter, and an anodyne at bedtime.

March, 24.—Patient has been steadily improving under the above, he has very little pain in the joint, except when it is disturbed, sleeps well, has a very good appetite, and will allow the probe to be used without the use of ether. To-day, after a consultation had been held it was decided to resect the joint, with the hopes of giving him a useful limb. He was accordingly placed under the full influence of ether, and an incision of a semi-lunar form was made from a point opposite the middle of the internal condyle of the femur, carried below the patella, to a corresponding point on the opposite side. The flap was then dissected up and the joint opened, when it was found that the right condyle of the femur, and also the corresponding one of the tibia, were entirely denuded of cartilage and synovial membrane, as was also the entire articulating surface of the patella. The crucial ligaments of the joint were also completely destroyed. The tissues around the joint were then carefully dissected up, and the whole of the diseased bone of both femur, and tibia, as well as the entire patella, was removed, the section of the bones, being carried at right angles to their long axis, so as to bring the leg as near straight as possible. Only one small artery in the upper flap required any attention, after which the bones were placed in apposition, and the edges of the wound brought together accurately by means of silver wire sutures and adhesive straps, leaving a small opening at either side for the escape of any matter that might accumulate. The limb was then placed in a guttered tin splint, nicely padded and made to fit the leg, having two doors, one on either side of the joint, to let down so that it could be inspected, and dressings applied without disturbing the limb. He was

placed in bed, cold water dressing applied and ordered an anodyne at bedtime.

March, 25.—Patient passed a very comfortable night and the wound looks very well. Ordered beef tea, oatmeal gruel, and anodyne at night. Continue water dressing.

March, 26.—Doing well. There is a slight discharge of healthy looking pus from the lower portions of the wound. Continue treatment.

March, 31.—Everything has gone on favorably since last note. The wound has nearly all united by first intention, except the dependent portions on either side, which are purposely kept open to allow any matter to escape. There is also a small abscess in the anterior portion of the thigh, which empties itself through the original opening, which communicated with the joint. Two of the sutures removed to-day. He is now allowed a more generous diet, with a little wine whey, and citrate of iron and quinine. Appetite improving.

April, 4.—All the sutures removed. The anterior portion of the wound is now completely healed and the discharge which is tolerably free and healthy, finds exit from the lower portions of the wound.

April 14.—Since last note patient's general condition has gone on improving. He had a slight chill and passed a rather uncomfortable night a few days ago, owing to the formation of a small abscess on the outer portion of the leg, just below the line of incision. The abscess was freely opened and a poultice applied, and he is now quite easy. To-day the limb was removed from the splint for the first time, and a considerable amount of union was found to have taken place. It was changed to a well padded wooden box, the outer side of which extended up nearly to the axilla, and the foot was secured to a footboard. Water dressing continued.

April 16.—The wooden box was not found to answer so well as the tin splint, and he has not been so comfortable since the limb was moved. It was accordingly replaced in the original splint to-day.

May 24.—Patient has gone on progressing favorably since last note nothing worthy of record having occurred. His appetite is good, sleeps well at night, tongue clean, pulse soft and about 75, and there is now very little discharge from the wound. Union has taken place so that the limb can be moved with little or no pain. He was allowed to sit up a little while to-day, the limb having been first placed in a splint, made in such a manner that, as he gets stronger, he can walk with it on. It consists of a strap of iron, about half an inch wide and one-eighth of an inch thick, extending from the buttock to the foot, where it is turned up, and a wooden foot piece fastened on. It is covered with leather both above

and below the knee, which extends around the limb, and is fastened with laces, the space around the knee itself being left open.

June 1.—His limb is now kept in this splint, instead of the tin one, and he finds it very comfortable. He has not attempted to walk as yet.

June 14.—He can now place his limb on the floor and by taking another person's arm, can move along without any pain.

June 30.—He can walk tolerably well with the aid of a stout cane, has never used crutches. There is still a little discharge from the wound, but no pieces of bone have ever come away.

July 15.—Keeps steadily improving.

August 1.—Limb gaining strength every day. He keeps the splint on during the day, but is now allowed to leave it off at night, as the union seems to be strong enough to permit this without any danger to the limb, and the necessary tightness required to keep the splint in its place, causes considerable œdema of the knee and the parts below it.

Sept. 20.—He can now walk without the aid of the splint, but it is not thought prudent yet to dispense with it altogether.

Oct. 15.—He broke the foot piece of the splint a few days ago, and has since been walking without it.



Nov. 25.—It is now eight months since the operation was performed and he can walk and stand without any pain or inconvenience. The union appears to be very firm, and there is no pain on pressure anywhere in the region of the joint. There is occasionally a little serous oozing from the lower portion of the wound, on the inner

aspect of the thigh, and also a little from the track of the old sinus, which has not completely healed. I have frequently interrogated him, as to whether any pieces of bone have ever escaped, and he says not. The limb is about $1\frac{1}{2}$ inches shorter than its fellow, measuring from the anterior superior spine of the ilium, to the internal malleolus, and the knee and thigh are still somewhat larger than their fellow of the opposite side. The woodcut on the opposite page, taken from a photograph will give a tolerably accurate view of the limb as it appears at the present time.

Clinical Remarks.—It is now more than six years since the operation was performed, and during this time he has earned his living at laborious employment, having never, at any time experienced any serious inconvenience from his limb. I saw him last about six months ago, and at that time he was looking very healthy, and was employed as assistant steward on board of a vessel. He said he could perform all his duties without any trouble, but I noticed that his leg was much shorter than at the time he left the Hospital, being in fact about four inches shorter than the other. He managed to walk however very well by the aid of a thick soled boot. The reason of this shortening is accounted for by the fact of the shafts of the bones not growing in the same proportion as those of the sound limb, and this, I believe, is a result that almost, if not invariably, follows operations of this kind, performed on persons, who have not attained their growth. Although certainly an objection to its performance in such cases, yet it should not deter us from operating in all, or even in many instances, as the result of this case fully proves. He is now, or was six months ago, healthy and strong, and able to earn a much better living, than he could possibly hope to do, were he condemned to wear an artificial limb, which would have been his only alternative. I have detailed this case at considerable length because I think it is both interesting and instructive to note the progress of nature after such operations, and also useful to the younger members of the profession who may be called upon to treat such cases. It is also, I believe, as far as I can ascertain, the first successful operation of the kind that has been performed in the New Dominion.

St. John, New Brunswick, April 28th, 1869.

Tetanus in an infant nine months old, during dentition and accompanied by the passage of the Round Worm (ascaris lumbricoides) with remarks on the local prevalence of this and other allied species.

By A. LEITH ADAMS, M.B., Surgeon Major 22nd Regiment, Frederickton, New Brunswick.

A case similar to that here recorded is published in the London *Medical Times and Gazette*, March 27th, 1869, by Dr. Whitehead. Seeing

that the disease is not of common occurrence at the above period of life, and the connections between it and the parasite on the one hand, and the irritation of teething on the other, are important elements not apparently present in the case, recorded by Dr. Whitehead. I have thought the following details worthy of being placed in juxtaposition with what he has observed.

An infant enjoyed excellent health up to the 29th of March, 1869, when her mother observed a slight twitching of the muscles of the cheeks with considerable restlessness, heat of head, and a constant tendency to carry the hands upwards towards the mouth. On the 1st of April, I was requested to visit her and found the above symptoms, besides unusually dilated pupils and a vacancy of expression in the face, which the grand mother attributed in conjunction with the other conditions to the presence of worms; none of which, however, had been observed at any time previously. The two upper canines were on the point of appearing, the gums around were red and inflamed; there were four incisors already through besides other lower back teeth rising rapidly. Pulse was quick and the breathing rapid. Appetite good, but stools had been dark coloured and offensive for some days. Mother very delicate with a meagre milk supply; the child was therefore ordered strong beef tea, port wine and unskimmed cow's milk; the upper gums were lanced and a powder composed of Hydrarg c Creta and Pulv. Rhei Comp., was given immediately; cold to the head.

April 2nd.—Purgative acted freely, stools dark and very foetid. The twitchings of the face relax; during which intervals the pupils contract again; there is evident congestion during the spasm, as the face becomes red. April 3rd—Alternations of spasm during the last twenty-four hours and now the limbs are convulsed, but no pleurosthotonos observable; very restless, moaning and screaming almost constantly; takes nourishment readily and without any difficulty in swallowing. April 4th. A very restless night, tossing about, constant spasms with flatulent enlargement of the abdomen to a great extent. Opisthotonos observed for the first time and fully developed; slight trismus, but swallows when food is placed on the back part of the tongue. A round worm came away before my visit in the morning; it was found to be a female of the *ascaris lumbricoides* and three inches and a half in length. No relief whatever followed the discharge of the worm. Stools much improved in appearance, still mucous. A small dose of Santonine in castor oil was given, and the bowels opened freely afterwards, but no worms. Constant moaning and screaming during the afternoon, with fixed jaws and perfect inability to swallow. Continued in this state throughout the following day until after

noon, when she fell into a semi-comatose state, and gradually sank and died, at 1 a.m., on the 6th of April. The usual opiate and antispasmodic treatment was tried, warm baths &c., without any apparent good results. I regret to say that the parents would not allow an examination of the body; consequently as regards the parasite, we are left in doubt, whether or not more existed in the alimentary passages; moreover, even supposing others were present, at that period of life, it is a difficult matter to know which of the two sources of irritation gave rise to the usual symptoms so frequently ascribed to one or the other.

As far as New Brunswick is concerned, there seems to be a remarkable preponderance of round and thread worms as compared with the tape worms; indeed so plentiful and widely distributed is the *ascaris lumbricoides*, that few of the common people in the inland towns or settlements, have not at some time or other been infested by the worm. In the case of infants, we meet with it in such as never used any other nourishment beyond their mother's milk and well water. The popular belief is that the round worm finds its entrance into the human body, altogether by well water. At all events, the marked predominance of this species, as compared with the *tenia*, as far as the locality in question is concerned, is undoubted and leads us to observe what data can be relied on by way of explaining this peculiarity.

According to Kuchenmeister (a) the favorite districts of the *ascarides* in the Old World are moist coast lands and low grounds, to wit., the valley of the Nile, &c. Such conditions are prominent features in the topography of New Brunswick, and in particular as regards the city of Fredericton, where the case here recorded occurred. It is situated in the valley of the St. John, on an intervalle composed of stratified, but loose river gravel, underlaid by clay (the water bearing horizon) and supplied entirely by wells, subject to constant pollution from percolation and bad drainage. There, therefore could be no more likely mode of conveying the ova of Entozoa into the human body, than through its well water especially, after the great thaws of spring. Now round worm is exceedingly common among the inhabitants of Fredericton. So much for the probable production of this parasite by drinking water.

It has been said, both the *ascarides* and *oxyuri*, are conveyed into the intestinal canal in bad flour and bread; also, that round worms are especially common among people who feed a good deal on raw vegetables. As to animal food eaten raw, there can be no ques-

(a) Manual of Parasites. Vol. I, p. 317. Sydenham Society Edition.

tion that teniæ are produced thereby, but I think to neither of these two channels (at all events the last,) can we ascribe the marked predominance of round worms in New Brunswick. I think the probability is (supported by their presence in sucking infants); that well water is the chief mode by which the unwelcome and often troublesome round worms, gain admission into the alimentary organs *i. e.*, supposing the *generatio equivoca* of some French helminthologists is untenable. With reference to the symptoms, which are produced by the ascarides, whilst remaining in the intestine, it is wonderful how little trouble attends the presence of even many round worms; there seem to be times in their existence when they remain stationary, and others when they take to wandering about. In the latter case it would appear, they give rise to their most unpleasant symptoms, and the reflex phenomena usually ascribed to their presence. The characteristic aspect of the face is common to all forms; the snuffing of the nose and irritation there, and at the anus, generally indicate their proximity, just as they induce a tickling dry cough, particularly in children. The opinion that they give rise to convulsions during teething, is questionable, but as in the case just detailed, it is important to mark their presence in all instances of the kind.

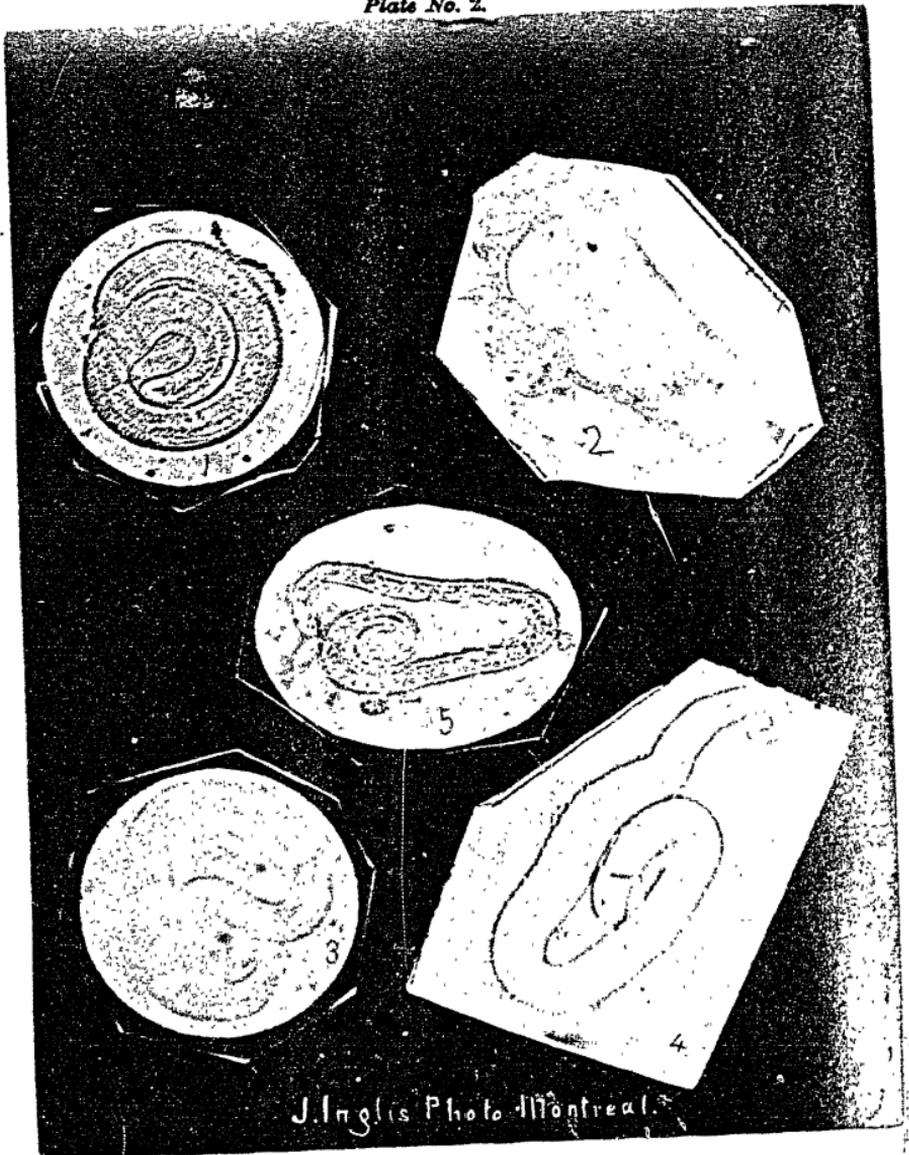
The case described by Dr. Whitehead, although absolutely similar as regards the tetanic symptoms, did not show any indications of parasites, and occurred in a much younger child. Whether generated by the presence of ascarides or a condition which favors their existence, it will, I think, be invariably observed, that they are accompanied by large accumulation of intestinal mucous. As to treatment, one of the best vermifuges for round worms, will be found in Santonine. I have never seen any bad results from the use of the medicine, when given along with castor oil. Its effects on vision are never complained of when taken in this way, but alone, in repeated doses, the Yellow Jaundiced aspect of objects, is often an unpleasant symptom which distresses some patients very much. The use of Quassia and Iron for a few weeks, seem to make their abodes scarcely endurable, especially in children, and often diarrhoea and drastic purgatives will expel a colony, whilst on the other hand; no remedies whatever, will cause them to abandon their host.

The thread worm (*Oxyurides*), I have observed common in natives of India and Northern Africa, and it is frequently the most difficult to expel, the most troublesome of the three here noticed. There can be no doubt, it is nocturnal in its habits, and probably wanders from person to person in that way. The emigrations and immigrations explain why in a family of children sleeping for the most part in one bed, we find all affected by thread worms. But where the worms are plentiful and constant

MICRO-PHOTOGRAPHS OF TRICHINA,

FROM HUMAN MUSCLE.

Plate No. 2.



- 1.—Free *Trichina* from Montreal patient, Mrs. P.; case No. 9.
- 2.—Encysted *Trichina* from same case.
- 3.—Free *Trichina*, alive, from case No. 8, Mr. P.
- 4.—Large *Trichina*, structure undeveloped, from same patient.
- 5.—Small *Trichina* from Hamilton case, fatal in three weeks.

deposited on the ground, there is every facility allowed for the transference of the mature animal, or its embryo by water, or any article of food to which it may adhere. There is no sovereign remedy for the thread worm, and after a trial of every description of anthelmintic, the patient is left to suffer. The violent itching at the anus, and snuffling at the nose, often resist every remedy to cure. Sometimes a little vegetable tonic and iron with enemata of the same, or of salt and water, (the latter before bedtime and retained for half an hour) give fair results, but as must be the experience of all who have observed the worst cases of thread worms, that stools deeply impregnated with iron, often swarm with them, which shows they can live and flourish in spite of that remedy.—The vulgar idea that apples and pears are productive of thread worms, may have arisen from observing the larvæ of other insects in these fruits.

Considering the great amount of pork used in the lumber camps and backwood settlements of this Province, one would expect tapeworm to abound, and no doubt, were the inhabitants like the English navvies and country laborers addicted to eating raw meat, such would be the case, but they are not so; moreover the pork being salted and steeped for a length of time in brine, possibly destroys the *cysticercus*, of the tapeworm. Nearly all the pork used in the Province, is salted beforehand, and always well fried or roasted. The flour is either imported from Quebec or Ontario or the United States, and as with the buckwheat, oatmeal, &c., no doubt the process of cooking suffices to destroy the parasite, so that the only two ways seem to be, by uncooked articles of food, and migrations of the animal itself, as in the case of the thread worm. I believe that if a proper water supply was furnished to the city of Fredericton by good filtration, the *ascaris lumbricoides* would soon become rare.

NEW BRUNSWICK, April 20th, 1869.

Remarks on Trichinæ Photographs; Plate II. BY J. BAKER-EDWARDS, Ph.D., F.C.S.

The illustrations presented in this number are, with the exception of No. 5, photographs of Trichinæ taken from the flesh of Dr. Bessey's patients, by Dr. Fenwick; to which reference was made in the last number of this journal, page 517.

In plate I, (fig. 2 and 3,) in the last number, the worms were extracted (post mortem) from the remains of Mrs. George Getz, of Hamilton, Ont. who died after six weeks illness; fig. 5, plate II. in the present number, is taken from the muscle of her daughter, who died after three weeks illness; figures 1 and 2 are from the tibialis posticus muscle of Mrs. Popham, and figs. 3 and 4 from the gastronemius muscle of Mr. Popham.

about eight weeks after the ingestion of the infected pork. These two plates therefore illustrate the first four cases known in Canada. These are taken with the same object glass, and at the same distance, and are calculated at 100 diameter. It is therefore obvious that the size of the worm in the Montreal cases is remarkably large. In figure 2, plate II. the worm has formed a perfect cyst and is therefore indistinctly seen through it. In the recent fatal cases in Chicago and Hamilton, no cysts were discovered. As, however, several are observed in these cases, it is probably that the cyst forms after about eight weeks, but that it does not become calcareous under a period of twelve months.

Figure 3. plate II. was when first extracted elongated at right angles, to its last coil, it so remained for several hours, and was then observed to move; after a few hours it was found to have contracted to its present form. It was therefore, probably, both alive and sentient. In its internal organization it shows well the medial line, which separates the ovaries from the intestinal canal and is therefore a large sized female to be unencysted. Figure 4, plate II. from the man's leg is the largest free worm yet observed. Some authors assert that the male worm is distinct from the female, and only one third the size; others consider that they are, with the rest of their order, Hermaphrodite. Very little can be seen of the internal structure of the worm in this photograph; but under the microscope it is exceedingly clear and shows no medial line, but a very uniform structure. The question arises, is it a male worm, or is it simply undeveloped, but of unusually large size? and lastly do the sexual characters develop themselves at all in the young worms hibernating in the muscle? On these points authors are conflicting; the re-search is surrounded by difficulties, and although so much has been written and proclaimed upon the natural history of these worms, I can only arrive at the conclusion that our knowledge of them and their history is yet in its infancy, and a field is here presented for further and very extended research.

Cases of Trichiniasis occurring in Montreal, by WILLIAM E. BESSEY, M.D.

In consideration of so much having been written upon the subjects of *Trichina Spiralis* and *Trichiniasis* I will confine myself in this paper to the *clinical history* of eight cases coming under my own observation in this city, in association with Dr. R. P. Howard to whom I am greatly indebted for able assistance in their management.

On the evening of March 25th 1869 I was called to visit a family of whom several were very ill; on going to the place I found upon inquiry that on the previous day all the parties then ill had eaten sparingly at dinner of hastily fried ham; that up to that time they had been in good health and about their usual avocations and since then nothing had been eaten by any of them. Upon the table were cold boiled beef, potatoes, bread and butter, tea and a hastily prepared slice of ham weighing $1\frac{1}{4}$ lbs. Eleven persons sat down; of these nine were helped to small pieces of ham and two received none; all of the nine afterwards became more or less ill, the two only escaping. This led me to request a portion of the ham for microscopic examination, which was promised by my next visit.

Patient No. 1.—A young married woman aged 25, had eaten a very small piece, $\frac{1}{4}$ inch thick by 2 inch superficial. Scarcely half an hour elapsed when she began to feel very ill, from nausea and desire to vomit, retching severely, but no vomiting; severe rigors soon followed, with icy coldness of extremities; retired to bed immediately, high fever next came on, with severe headache and great thirst; half an hour later, sharp cutting pains seized the bowels in umbilical region; had been drinking freely of cold water. Two hours after the meal, bowels became loose and purged excessively with severe griping pains and tenesmus: stools thin and copious and very dark in colour, desire increasing with the stools; felt a dryness of the throat, with tongue parched and feeling stiff and swollen, thirst on the increase—during the first night the pain in the head continued severe, with high fever and slight delirium; frequent draughts of cold water increased pain and looseness of bowels. Next day, 25th, felt severe pain in the back with a sense of heat radiating over the body, retching continues but no emesis.

March 25th, 10 P. M.—All symptoms previously enumerated, on the increase, skin hot and dry, tongue feeling clammy and swollen, very red at the tips and edges and covered with a dirty brown fur down centre; complains of a sense of constriction in muscles of the throat; severe, dull, sickening pain felt in cardiac extremity of stomach, pulse 146 in minute, stools occurring every ten minutes, thin and copious and dark brown; motions preceded and attended with severe tormina and tenesmus; a strange stiffness of the extremities with creeping sensation in arms and wandering pains throughout the body, severe indisposition (a general mal-laise) complained of, with complete anorexia, insomnia persistent, although patient craves for sleep; other patients similarly affected, in some considerable delirium.

Treatment.—Ordered sinapisms over stomach and prescribed Pulv. Ipecac Co. Grs. x every four hours:

26th.—Is very ill, pains relieved by powders, and also procured a little sleep; no improvement otherwise, looseness of bowels on the increase, tormina and tenesmus very severe, a good deal of soreness and tenderness of abdomen on pressure, not tympanitic, tongue same, retching without vomiting continues; sensation in throat of a dull, aching character—patient very prostrated, pulse 120 lying, 126 sitting.

Had a sample of ham given me, bought by the same purchaser from same vendor and identified as a piece of same ham as that of which the patients had eaten; handed a portion of this to Dr. J. Baker Edwards for microscopic examination; another portion was afterwards given to Dr. R. P. Howard

After seeing all the patients this a. m., and finding them suffering from very alarming symptoms which I considered to be those of trichiniasis, I requested a consultation with Dr. Howard which took place at 4 P. M.—found patient still same, symptoms continuing unabated,—as patient had not vomited, ordered Zinci Sulph Grs. xl to be taken immediately, and a tablespoonful of the following mixture every four hours.

Spts Amon Co. ξ i, Acid Carbolici 3 i, Opii Tinct 3 iiss, Syrupis ξ i Mucilaginus ad ξ viii.

Also recommended small quantities of beef tea every two hours.

Procured specimens of the urine from each person, which I tested for the presence of arsenic, lead, copper and antimony, but with negative results in every instance, thus leaving no room to suppose that mineral poisons had anything to do with the symptoms.

27th—Patient delirious last night, no abatement in symptoms, has taken medicine every four hours; beef tea caused distress in bowels with desire for stool, pulse 116, feeble—continued medicine every two instead of every four hours.

28th—Pulse 108—patient weak, no motions since 12 o'clock last night; less tormina, constant pain in bowels aggravated by drinks, continued thirst, tongue still red at tip and edges; Pharynx dry and slightly injected, lips the same, constant pain in back, pains and soreness in knees and ankles, numbness in hands and right shoulder, no appetite, has taken a little beef tea, with medicine every two hours since yesterday. 10 P. M. pulse 102, thirst increased, bowels soft, but tender on pressure, mind wanders, has taken a cup of beef tea to day and continued medicine, says she feels "most miserable."

29th—Pulse 90, tongue same, more tender at the tip, less thirst, bowels less pained after drinks, severe frontal headache, eyes appear heavy and are tender, no appetite, bowels not moved since yesterday, slept better during night, mind wanders a little—10 P. M. pulse 100, respiration short and

hurried, tongue slightly coated, severe pain in abdomen and limbs—one motion of bowels to day, paroxysms of throbbing pain in the head, spasms of pain in legs also.

30th—10 A. M. Considerable nausea, pains felt in the stomach for first time, radiating over abdomen, pain severe in head, back, and limbs; great thirst since yesterday, quite feverish to day, cramps and pain of bowels on pressure—pain and tenderness in calves of legs, lower third, extending down to ankles, soreness of muscles of both thighs and arms inner hamstring muscles particularly painful and tender to the touch to day; pulse 102, becomes heavy and feverish towards evening, one motion of bowels to day—10 P. M. Not able to sit up this P. M.; pulse 86—weak and feverish, eyes dull and heavy with considerable lachrymation, right eye puffed, throat quite sore, fauces very red, voice hoarse.

31st—Pulse 90—feels better, ate a little biscuit yesterday which caused pain and uneasiness in the stomach, this organ feels sore constantly, sometimes painful; no appetite to day, tongue cleaner, but still very red at tip and edges, still thirsty, bowels twice moved in last twelve hours, stool liquid and offensive, brown colour but contain no blood; pain severe in head and bowels to day with general abdominal tenderness, considerable soreness and tenderness felt along the inner and posterior aspect of the thighs and calves of legs, lower third.

April 1st—Very ill last evening, suffered much from pain in the head and throughout body, severe tormina, general abdominal tenderness greatly increased on pressure, particularly in right iliac region; sharp gnawing pains in left leg yesterday, continued into night, less severe at this time; pulse 84—one motion of bowels during night, attended with distressing pain.

2nd—tongue clean throughout, no appetite, sickness and pain in stomach occasioned by food ingested; only slight thirst now; moved about to day a little which produced severe aching pains in legs, inner part of thighs and calves principally affected; same felt in right arm, complains of "severe pain in the top of head," unlike anything before experienced; is now taking Carbohc mixture thrice daily.

3rd—Considerable nausea, abdominal tenderness increased, bowels very loose since yesterday causing much weakness; complains very much of stiffness in limbs—Pulse 90—tongue clean, very red and sensitive at the tip; no appetite.

5th—Complains of severe headache, painful and sore condition of muscles down back of legs, especially on moving or handling—appetite returning, and food taken does not now cause pain or uneasiness in stomach—Pulse 76.

7th—pulse 93—Feeling languid and feeble to day; tongue retains its characteristic appearance, abdomen still tender; eyes very weak and moist; severe pains in head and limbs to day; no appetite, stopped carbolic mixture and ordered ℞ Quin Sulph Grs xvi, Acid Nit dil ʒj, Tr. Gent Co. ʒij, Aqua ad ʒ viii, misce; to take a table spoonful thrice daily.

8th—Patient better, appetite improving, muscular pains less troublesome:

9th—Appetite still better, Pulse 98, considerable pain in head and back, also in bowels to day; eyes very weak to day, considerable Lachrymation, sight dim, conjunctiva injected, ordered ℞ Pulv Aluminis Grs: iv, Aqua Camphora ʒij, ft Collyrium — Bathe the eyes frequently, with this lotion.

10th—Feeling very well to day, good appetite, bowels regular but stools continue thin, of gruel consistence; tongue clean, slightly red at tip and edges, limbs sore and stiff in moving, tenderness felt along the inner aspect of right calf; is deep seated, near the bone, also along the inner side and back of left leg, and in right arm near insertion of the deltoid.

12th—Muscular pains increased, patient complains of being "sore from head to foot," severe aching pain in left knee; eyes heavy; pulse 90.

16th—Vision clearer, eyes stronger, less tender and watery, muscular pains same, heart greatly oppressed to day; is constantly sighing, pulse 96; appetite very poor, not gaining strength, but rather weaker to day.

17th—Very weak and languid; considerable thirst; muscular pains troublesome; no appetite; low spirited; pulse 102.

24th—Limbs still sore, has improved gradually since 17th; appetite better, aching pain with heat in bowels after motions; inclined to constipation, able to move about again and sew a little without fatigue.

29th—Limbs swell every day, greatly puffed in evenings; much exertion causes "a great deal of pain and stiffness with lameness," "oppression of the heart, and muscular pains" cause much inconvenience.

In this case a continued debility with soreness of the muscles, and want of tone in the digestive organs remain and are likely to continue for an indefinite time. This patient could not be prevailed upon to allow an excision of a portion of muscle to be made.

Patient No. 2.—Is husband of last patient a young man æt 25, in full health at time of the occurrence; eat of the ham at same time, but did not feel ill until following morning about 6 a.m., beginning with violent vomiting, severe throbbing pains in the head, cold chills followed by high fever, intense thirst, and excessive purging.

Received similar treatment to others; gave no emetics, vomiting having already been excessive, but purgative draughts, and carbohc mixture, thrice daily; patient made a rapid recovery, and was able to resume work on the 12th of April. In this case, severe headache and dizziness was felt throughout, with sharp griping pains in bowels, and excessive purging followed by considerable loss of strength, but with very little muscular soreness or stiffness, the knee joint sometimes painful, eyes feeling tender, conjunctiva red and watery with occasional dimness of vision; during convalescence patient seemed easily exhausted, dull and languid with disinclination for exertion.

Patient No. 3.—A lad of twelve years, had mild symptoms and recovered speedily; had eaten a very small portion, and vomited freely in an hour afterward, had slight purging with chills, headache and fever; received like treatment with others and was "all right" again in a few days.

Patient No. 4.—An old lady aged 88 years, of thin visage and wasted frame, very active up to 24th, ate a small piece of ham $1\frac{1}{2}$ in. square with others, and continued well up to 12 $\frac{1}{2}$ o'clock the same night, when she was seized with severe pains in the bowels, (umbilical region) immediately followed by excessive purging but no vomiting, cold chills soon came on with fever and great thirst; drank very freely of cold water which produced ineffectual attempts to vomit, continued to grow worse during next day; saw her first on the 26th in company with Dr. Howard when she was greatly prostrated; pulse 126; tongue dry and very red at tip and edges, brown fur down the centre, and feeling stiff and larger than usual, yet not perceptibly swollen; bowels moving freely every half hour, stools thin and copious, dark brown colour and offensive, frequent ineffectual desire to vomit, severe pains in stomach; abdomen flaccid and tender on pressure; ordered sinapism to stomach with desertspoonful doses of carbohc mixture every two hours, with frequent allowances of beef tea.

28th—Much worse, great thirst and high fever, very feeble, lies in a stupid drowsy state, requiring to be roused, all symptoms continuing unabated; beef tea to be given frequently and reduce carbohc mixture to teaspoonful doses thrice daily, also port wine $\frac{3}{4}$ j. every four hours; pulse 108.

30th—Still very feeble but better, pulse 96, no headache to day, looseness checked, bowels only once moved in past 12 hours, abdomen full, but no tenderness on pressure, slept well last night; continued treatment.

From this point patient continued to improve until 18th April, when she complained of tenderness of eyes with lachrymation, becoming

painful, stiff and itchy in mornings unless regularly bathed with warm water, sight impaired, is not so clear as formerly, is weak and tremulous and does not gain strength, appetite is good, amounting often to a craving for food; continue wine and beef tea and half tablespoonful doses of Quinine mixture three time a day

21st April—Patient very feeble, pulse 108, complains to day for first time of stiffness and soreness in limbs with weakness, eyes improving steadily, to which the lotio aluminis is being applied.

24th—Much weaker, has to be assisted in getting out and in bed, appetite failing, has no pain, much troubled with weakness and oppression of the heart, during past few days; head feels light and dizzy, pulse 102, bowels regular, weakness extreme, stimulants to be continued.

May 14th.—Limbs very much swollen in the evenings, left leg quite lame, is painful and edematous along down the outer surface, able to move about with *difficulty*, appetite good.

Patient No. 5.—A child of 16 months old was in good health previous to the 24th March, when it was fed with three small pieces of the ham in question. In this case no symptoms of illness were manifested until 11 a.m. of the following day, when the child became feverish, fretful and restless, very thirsty, and freely purged, stools thin, offensive and dark brown, occurring every few minutes, child crying with pain; on 28th, blood appeared in stools; 29th much worse, pulse 144; stools thin and bloody, and attended with severe pain, very feverish and thirsty; drinking barley broth. Prescribed \mathcal{R} Pulvis cretæ Opic ζ i. divid in pulv xii. one to be given every six hours, which resulted in complete relief in two or three days; after this the child continued pretty well up to the 19th April, when I found him fretful and restless, bowels ooze, face swollen, eyelids edematous, hands puffed, and eyes red and watery, conjunctiva injected, lids adherent in mornings, child looking pale and languid and no appetite; recommended bathing eyes with warm water and lotio aluminis thrice daily, and a teaspoonful every four hours of the following prescription:

\mathcal{R} Potass Acet grs. xxxii.; Spts. Eth. Nit. ζ iii.; Liqr Amon Acet. ζ iv. Tr Opii. Cam. ζ iss. Aqua ad. ζ iv.: saw child again on the 21st. and found it much improved, puffing of hands and face had disappeared, eyes much better and appetite good, after this it continued to improve, taking the following prescription:

\mathcal{R} Ferri et Quinæ Citras. ζ i. Syrup Aurant ζ i. Aqua ad ζ iv. misc. A teaspoonful thrice daily; Is now quite well again.

Patient No. 6.—A boarder, ate about $1\frac{1}{2}$ in. square of the ham in question, and shortly afterward felt very ill, with severe dull pain in

stomach and nausea; took immediately a large wineglass of brandy, and felt as well as usual until the 29th March, when he complained of feeling "sore all over" and unable to work, tongue parched, red at tip and edges and coated, thirst great, with severe pain in the back, pulse small and quick, 102 in minute: patient not being under my care I saw no more of him, but learned that the symptoms soon passed off and he quite recovered:

Party No. 7.—Had severe symptoms from outset, ate heartily of the ham in question, and about half an hour after the meal, began to feel very ill of a "severe pain across the bowels," and cold chills, went to bed and soon became very hot and feverish, and "awfully thirsty," had severe pain in head and soreness in limbs (thought he was taking rheumatism) about four hours later bowels became loose and purged excessively, with severe gripings and general malaise, "felt as if he should die," symptoms continued same to 27th left, his bed when severe vomiting came on, excessive purging and rending pain in the head continuing; stools thin and copious, very offensive, and of a brownish colour, occurring about every ten minutes. On the evening of the 27th took an emetic of Zinci Sulphus grs. xl. of his own accord and purgative draughts of Oleum Ricini, with Acid Carbolice Sol. gtt. xx—delirium continued during night wild and muttering; on the 28th began use of carbolice mixture prescribed for other patients, after which the pains and looseness of the bowels were relieved, excruciating pain with dizziness continuing in the head, patient feeling very irritable and "wicked," 28th—took another emetic of his own accord, vomited freely and felt better, slept well during night, on 29th—pain in head still severe and (light in the head) wandering. 30th—better and continued to improve from this point, lacking, however, for some time his usual good appetite, and vivacity of spirits.

Patient No. 8.—Mr. P., aged 50, was in excellent health previous to the 24th March, ate of the ham in question, a piece about 3 in. square, superficially and $\frac{1}{4}$ in. thick; felt no inconvenience until on the way to the shop, about half an hour or more after, when he was seized with severe tormina of bowels, with urgent desire for stool; had motion of bowels on reaching the shop, which was thin and copious, and attended with severe pain and tenesmus: pains in bowels continued very distressing, but no vomiting, desire increased with every stool, now felt a "rolling disagreeable sensation in stomach" but no nausea; severe rigors next set in, followed quickly by high fever, intense thirst and severe racking pains in the head with giddiness, extremities "icy cold" with wandering pains through the body; bowels moving about every forty

minutes with severe pain and tenderness, motions dark brown colour, liquid, copious and offensive, increasing in frequency to ten or fifteen minutes; during evening began to perspire profusely; tongue now felt swollen and stiff, and articulation affected thereby, with dryness of throat and hoarseness, felt heart beating rapidly, symptoms continued with increasing severity during the night of the 25th with wandering and sleeplessness, symptoms increased in severity on 26th; pains in head and bowels almost insufferable and aggravated by each motion which are more frequent; has throbbing of the heart now, with oppressive sinking and pains in the back and limbs, great thirst and complete anorexia.

26th.—Countenance very anxious, eyes wild, great exhaustion; pulse 126, thinks himself sinking rapidly; bowels very loose and pained, a strange stiffness, with wandering pains felt in limbs, tongue very red at tip and edges and coated with a dirty brown fur down the centre, clumsy and stiff in articulating, mucus membrane of mouth and fauces congested, dryness of throat, urgent thirst, drinks are immediately followed by stools, soreness with dull pain felt in stomach, very restless, copious perspiration, short rapid respirations, great tenderness of abdomen in lower zone particularly, stools every ten minutes, persistent insomnia. Ordered sinapisms to stomach, and ten grains Dover's powder every four hours, awaiting further developments; 4 p.m. saw him again in consultation with Dr. Howard, symptoms continuing: ordered Emetic of Zinc Sulphas grs xl to be taken immediately, no vomiting having as yet occurred, and tablespoonful doses of carbohc mixture every four hours, with frequent allowances of beef tea.

27th.—Patient very feeble, pulse 126, bowels once moved during night, fullness of abdomen and great tenderness on pressure; still perspiring profusely, severe pain in back, and general soreness: Emetic acted freely, is having fewer motions of bowels, but greater pains, ordered ℞ Oleum Ricini ℥ j. Oleum Terebinthinæ ʒ ii. Tr Opii, m xl. Oleum Ment Pip m ii. Mucilaginus ℥ iii. to take one fourth part every six hours.

28th.—Still weaker, took draught as directed, stools very frequent and copious since, pulse 108, thirst insatiable, severe pain on pressure in lower zone of abdomen, tongue same, inside of lips very red, stools occurring every ten or fifteen minutes with severe tenesmus, spasmodic attacks of griping now frequent, all other symptoms continuing; cease all medicine and take one of the following powders, every six hours.

℞ Morph. Sulph grs. ii Pulv. Cretæ Co grs. lxiv. divid in pulv viii. At 4 p. m. excessive thirst and high fever, coldness of feet with cramps in calves of legs, which feel sore to touch, frequent and violent spasms in bowels.

9 p.m.—Vomiting freely, very restless, pulse 126, respirations quick, has taken powders every six hours, eyes filmy and glaring, prostration imminent, ordered frequent doses (̄j.) of port wine with beef tea; cramps in legs relieved by rubbing with camphorated spirits, ordered Morphia Murias, grs. ¼ to be taken immediately to procure rest.

29th.—Is quieter this a.m., symptoms abated, less thirst and fever, slept better after morphine powder; pulse 96; tongue dry, still very red, some frontal headache, general soreness all over with shooting pains through body to day; slightest pressure on abdomen insufferable, great tenderness in gastronemius muscles, frequent action of bowels in last twenty-four hours, patient estimates 150 times, omit powders and apply turpentine stupes to abdomen, with 3 ii. doses of Carbohc mixture every two hours; 10 p.m. is restless, with sense of oppression in region of heart, pulse 108, soreness and cramps in legs this p.m., mind wandering, otherwise the same.

30th.—Took morphine powder last night, rested better, stools less frequent, liquid and bloody; abdomen less tense, still tender, no cramps but tenderness now in legs; 10 p.m., pulse 100, worse since noon to day, stools still bloody, more thirst, tongue same, swollen and stiff today, less soreness in legs, abdomen tense and painful on pressure, frequent eructations of wind, no desire for food.

31st.—Pulse 84, less thirst, tongue furred and very red, a little appetite to day, constant soreness with dizziness in forehead, six motions of bowels since yesterday, stools thin and bloody and very painful, great tenderness in right illiac and hypogastric regions; taking Carbohc mixture three times a day.

April 3rd.—Symptoms continues same, with tenderness of eyes, and presence of Epiphora and Myopia; recommended use of lotio aluminis same as used by patient No. 1, thrice daily.

April 5th.—Symptoms continuing; pulse 88, soreness in back of legs, troublesome in attempting to walk, is very dizzy and weak, tongue feeling tender at the tip.

6th.—Calves of both legs sore and stiff on moving, pulse 72, appetite good.

7th.—Dysenteric symptoms returned to day, with severe pain and cramps in bowels, abdomen still tender, pulse 86, constant lassitude and depression, complete anorexia, legs stiff and weak to day with want of proper use; taking Carbohc mixture ter. die. until to day; stopped it and perscribed, R̄ Quin Sulph. grs. xvi. Acid nitric dil. ʒj. Tr Gent Co ʒij. Aqua ad ʒ viii., misce, a tablespoonful thrice daily.

11th.—Hyperasthesia of skin complained of, stiffness and soreness of abdominal muscles and legs continues, no appetite, bowels regular.

12th.—Tried to work to day, but was unable to endure the fatigue; soreness of limbs with gnawing pains in knee joints and unsteadiness of gait, unable to straighten himself up because of soreness in abdominal muscles; gaining appetite but no strength.

14th.—Improved, bowels regular, increased stiffness and soreness in muscles and joints, eyes weak and sight dim.

15th.—Weak and prostrated, pulse 102, pain and tenderness of limbs to touch, has constant aching pains and great soreness about the junction of gastronemius with tendo achilles.

18th.—Limping about to day from soreness in calves of legs, very weak also; a little exertion followed immediately by great prostration, muscular pain in right arm about insertion of deltoid muscle, these pains are of a "tearing character," inmoving; appetite good, bowels very irregular, one day loose and next quite costive, and much pain with motions.

19th.—Patient feverish and exhausted, some gurgling and pain in bowels to day, moved once to day, a few rose spots on abdomen, gurgling and tenderness on pressure in right illiac region, pain in head and limbs, eyes tender, still no appetite.

21.—Still very feeble; pulse 90, limbs tremulous, lameness of leg passing away, soreness remains, bowels confined; to take Oleum Ricini $\frac{3}{j}$. rose spots disappeared, no gurgling, bowels irregular, either very loose or very costive, smallest quantity of food taken causes pain in stomach. 24th.—Symptoms same, bowels constipated continually now. lameness gone, muscular pains still troublesome.

May 14th.—In company with Drs. Howard, Sewell, Ross, and Fenwick, excised a portion of left gastronemius muscle in patient which was afterward submitted to a careful microscopic examination by Drs. Girdwood, Edwards, Howard, Fenwick and others and found to contain living Trichinæ in large numbers, and in an advanced stage of development.

This patient has made several attempts to resume his daily occupation but has as many times only proved his utter inability to endure the fatigue consequent upon continued muscular exertion, and at date of publication is laid up with small abscesses in the gastronemius muscle resembling furunculus.

Last Case No. 9.—Is wife of previous patient, aged 46; was in good health previous to the 24th, also ate a small part of the infested ham; began to feel ill about 3 a.m. on the following morning (15 hours after) first had cold chills, rigors beginning in feet and running through the body, severe griping pains in bowels; after a short sleep awoke with

severe headache, high fever and great thirst, tongue stiff and unable to speak distinctly, "had a very strange and indescribable state of feeling, was very ill indeed," severe pain in stomach and bowels but no vomiting or purging, moved about with difficulty because of weakness, pain in head and dizziness; had first motion of bowels on the morning of the 25th with sharp pains in bowels, thirst continuing urgent.

26th.—Took Dovers powder last night which relieved pains, mind wandering during night, pulse 96; tongue presents same characters as other patients, ineffectual desire to vomit, especially after drinks, thirst very great, much pain in bowels on pressure but no looseness, saw patient at 4 p.m. with Dr. Howard, ordered Zinci Sulphas grs. xl. as an emetic to be taken immediately, to be followed by Oleum Ricini \bar{z} j. and tablespoonful doses of Carbohc mixture every four hours.

27th.—No better; medicines operated freely, mind wandered during the night, with sleeplessness and headache, great thirst and no appetite, bowels very loose; taking carbohc mixture.

28th.—Pains under left breast and in back and limbs to day, a pricking sensation in arms with darting pains, calves of legs sore to touch, four motions of bowels to day, stools light brown, thin and offensive, abdomen flaccid, tender on pressure, tongue very red at tip and edges, and coated, complete loss of appetite, languid and weak; taking beef tea, drinks cause immediate pain in stomach and bowels, pulse 92.

29th.—Symptoms continued, soreness felt in both legs, at a spot inside of leg above maleolus, and it appears to be slightly swollen, no pains in legs or thighs.

30th.—Pains in bowels, severe last night across the lower zone; slept well, no motions since yesterday; pulse 74, pain in left leg from the calf to ankle, none in the right.

31st.—Soreness and dizziness in forehead, no pain now felt after eating.

April 4th.—Bowels regular once a day, attended with pains, also feels a little headache and uneasiness in stomach, made an ineffectual attempt to walk yesterday, prevented by pains in the back of thighs.

5th.—Stiff and sore all over: spot in right arm painful, constant headache and severe pain in back, tongue feeling very stiff and clumsy, pulse 78.

7th.—Great oppression about the heart, shooting pains through back, stitches felt on taking a deep inspiration.

8th.—Pulse 96; head very sensitive to noise, increased soreness and stiffness in limbs and joints, feeling as if rheumatism were coming on.

9th.—Pulse 84; no fever, legs complained of, calves and knees stiff and painful, soreness of tongue at tip, other symptoms same as before.

12th.—Pulse 84, improved appetite, increased soreness of muscles, every part of body sore to touch, muscles most painful near junctions with tendons, eyes very painful, feeling sleepy and almost powerless at times, no appetite, stop carbohc mixture, and substitute Mixt Quinine, tablespoonful doses three times a day, and bathe eyes with lotio Aluminis.

18th.—Eyes better and improving daily, muscular pains and stiffness passing away.

21st.—Walked a little yesterday, suffered much in afternoon from pains and stiffness in joints and limbs, and exhaustion, appetite gone again, "pained all over," pulse 90.

22nd.—Feeling worse, pains in limbs of a rheumatic character, soreness of whole body to the touch, great oppression of the heart with darting pains and heat in back, is confined to bed, recommended bathing with warm water and frequent applications of R̄ Linamentum Saponis ℥ iv. Tr Arnica ℥ ij. Spts Vin Rect ad ℥ xii. to painful muscles; to continue wine, beef tea and Quinine mixture.

24th.—Less oppression of heart to day, frequent sighing still, pulse 70 sluggish, muscular pains increasing, momentary relief experienced from linament and warm applications, very weak to day, no appetite, food gives pain in stomach, continue treatment.

29th.—Feeling better, less pain in limbs, stiffness remains, limbs swollen and slightly edematous in evenings, all gone in the morning, tongue sore at the tip, patient still very feeble, can move about the house slowly but with much pain and soreness in limbs.

May 14th.—Patient's limbs have been swollen and edematous for several days, quite so to day, patient is feeling quite well again with exception of the muscular soreness and great oppression of the heart, consented to allow an excision of a portion of muscle from the leg, which was done accordingly at my request (for certain reasons,) by Dr. Fenwick, from the tibialis posticus muscle, and in presence of several medical friends:

This bit of muscle about 10 grs. was subsequently submitted to a careful microscopic examination by Drs. Girdwood, Howard, Fenwick, and Edwards, separately, and found to contain the veritable *Trichina Spiralis* in an advanced stage of development. *See Photographs.* In this case it is well to remark, that there has been in the latter stages extreme debility of the heart and general muscular system with frequent spells of weakness threatening a fatal termination by syncope, which has only been prevented by the liberal use of wine, essence of beef, and Tr Ferri Mur m x. c Quin Sulph grs j., every six hours.

Diagnosis.—This is not difficult, especially when it can be ascertained

that pork has been eaten. In these cases it was possible to reduce the ingestion of the cause first to a *definite time*; "they were in good health previous to dinner on the 24th March;" again, others beside those ill had been present at the same meal, but none of these had eaten any "ham" while all who had eaten "ham" were *without a single exception*, afterward taken ill, thus reducing the offending cause to the "ham"; it now remained to consider what it might contain that would produce such effects as here presented themselves upon the human system. These might have been caused by irritant mineral poisoning, as for instance, the salts of lead or antimony, or the burning thirst, heat of throat, and swollen tongue, by arsenic, and yet this was not probable as a dose of either of these sufficient to produce such violent symptoms would most likely have ended very speedily in death; while to leave no room for doubt upon this point the tests for their presence were carefully applied to samples of the urine, with negative result. Ingestion of putrid food might have accounted for the excessive nausea, vomiting, purging, and rigors followed by fever and thirst, but the ham was fresh and of the most wholesome appearance. The wandering pains and creeping numbness in the extremities, with the peculiar sensations in the stomach becoming painful but preceded by tormina of the bowels, the peculiar appearance of the tongue, the choleraic symptoms, the order of appearance also of the symptoms, taken in conjunction with their severe character and persistence, all tended to confirm a suspicion of *Trichinæ Spiralis* as the offending cause. Proceeding upon this view of the case, I had the ham examined microscopically by Dr. Edwards, and called to my assistance the aid of Dr. R. P. Howard, professor of medicine, McGill University. *Treatment*—the indications seem to be to relieve the stomach and bowels as speedily as possible of all offending matters by emetics and purgatives, destroy if possible the parasite in the alimentary canal, allay fever, pain, and general disturbance of the system, support patient's strength, counteract local inflammations that may arise, as Gastritis, Enteritis, Peritonitis, Pleurisy, Diaphragmitis or Pneumonia, and in later stages prevent extreme prostration and fatal termination by syncope.

CORRESPONDENCE.

To the Editors of "Canada Medical Journal."

LABORATORY, 630 LAGAUCHETIÈRE STREET.,

MONTREAL, JUNE 1869.

GENTLEMEN,—The question of fees payable to professional witnesses, is one which the late inquest at St. James Club, brings prominently before

the profession. The fees payable to Physicians and Surgeons for attendance at Court in criminal cases three years ago were \$4 per day. In Montreal they were changed to \$1 a day for attendance at Court under subpoena, and \$4 only when detained at Court to give evidence. Last year the Council of the Province of Quebec issued the following order :

*Extract of an order in Council of the Province of Quebec, dated
20th July, 1868.*

“ The Honorable the Attorney General recommends that Physicians, employed by Coroners to make an autopsy or examination of bodies of persons on whom an inquest is held, shall be paid as follows: For an autopsy the sum of fourteen dollars; for an external examination of the body, four dollars; but the Coroner shall not employ more than one Physician for the inquest.”

“ For chemical analysis of the body a sum not to exceed fifty dollars shall be allowed. This is to include all chemical analysis connected with the case. When a chemical examination is deemed necessary, the Coroner shall inform the Attorney General, who shall name some Medical Practitioner to be employed; not more than two experts shall be employed in any case.”

“ The Attorney General furthermore recommends that besides the allowance for indemnity to Crown witnesses according to chap. 107 Consolidated Statute of Lower Canada; a Medical witness giving professional evidence before the Court of Queen's Bench shall receive the further sum of two dollars per diem for his loss of time.”

On referring to Chap. 197, Section 1, Consolidated Statutes of Lower Canada, we find the following:

“ Unless the witness is poor and needy, he shall be entitled only to his actual travelling expenses from the place of his residence to the Court and back, and his just actual disbursement for board and lodging not exceeding the rate of one dollar per day, while detained in attending the Court at a place where he does not reside. Section 2. If the witness makes affidavit before the Court, Judge, Recorder, Inspector, Superintendent of Police, or Justice of the Peace, that he is poor and needy, he may also be allowed a reasonable sum for his trouble and loss of time, not exceeding in any case the rate of one dollar per day.”

This order in Council has reference only to the ordinary post-mortem examination and to evidence given thereon, so far as the post-mortem examination is concerned. The surgeon or physician under whose care the patient happens to be, may fairly be called upon by society to give his time and trouble in any case he may have under his treatment in the course of his practice for the fee mentioned, for he is only in the same position as a passenger along the street who is eye witness to an accident or a murder and has therefore to attend and give his evidence.

But where a physician or surgeon is called in to make an examination in a case where he has not been in attendance previously, and as it were in a case outside his regular practice, then he is in a different position; he is

called by the Government, to undertake a duty and give them advice, and at once is placed in the position of demanding that if his services are required, they must be paid for according to his own scale of charges irrespective of orders in Council, and may refuse to undertake the examination unless his demands are acceded to.

If he finds that a chemical analysis is necessary and he be not capable of conducting such investigation, as few physicians and surgeons are, he has to seal up the vessels in which he places the contents of stomach, viscera &c., and apply to the coroner to appoint some one to investigate the case for this purpose.

The order in Council provides for this also and says that for all the analyses required in any case a sum of \$50 dollars shall be paid. The fees to be given for evidence in Court are fixed at \$2 per day over and above what is allowed to ordinary witnesses viz 60 cents, and if away from home \$1 per day for board.

Now here is a manifest injustice, for if you accept the duty you are sworn to give evidence at the coroner's Court and are then subpoenaed to give evidence at the other Courts and must attend under a penalty; there is no refusal. After once the duty is accepted you become a tool in the hands of the law officers and can not refuse to give any information asked, (alternative,) or perjure yourself and for this the Government gives you not what you ask as a just value of your services, but what they set upon your services as a value.

Having been employed in several cases by the Government both of Canada and of Quebec to make chemical analyses, I have been taken from home to make the analysis, and even to be present at the exhumation of the body and make such section of the body as I deemed necessary. I have had to take my apparatus from home to make the analysis in the country, and subsequently to give evidence, and medical opinions, and to consult with the lawyers for the prosecution, go over the evidence, and cross examine medical witnesses for the defence through the crown prosecutor. I have sent in my claim to the Government, and have had varying sums sent me, always less than my claim, by the Government in liquidation of my claims; feeling dissatisfied, I determined upon the first opportunity to try the question, and accordingly when I was handed the viscera in this case for examination, I at once wrote to the Attorney General, to state what my fees were, and to ask if these fees would be paid, at the same time strongly recommending that some one should be appointed with me to conduct the analysis. Failing to receive a reply, I called personally upon the Attorney General, who courteously informed me that he could not authorize any payments except in accord.

ance with the order in Council; he however did say, casually, that that order was illegal; what he meant by the observation I know not. He refused to appoint any one to act with me as he had he said, no authority under the order in Council. (illegal?) Under these circumstances I declined to undertake the duty, and was requested to hand over the matters I had received to Dr. D'Orsennens' partner Dr. Gauthier, in Dr. D'Orsennens absence, he having been appointed by the Attorney General as the second expert, between myself and whom the coroner was to choose. I communicated with Dr. D'Orsennens the reasons that led me to decline to undertake the case in a letter; he called upon me and I explained my letter to him, he asked me what I wanted him to do? I told him, just what he chose; I did not wish to bias his opinion in any way but simply wished him to understand the grounds upon which I declined to undertake the work, and also the fees upon which I was willing to undertake it. He subsequently called upon me and told me he would not undertake it except on the same terms I offered; he did more, for I am informed he called on Dr. Coderre, Dr. Rottot, and Dr. Craik with a view of obtaining from them, promises not to undertake the case, except upon the terms mentioned in my letter to him, as the terms on which I was disposed to accept the case. Dr. Coderre and Dr. Rottot I understand gave the required promise, and Dr. Craik told him that he had been so badly treated in similar cases before, by the authorities that he would not undertake anything at all for them. On leaving me Dr. D'Orsennens told me that he would do nothing without consulting me; this he volunteered, and the result, he takes the case, without one word to me. I may say a few words in regard to the case seeing that I was present during the Inquest.

The unfortunate gentleman was seen asleep at 5 o'clock p.m., and from that time till 9 p.m. slept soundly snoring lustily, after a drive around the Mountain; at 9 p.m., a friend Dr. Horsey finds him snoring, awakes him, he gets up asks for a "pick me up," or refreshing dose, and the Dr. gives him one in the shape of 5 grains of quinine. In half an hour he goes out, and two hours after he is found snoring on a sofa in the club, he cannot be aroused, one physician present, calls a second also present, they have him removed, conclude by symptoms, he is suffering from the effects of some narcotic which contracts his pupils to a pin's point, and he dies at four a.m.

Dr. D'Orsennens states that he finds quinine in the urine, but none in the stomach, the interval between taking the quinine and death is seven hours, functions are much checked, quantity of urine in bladder is only ten ounces, in stomach is a pint of fluid, he takes nothing into stomach for seven hours. The Dr. accounts for the absence of quinine in stomach

on the grounds that in seven hours all the quinine would be absorbed, and passed through the circulation and separated by the kidneys.

I am sorry to see a professional brother place himself in such a position as the Dr. has here. Upon what grounds does he state this as a fact?

Doubtless he will find quinine as also most other matters in the urine in a short time after ingestion into the stomach, but when taken up, it passes into the blood, and wherever the blood circulates, ought to be found and should have been found in the stomach, or at least in that portion of the blood which was circulating in the gastric walls and tissues connected. The only conclusion that I can come to, admitting that the quinine was found in the urine by the Dr. and not in the stomach, is that, the quantity in the urine was excessive and that the Dr's tests were incapable of finding the small quantity present in the stomach, which must have been very minute considering that the one ten thousandth part of a grain may be detected and this patient seems to have had from three to five grains.

A five grain dose of quinine taken, will yield proof of its presence in the urine twenty-four hours after ingestion into the stomach. And therefore it should have been found in the stomach or circulating fluid in this case. It would be more satisfactory if the Dr. had given us the process by which he proved quinine to be present. In this case the physicians who attended the sufferer during life were of opinion that the patient died from the effects of opium in some form or other; the symptoms did not simulate any natural disease, but the chemist finds no morphia which should be present nor does he find anything deleterious; he only finds quinine which was given, and that only in the urine.

The jury find he died of hereditary epilepsy; but in the evidence of symptoms there is a want; that want is, that there is not a single symptom of epilepsy present.

Congestion of the brain evidently was present and a general engorgement of all the viscera, and these are the only symptoms the post-mortem examination yields. I have some further matters to give you concerning this case but have trespassed too much already in this. I wish to obtain your views, and through you, those of the profession on this subject of fees.

Your obedient servant,

G. P. GIRDWOOD, M. D..

Foreign Body in the Œsophagus, Obstruction, Abscess, Œsophagotomy, Recovery. By DONALD MACLEAN, M.D., L.R.C.S., Edinburgh, Professor of Surgery and Clinical Surgery in the Louisville Medical College.

On the 18th February, my colleague, Dr. Goodman, asked me to see E. R., a girl, æt. 23 months, who was supposed to have a piece of bone lodged in the œsophagus.

The history of the case, up to this date, is thus given by Dr. Goodman. On the 10th day of February, Mr. R., the patient's father, called at Dr. Goodman's office, late at night, and stated that the child had two days before, been eating mutton hash, when she suddenly became "choked till she was black in the face;" that the mother, becoming alarmed and excited, forced the mouth open and passed her finger as far as possible down the throat, where she felt what she supposes to have been a piece of bone similar to one that she had, on a previous occasion, succeeded in extracting, under similar circumstances, from the same child's throat. On the present occasion, however, she failed to seize the piece of bone, but felt it move downwards, beyond the reach of her finger; the child coughed violently for a few minutes and spat up a little blood, and then appeared quite relieved, but refused to swallow anything but fluids, and had gradually become more and more restless and feverish till the advice of Dr. Goodman was asked. An emetic was prescribed, and early on the 11th, Dr. G. visited the case and found extensive bronchitis, with the usual amount of accompanying general indisposition. He examined the throat as carefully as possible, but could find no evidence of obstruction of any kind and concluded that the child's unwillingness to swallow solid food was caused by want of appetite and not by loss of the *power of deglutition*. The bronchitis gradually subsided under treatment.

On the 16th, Dr. Goodman was again called and found well marked roseola, and noticed that there was some diffuse swelling of the neck, in the neighbourhood of the thyroid cartilage, on both sides, but chiefly on the left; the patient carried her head on one side, the left, and carefully avoided all motion, especially lateral. There was now, also, total inability to swallow even fluids, although the little patient, evidently suffering very much from thirst, was never tired of making the attempt. Nutritive and stimulant enemata were prescribed, with benefit.

On the 17th the symptoms continued, and in addition, her breathing became somewhat embarrassed, and on the morning of the 18th, I saw her with Dr. Goodman. The roseola had disappeared, but otherwise her condition was unchanged, except that the swelling of the throat was

greater and her breathing more embarrassed than when Dr. G. saw her on the previous evening.

The pulse was too rapid and feeble to be counted, the skin hot and dry, the tongue furred, the face livid and bearing an expression of restless anxiety, the breathing very much oppressed and accompanied by a loud whistling sound, suggestive of œdema glottidis, which, however, did not exist. The swelling of the neck was very difficult to define, owing partly to its depth and partly to the compression by the larynx and neighbouring muscles. Moreover, the child who, was very small of her age, had a remarkably short, thick and fat neck. At this and several subsequent visits paid during the day, the most careful manipulation failed to determine, positively, whether suppuration had actually occurred or to afford any precise information as to the condition of the deep structures.

On questioning the mother during my first visit, she informed us, that while endeavouring to swallow one of the doses prescribed by Dr. Goodman for the bronchitis, the child had "coughed up a small splinter of wood."

During the day, hot, soothing applications to the surface and inhalations by the atomizer were sedulously employed with the effect of affording a slight degree of temporary relief. Towards evening, however, I was sent for in a great hurry and informed that death, by strangulation seemed imminent. It was now quite evident that there was but one resource left, viz: operation, and that there was no time to be lost. I proposed to cut right down through the swelling, partly with the hope of discovering and extracting a foreign body, but mainly with the confident expectation that a deep-seated abscess would be evacuated, and immediate relief afforded to the function of respiration.

In this proposal Goodman acquiesced, and I immediately proceeded to carry it into execution, feeling deeply that my position was one of more than ordinary responsibility. The age and exhausted condition of the patient, the unsatisfactory history, the indefinite character of the swelling, and the obscurity of the ordinary anatomical landmarks produced thereby, the close proximity of important anatomical structures, all combined to render the operation one of extreme difficulty and danger.

Chloroform having been administered, I made an incision on the left side along the anterior margin of the sterno-mastoid muscle, extending from the level of the upper border of the thyroid cartilage down to a point opposite the lower border of the cricoids. I cut at once through the skin, platysma and fascia, pressed upwards the omo-hyoid muscle, divided the fibres of the sterno-hyoid and sterno-thyroid muscles; with the forefinger of my left hand pressed the carotid artery outwards as

far as possible, and on the point of the same finger guided the knife downwards, inwards, and backwards, to the projecting wall of the œsophagus, from which, on the application of the edge of the knife to it, I hoped to witness a discharge of pus. The instant the opening was made there was a loud gurgling eructation of gas and an increased flow of blood from the wound, and the next moment all present became painfully sensible of a stench of the most penetrating character, and this was immediately followed by the discharge from the wound of about two tablespoonfuls of dark, grumous, fœtid pus. I then introduced my finger into the wound and right into the interior of the œsophagus, but could not discover a foreign body of any kind. Convinced, however, that the main object of the operation had been attained, and that, in case a foreign body was present, a more favorable opportunity of exploring for it would be afforded subsequently, we gladly desisted from further manipulation, and permitted nature to restore consciousness without interference of any kind. No vessel required to be tied. The result was precisely what we had anxiously anticipated; the breathing became quite natural, the whistling sound (produced no doubt by compression of the windpipe) entirely ceased, and when consciousness returned it was found that the function of deglutition was fully restored. The little sufferer was now able to enjoy a copious drink of milk, although with every act of deglutition a small quantity was discharged by the wound.

19th—Morning. Slept very well; wound discharging copiously; drinks freely, but refuses solid food; can't speak above a whisper; bronchitis lighted up again, and is general in both lungs; pulse very rapid, but stronger than yesterday. Ordered beef tea, and expectorant mixture, poultices to neck, and counter-irritation (mustard) to chest. Evening—Breathing suddenly much embarrassed; high fever; countenance livid; pulse extremely small and rapid; discharge from wound almost entirely arrested. On passing a probe into the wound it was found that a valvular closure had been formed, probably by the contraction of the neighbouring muscular structures; the introduction of the probe was followed by a gush of healthy pus, and instantaneous relief of the urgent symptoms. A pledget of lint was then inserted to prevent the recurrence of this accident, and was replaced at each dressing for the next few days. After this date everything went on well, the discharge poured away very freely for some days, and then gradually diminished in quantity, and the wound closed up from the bottom, of its own accord, after having been probed in all directions on several occasions, but without result so far as any foreign body is concerned; the bronchitis slowly subsided, the voice returned, and now, March 10, the child is quite well.—*Abridged from Louisville Medical Journal.*

P E R I S C O P I C D E P A R T M E N T .

Medicine.

TWO CASES OF INCONTINENCE OF URINE FROM EARLIEST CHILDHOOD, CURED BY MECHANICAL DILATION.

Guy's Hospital—under the care of Dr. BRANTON HICKS.

A cause of incontinence of urine is indicated in the following cases which is not generally recognized. The treatment which Doctor Hicks applied was very successful, and we have no doubt the record of it will be of great service to practitioners who have patients suffering from this very troublesome condition.

Case 1.—M. A——, about twenty-two years old, had suffered ever since she can remember from incontinence of urine, and almost incessant desire to micturate during the day. Had been under a great amount of treatment. She was admitted into Guy's Hospital under one of the surgeons, who examined for stone, but found none, nor any disease of the bladder, but a contracted one. Dr. Hicks offered to take charge of her. He began first by injecting solution of morphia, which lessened the irritability to a great extent, so much that she was for two or three nights free from her distress. However, no further progress was made, but rather retrocession. Dr. Hicks then ordered the bladder to be distended as much as possible by plain warm water. This was done by his clerk, Dr. Chas. Smith, very carefully, daily. Almost directly she derived benefit, and in the course of a week she was quite well. The treatment was kept up for a week more and she went out. After three months the nocturnal incontinence returned, and she was readmitted; but the bladder became rather more irritable. Morphia was again used, but not acting so well as before, an injection of nitrate of silver, twenty grains to the ounce of water, was employed. This caused some pain after, but in a week she improved, with occasional trouble at night. She could hold half a pint of urine at a time in the day, but not so much at night. However, by an occasional injection of morphia she gradually regained the power of retention, and went out again free from her complaint. It was curious that for two or three days of the latter part of her treatment she was troubled with complete retention of urine; this, possibly was of a nervous character.

Dr. Hicks remarked that the constant evacuation of urine permitted by some mothers to their children allowed the bladder to become so constantly empty, that after a time the muscular power of the sphincter was not sufficient to counteract the contractility of the organ. In recent

cases, no doubt this would be voluntarily overcome by adults; but in old-standing cases, although we do much by lessening the sensibility of the bladder, yet we might proceed at once to overcome its resistance by mechanical force, so that further treatment would not be required. This was strongly shown in the following case, which recently was under his care in Guy's Hospital.

Case 2.—The history was precisely similar to that of the last. The bladder was at once injected with water; it shortly held half a pint. The incontinence was rapidly cured; and the patient went out to service.

Both these girls had been unfit for service from their complaint. Dr. Hicks suggested the applicability of this treatment to both sexes, in cases with similar history; at any rate it would be harmless unless violence were used. He thought it was possible that in some of the cases there were congenitally small bladders, and these possibly might be more difficult to manage.

There is much more difficulty in treating the contracted state of the bladder in chronic cystitis. A great deal can, however, be effected by injections of various kinds, as was shown in the following instance:

C. C.—, aged twenty-six, had cystitis after delivery, which caused her great pain, and intense desire to void urine every half hour. Various remedies were tried; styptics and sedatives to the interior of the bladder. Nitrate of silver injection (thirty grains to the ounce) was most beneficial. The distress it caused was considerable; but she preferred it, as giving most subsequent relief. Morphia solution was always left in afterwards; and also at other times, to lessen the sensitiveness; occasionally mechanical distension was employed, but it was found nearly impossible to inject beyond three ounces at a time. After three months she could retain urine nearly three hours, when Dr. Hicks thought it might be possible to distend the bladder to a greater extent under chloroform. This was tried; but three ounces was the greatest quantity admitted. There was a great deal of irritation after, and she was not so well as before. After a week she could hold her water only for an hour and a quarter. Afterward she improved, and could manage to retain urine for an hour and a half, when she left the hospital.

Whether the resistance of the bladder was simply from the thickened walls, and from this and inflammatory adhesions also, did not appear clear in the case. The resistance was very firm. She had, however, gained something altogether by the treatment; but not so much as she would have done had no attempt been made to distend the bladder.—*Medical Times and Gazette.*

Canada Medical Journal.

MONTREAL, JUNE, 1869.

CORONERS' INQUESTS AND MEDICAL FEES.

We submit to our readers a most important letter from Dr. Girdwood, on the subject of Medical fees for services rendered by physicians, before our courts of law, in criminal cases, and a translation of a copy of the order in council of the Province of Quebec, bearing date 20th July, 1868. We cannot see upon what principle of equity the Honourable the Attorney General, for the Province of Quebec, issues the above order; it has reference alone to criminal jurisprudence, and we are under the impression that the Council for the Province of Quebec, have overstepped their prerogative in this instance. We believe that all matters connected with criminal prosecution, are under the care and supervision of the general government; if they are not they should be. Crime committed in one portion, of the Dominion, possesses the same moral bearing as in any other section of the country. The House of Commons enact laws for the repression of crime, and the law officers of the several Provinces, have alone to carry out these laws for the general weal. But it is no part of the role of the Local Legislatures to enact laws or issue orders in council, which will in any way interfere in the just and equitable administration of justice. In cases of a criminal nature, where the life or liberty of a subject is at stake, and where skilled evidence is necessary, it is in every way desirable that the best evidence that the country can procure should be forthcoming, therefore we must take exception to the miserable peddling policy of limiting the remuneration to a stated sum which will not be accepted by men whose evidence is worth receiving. With regard to the remuneration to be paid to a medical witness before the coroner's court, we have nothing to say, as we think the amount specified is sufficient. It is, however, wrong to limit the coroner to the selection of one medical witness. Cases may arise wherein the evidence of two physicians may be a necessity. The coroner should therefore possess the authority, (and we doubt much, whether he does not possess that authority,) of using his own discretion in any given case, and summon to his aid two or more physicians if necessary.

In the matter of Chemical Analysis where such is deemed necessary, no stated fee can be admitted on any principle of equity. Investigations of this kind can only be undertaken by chemical experts who have devoted their attention to these subjects, and who are familiar with chemical manipulation. It is a special department, and requires a special training with the familiar use of the various instrumental aids which science and art have designed. It is not to be expected that in any serious case, a chemical expert can, in justice to himself and to the country, undertake work for a special fee, which will not yield him laborers' wages. Chemical analysis will sometimes occupy days or weeks of patient and laborious investigation. It naturally follows that, unless he (the expert) is adequately remunerated for his labor, the work will be hurried through, performed in a slovenly manner, or altogether neglected. If then a stated fee is to be the rule in such cases, we will retrograde to those dark ages, when the poisoner and murderer could stalk abroad and perform his deadly work, without fear of detection. In the case alluded to by Dr. Girdwood, may be seen the first fruit of the Quebec cheese-paring policy, and had this been a case of a more grave nature, one in which were bound up the interests of society, or of an individual wrongfully accused, the result would have been equally embarrassing. The Government cannot expect to secure the services of efficient men, in the face of this objectionable order in Council.

With regard to the allowance of indemnity to medical witnesses, giving professional evidence and attendance in the Court of Queens' Bench, the order is a farce, and no medical man of any respectability, and whose evidence is calculated to allay public excitement and carry any weight, will, if he can shift out of it, place himself in a position of thus earning two dollars per diem, for his loss of time.

THE LATE ELECTIONS TO THE MEDICAL COUNCIL OF ONTARIO.

Besides the representatives appointed by the several Universities and Colleges upon the Medical Council, there are twelve elected by the medical profession of Ontario, there being twelve electoral divisions. As a result of the elections which took place on the 8th of this month, there has been returned only four of the late members of the Council, of those who degraded themselves by consenting to become associated with homœopaths and "eclectics." We recognize this as an indication of a healthy and dignified feeling among our brethren of Ontario, and as a condemnation of the unprofessional conduct of such men as McGill,

Clarke, Aikins, and their humble followers. Elsewhere we give a list of all the members of the new Medical Council including those from the two sects, the "homœopaths" and "eclectics." Also, we give place to a protest made by Dr. Agnew, of Toronto, against the voting by two homœopaths, who although licensed as regular practitioners availed themselves of their alliance with the homœopaths to vote as such; and one of whom is actually a representative. Surely honorable men would not have placed themselves in such a dishonorable position. Here we see the first proof of the crudeness and imperfect nature of the bill, which officious men have forced upon the profession of Ontario.

We shall look with some interest to the meeting of this mongrel council. Some of the gentlemen elected, intend, we are informed to act under protest against the coerced union the Legislature has effected. We have yet to be convinced there exists one truly sincere and educated member of our profession, who will consent to remain in association with men for whom they can have no respect. The occasion is one of extraordinary importance, which will require a calm, dignified, but firm and uncompromising adherence to principle.

The gentlemen selected to form the medical council from our ranks, may depend upon it, the eye of the profession will be upon them. If we mistake not some, if not all of the four, who have been re-elected, secured their election by expressing strong views against the homœopathic clauses of the Act, although they had previously committed themselves to the measure. These persons have now the opportunity of retrieving their lost reputation. But if they, or any one else, manifest a disposition to fraternize with quackery—with men who, while professing to be the followers of Hahnemann, adhere not to his teachings; with Thompsonians who falsely declare they give only vegetable drugs, with any sect who say "we are not as other men," we promise them the benefit of a notice, and the credit of recreancy.

MEDICAL COUNCIL OF ONTARIO.

Protest of Dr. Agnew.

HOMŒOPATHS VOTING AS REGULAR PRACTITIONERS.

Toronto, June, 8, 1869.

To L. BROCK, ESQ., M.D.,

Returning officer,

Midland and York Division.

SIR.—I hereby protest against the reception of the vote of Dr. Duncan Campbell, Homœopathic practitioner and president of the Homœopathic Board, and of Dr. Charles B. Jones, Homœopathic practitioner, both of this city.

First: Because the meaning and intent of clauses or sub-sections 2 and 3 of section eight of the Ontario Medical Act, clearly deprives Homœopathic practitioners from exercising the franchise in respect of any of the elections of the twelve members referred to in said sub-section 3.

Second: Because the said Dr. Duncan Campbell, and the said Dr. Charles B. Jones, were improperly permitted to register as "Allopathic" members of the College of Physicians and Surgeons, since the passage of the Ontario Medical Act, whereas they were both, long prior to the passage of said Act, and still are, recognized members of the Homœopathic body, and provision is made for their proper registration, in sub-section 3, section twenty-three of the said Act.

I therefore, protest against the votes of the said Dr. Duncan Campbell and Dr. Charles B. Jones, being recorded.

I am sir,

Your obedient servant,

J. N. Agnew, M.D.

Note by the Editors.—Notwithstanding this protest the persons mentioned did record their votes in favor of Dr. Morton who was defeated. Is L. Brock Esq., M. D., the editor of the *Dominion Medical Journal*?

THE MEDICAL COUNCIL ELECTIONS.—The full returns from the twelve Electoral Divisions in Ontario, entitled to send representatives to the Medical Council, are as follows:—

1 Western and St. Clair, Chatham—Dr. Edwards; 2 Malahide and Tecumseth, London—Dr. Hyde; 3 Saugeen and Brock, Guelph—Dr. Clarke; 4 Gore and Thames, Woodstock—Dr. Covernton; 5 Erie and Niagara, Brantford—Dr. Pyne; 6 Burlington and Home, Hamilton—Dr. James Hamilton; 7 Midland and York, Toronto—Dr. J. N. Agnew; 8 Kings and Queens, Whitby—Dr. McGill, M.P.P., 9 Newcastle and Trent, Cobourg—Dr. Dewar; 10 Quinte and Cataraqui, Kingston—Dr. H. Day; 11 Bathurst and Rideau, Ottawa—Dr. Mostyn; 12 St. Lawrence and Eastern, Brockville—Dr. Brouse: The University of Ottawa—Dr. Grant; Queen's College—Dr. Bethune; Victoria College—Dr. Berryman.

ECLECTIC REPRESENTATIVES.—N. Hopkins, M.D., Dunville; G. A. Carson, M.D., Whitby; J. J. Hall, M.D., St. Mary's; S. S. Cornell, M.D., Toledo, and R. H. Clark, M.D., Cobourg.

HOMEOPATHIC REPRESENTATIVES.—Dr. Campbell, of Toronto; Dr.

Field, of Woodstock, Dr. Allen, of Brantford; Dr. Springer, of Ingersoll, and Dr. Adams, of Toronto.

HOWARDS PATENT VENTILATOR.

Our friend Dr. Henry Howard, who has charge of the Lunatic Asylum, at St. John's, has come out as an inventor, and in a pamphlet which we have received from him, he describes a new method of ventilation, which he has had patented in this country and in England. We also notice that the invention has received the unqualified commendation of the Prison Inspectors, who witnessed its operations, as well as that of Dr. Smallwood, Professor of Meteorology in McGill College, who eulogises its working, upon scientific grounds. Its construction is exceeding simple. It is designed to be placed in the upper part of windows and is so arranged as to admit air upwards and inwards vertically. Its advantages are the *perfect distribution* of pure air through all the rooms of a building, freedom from draught, and the absorption in the passage upwards of all impure gases, aqueous vapours, &c., latent in the atmosphere; the former by a box of charcoal and the latter by a sponge conveniently arranged.

UNIVERSITY OF MCGILL COLLEGE.

The annual convocation for the conferring of degrees in medicine was held in the William Molson Hall, of the University, on Tuesday, the 4th of May—the attendance being large, Dr. George W. Campbell, the Dean of the Faculty, made the following announcements. The total number of Students in the past session was 151—viz: 58 from Quebec, 81 from Ontario, 2 from Newfoundland, 5 from Nova Scotia, 1 from New Brunswick, 3 from Prince Edward Island, and 1 from the United States.

The number of Students who passed their Primary Examination, which includes Anatomy, Chemistry, Materia Medica, Institutes of Medicine, and Botany or Zoology, was 39, alphabetically arranged as follows:

Backhouse, John B., Simcoe, O.; Baird, James, Fitzroy Harbor, O.; Barclay, George E. London, O.; Bergeron Joseph, St. Marie, Q.; Buckley, Wm. P., Prescott, O.; Case, Wm. H., Hamilton, O.; Clarke, Richard A., Trafalgar, O.; Clarke, Octavius H. E., Montreal, Q.; Cluness, Daniel, East Williams, O.; Collins, Charles W., Quebec, Q.; Comeau, John B., River David, Q.; Corlis, Josiah, Simcoe, O.; Cowley, Thomas, Ottawa, O.; Dunsmore, John M., Mitchell, O.; Faulkner, Geo. W., Belleville, O.; Graham, Adam C., Fort Erie, O.; Henderson,

Alexander A., Fitzroy Harbor, O.; Howitt, Wm. H., Montreal, Q.; Loux, Wm., Ottawa, O.; Levitt, William, Ancaster, O.; MacFarlane, Wm., Clarendon, O.; Main, John, R., Melbourne, Q.; Marston, Alonzo, Hull, O.; Mathieson, Neil, Embro, O.; McEwen, Finlay, Ashton, O.; McIntosh, Donald J., Vankleek Hill, O.; McNab, Francis A. L., Ottawa, O.; Miller, Robert, Galt, O.; Moore, Robert C., London, O.; Perrigo, James, Montreal, Q.; Rooney, Robert F., Compton, Q.; Seager, Francis R., Sarnia, O.; Stafford, Wm. A., Montreal, Q.; Stevenson, Robert A., Cayuga, O.; Sutherland, William, Montreal, Q.; Youker, William, Belleville, O.

The following are the names of Students who received the Degree of M.D., C.M., their residences, and the subjects of their Theses:

Alloway, Thomas Johnson, Montreal, Pyæmia; Archer, Thomas, Montreal, Opium; Ardagh, Johnson, Orillia, O., Hysteria; Baynes, Geo. Aylmer, Montreal, Variola; Bradley, Wm., Fenagh Vale, O., Necrosis; Buckle, John M. C., Ottawa, O., Mortification; Bull, George Joseph, Montreal, Amblyopia; Campbell, John, Osborne, O., Alcohol in Health; Cherry, William, York Mills, O., Dysentery; Clement, Victor A., St. Guillaume, Q., Menstruation and Amenorrhœa; Collins, Charles W., Quebec, Circulation of the Blood; Cooke, Sidney P., Ottawa, O., Indigenous Medical plants of the Ottawa Country; Corlis, Josiah, Simcoe, O., Carbolic Acid; Cox, Frank, Charlottetown, P.E.I., Digestion; Dansereau, Chs., Verchères, Q., Inflammation; Finnie, John T., Montreal, Diphtheria; Fraleigh, William S., Picton, O., Influenza; Fraser, Donald M., London, O., Stricture of the Urethra; Hammond, James H., Montreal, Epidemic Cholera; Harkness, Andrew, Matilda, O., Ovariectomy; Hunt, J. H., L.R.C.S.I., 1st Batt. Rifle Brig., Suppurative Infn. Liver; Keefer, William N., B.A., Galt, O., Gunshot Wounds; Kittson, John G., Minnesota, U.S., Animal and Vegetable Nutrition; Lucus, Thomas D'Arcy, Wellington, O., Trichiniasis; MacCrimmon, Donald A., Logan, O., Tabes Mesenterica; Macfie, James, Clarenceville, Q., Cholera Infantum; MacFarlane, William, Clarendon, Q., Uterine Hæmorrhage; McKay, John, South Finch, O., Typhoid Fever; McLaren, Peter, New Perth, O., Phthisis Pulmonalis; McNeece, James, Quebec, Cod Liver Oil; McTaggart, Alex., East Williams, O., Cholera Infantum; Meane, John, M.R.C.S.L., 78th Highlanders, Dysentery; Moore, Robert C., London, O., Necrosis; Morrison, David R., Montreal, Erysipelas; Proudfoot, Alex., Southampton, O., Opium; Rodger, Thomas A., Montreal, Puerperal Hæmorrhage; Scholfield, David T., Fonthill, O., Stricture of Urethra; Stewart, James, Ottawa, O., Physiology and Pathology of the Blood; Tabb, Silas E., Montreal, Diarrhœa Infantum.

The Holmes Gold Medal was awarded to by Thomas D. Lucus of Wellington, Ontario. The prizes for the best Primary Examination were awarded to Alexander A. Henderson of Fitzroy Harbor, Ontario; and for the best Final Examination to Andrew Harkness, of Matilda, Ontario. The following gentlemen were considered worthy to compete for the Holmes Gold Medal; Messrs. Harkness, Cherry, Bull, Stewart, McKay, Cooke, Finnie, Buckle and Keefer.

The following passed the best Primary Examinations, viz: Messrs. Youker, Sutherland, Backhouse, Baird, Loux and Stevenson. The names are arranged in order of merit.

The Demonstrators, 1st. prize for Practical Anatomy, in the Senior Class was divided between Mr. Andrew J. Cattanach, and Mr. Henry R. Brissett. In the Junior Class the 2nd prize was awarded to Mr. George A. Stark.

Dr. Colin C. Sewell, M.D. (Edin.), received the *ad Eundem* Degree of M.D. C.M. The Sponsio Academica having been administered by Dr. Wright, the candidates were called forward and had the Degree of M.D., C.M., conferred upon them by Principal Dawson.

Dr. John Campbell then addressed the graduates in a few well chosen remarks, after which the valedictory on behalf of the Faculty, was delivered by Professor Howard. This we publish in the present number of the Journal. This closed the proceedings of convocation so far as the Medical Faculty was concerned, the remainder of the afternoon being devoted to the Faculty of Law.

VICTORIA UNIVERSITY.

The commencement exercises of this University took place in Cobourg the first week in May, and proved highly satisfactory to the friends of the Institution.

BACCALAUREATE.

On Sunday evening last the Baccalaureate sermon was delivered in the W. M. Church, by the Rev. W. M. Punshon, M. A. The large church was completely packed, a considerable number being obliged to leave for want of room. The text was 1st Corinthians, 12th chapter, 31st verse. "But covet earnestly the best gifts, and yet show I unto you a more excellent way."

ADDRESS TO THE ALUMNI.

On Tuesday afternoon, the annual address to the Alumni was delivered by the Rev. A. H. Reynar, M. A., Professor of Modern Languages

and English Literature, who chose for his subject, "The Relation of the Beautiful to the Good." It was an exceedingly finished composition, and displayed a vast amount of thought, deep research, and metaphysical acumen. At the close of this address, the annual meeting of the Alumni Association was held. The election of officers for the coming year resulted as follows:—President, Rev. W. M. Punshon, M.A.; 1st Vice-President, J. J. McLaren, LL. B.; 2nd Vice-President, Dr. Brouse; Secretary, H. Hough, Esq., M. A.; Treasurer, J. W. Kerr, Esq., M. A.; Committee, Alumni resident in Cobourg; Lecturer for 1870, Dr. Canniff. A hearty vote of thanks was then given to the retiring officers, for the excellent manner in which they discharged their duties during the past year.

ALUMNI DINNER.

At eight o'clock, between sixty and seventy gentlemen, members of the University and Alumni, sat down to a sumptuous dinner, provided by mine host of the Pauwel House. After doing ample justice to the eatables, the intellectual entertainment was commenced by the chairman (Mr. Punshon) proposing the usual loyal toasts, prefacing each with some eloquent remarks most appropriate to the subjects. A number of other toasts, suitable to the occasion, were proposed and responded to. Amongst those who took part in the affair were, Drs. Canniff, Berryman, Peltier, Brouse, Lavell and Platt; Professors Nelles, Burwash, Perkins, and Ormiston; Rev. Mr. Parker, Dr. Green.

THE CONVOCATION.

The Convocation was held in Victoria Hall, on Wednesday afternoon. It is estimated that over a thousand people were present. Many had come from the Province of Quebec, and some from New Brunswick, while all parts of Ontario were represented. The ladies, formed a large proportion of the gathering. On the platform we noticed President Nelles, who presided; the Rev. W. M. Punshon, M. A.; Dr. Beatty, Prof. Lavell, Queen's College; Dr. Brouse, Prescott; Dr. Peltier and Prof. Jenkins, Montreal; Drs. Berryman, Canniff, Barrick and Fulton, of Toronto, and some others.

The following degrees were then conferred in medicine.

M. D.—W. Anderson, G. Archambault, S. Ambuchon, J. M. Aylesworth, W. Bald, E. Boissy, R. P. Boucher, G. Brown, F. Butler, J. A. Carroll, T. Carter, C. L. Coulter, E. H. Dansereau, W. Ferron, P. O'Keefe, J. M. Platt, E. Plaute, J. A. A. Peltier, L. Proulx, J. Russell, W. B. Towler, G. B. Frazer, W. W. French, E. Gervais, P. Giroux, A.

Graham, G. Halley, J. Hanley, W. T. Harrison, W. W. Hepworth, W. Henderson, E. Hurtubise, T. Kiernan, J. J. Kingston, S. Santoine, G. Stewart, P. H. Spohn, A. Tremblay, F. X. Trudel, W. W. Turver, A. S. Kirkland, E. Lachapelle, W. Lamontagne, J. Landot, A. Larose. W. B. Lindsay, W. M'Camus, T. Marchesseault, A. Munier, D. Mitchell, A. Moreau, P. B. Mignault, G. A. Neal, R. Ough, J. B. Tanguay, J. H. Watson, J. H. Webb, J. H. Widdifield, J. W. Wood.

After this, Dr. Berryman addressed the medical graduates. He said they are now entering on an honorable profession and one of great responsibility. They are only at the commencement of their career. They have the study of the most beautiful and interesting object in nature, namely, man himself. They owe great duties to society; they must be careful and gentlemanly, never display any coarseness of manner. Set a good example and avoid temptation, They have many trials and dangers, all of which must be overcome if success is desired. Be economical. The great point and essential one in medical ethics, is to "do unto others as you would that they should do unto you."

Mr. Punshon was then called upon for an address, and as usual, made a splendid speech.

THE CONVERSAZIONE.

The Grand Conversazione in the evening, held under the auspices of the Literary Association, was a most brilliant affair. Some five hundred ladies and gentlemen were present. The evening was principally passed in promenading and social chat. A Band supplied excellent music.

ERRATA.

A very stupid error crept into our last number, in the article on the mortality of Montreal. After alluding to the very unenviable position occupied by our city, in a sanitary point of view we stated that according to the report of the Sanitary Association, its annual mortality was 25 per thousand. This figure bore absurdity on its face, for if it had been correct, Montreal would not have been deserving of the severe language we made use of. The correct reading should have been, "the mortality of Montreal during 1868, was 39.6 per thousand." This is some 7 per cent above Manchester, England, which is considered to be one of the most unhealthy towns in England, and 15 per cent above the average of the chief cities in Great Britain. As we said before, our mortality is frightful and it is time energetic means were taken to lessen it.

GONE TO EUROPE.

Dr. Fraser, Professor of the Institutes of Medicine, McGill University, sailed for Europe, in the "Nestorian" from Quebec on the 19th June. He intends being absent until autumn. This is the Doctor's first visit to the old country, since he settled in Montreal, about thirty years ago. We wish him a pleasant trip, and a safe return to his family.

GONE ABROAD.

Dr. T. J. Alloway, Dr. Baynes and Dr. Keefer, B.A., graduates of McGill, this year, sailed for Europe in the Prussian, the end of May.

APPOINTMENTS.

Dr. Chesley, M.D. (McGill—1862,) has been appointed Surgeon, on the Steamship Hibernian, in place of Dr. Lynch, of Toronto, who retires. This latter gentleman has made hosts of friends, during his term of ocean service, and now that he is again a landsman, we wish him all possible success, in practice.

Dr. T. G. Roddick, of Harbor Grace, Newfoundland, has received the appointment of Assistant House Surgeon to the Montreal General Hospital.

It is with deep regret we have to chronicle the death of Gilbert Finlay Girdwood, M.D., of Howly Place, Maida Hill, London. Dr. Girdwood was the father of our friend and fellow townsman, Dr. G. Prout Girdwood, and was a most successful practitioner, and also a worker in the field of science. He contributed many papers on the subject of Cholera and the use of saline injections into the veins in that malady.

CODE OF ETHICS

OF THE

AMERICAN MEDICAL ASSOCIATION,

ADOPTED MAY, 1847.

CODE OF MEDICAL ETHICS.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable

the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which many occur and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of patients to their physicians.*

1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and pre-dispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

4. Equally derogatory to professional character is it for a physician to

hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unmasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, with-

out awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practise from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No deci-

sion, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing and under seal*, to be delivered to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a con-

scientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and

when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of

another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical*.

2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE
OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to ensure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances; such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.