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CANADA
MEDICAL & SURGICAL JOURNAL

NOVEMBER, 1878.

Original Communications.

INTRODUCTORY ADDRESS, ON BEHALF OF THE
MEDICAL FACULTY, MCGILL UNIVERSITY,

October 1st, 1878.

BY THOMAS G. RODDICK, M.D.,

PROFESSOR OF CLINICAL SURGERY.

GENTLEMEN,—In compliance with a custom honoured by time and sanctioned by experience, I am here to-day on behalf of my colleagues to extend a warm and hearty welcome to the students of this Faculty; and at the same time to offer to you who are beginning, and to you who are resuming your studies, some words of advice as to their management. To many of the latter among you the “introductory” is a thrice-told tale, so that my remarks will be directed in great part to those before me who are about to enter upon the study of medicine, or who, at all events, occupy these seats for the first time.

And first allow me to congratulate you on the choice of a profession, for, while it is one of the most laborious, and the most self-sacrificing, it ranks amongst the noblest, the most important, and at the same time the most interesting of all the occupations to which the highest human endeavors are turned. Although you will never, from the pure practice of medicine, amass the enormous wealth of many who engage in trade, still a fair compe-

tency may always be yours, and a share of that worldly distinction of which all are more or less ambitious. You have a great and glorious work before you, namely, to relieve suffering, and to put back death,—and see to it that you prepare yourself well for the fight, else your defeat is certain, and may be most disastrous. When it is considered what dire consequences may follow even a comparatively trifling error in the practice of medicine, is it to be wondered at that teachers show such anxiety to be thoroughly understood, and that examiners often appear so exacting? They feel, and most naturally too, the grave responsibility of their respective positions; and between them and the public a tacit understanding exists, regarding the qualifications of those who are to minister to their wants when laid low by accident or disease.

You are fortunate in entering upon the study of medicine at this time. Medicine is advancing with gigantic strides in every direction; connections with the kindred sciences are being made daily, new lines of enquiry are being opened up, and problems hitherto not dreamt of are pressing forward eagerly for solution, so that the hum of a busy and fruitful activity is pervading all its ranks. Medicine is acknowledged on all hands to have made a greater advance in the past twenty years than in the century before. Men representing every department are now busily at work. Where before chemists and physiologists alone occupied the dark lanes of research, we now find the agents of pathology and therapeutics pushing eagerly forward in the van, and with the aid of experiment, wiping out old and fusty traditions. The latter, especially, which has been well-likened to a lazy boy always lagging behind his fellows, will ere long have burst the rusty bars that confine him, and reach that seat in the science of medicine that has been vacant so long. You may plead, and with some reason, too, that on account of these advances, the work in store for you will be greater than that required of your predecessors. That is true, but only in part, for whereas the amount of ground to be surveyed is now-a-days greater in extent, the facility and accuracy of research have more than proportionately increased. What would your

predecessors of even ten years ago, not have given for a taste of the opportunities in store for you in connection with the subject of physiology alone! Whereas they had to be content with rough plates and diagrams in the elucidation of those great functions on which life depends; these will be made clear as noon-day to you by experiment, and by the use of the microscope, and other physiological apparatus.

Your curriculum, certainly, has a formidable appearance, judging from the number and extent of the subjects it contains, but these will be found to blend or dovetail the one into the other so intimately that after a time the work becomes less onerous than it appears at the first glance. The business before you is undoubtedly great, but not greater than may be effected with pleasure and confidence. As you will doubtless have gathered from the annual announcement of the Faculty, certain changes have been made in the programme of the course, to come into operation this session. It is to be hoped that students will fall in with the new arrangement, as, in the words of the announcement, by means of it "a certain definite amount of work must be accomplished in each year, and, moreover, an equitable division is made between the Primary and Final branches." The subjects which will especially engage your attention during the first two years of your studentship are Anatomy, Physiology, Materia Medica, and Chemistry.

Anatomy should remain throughout as one of the great central subjects of your medical studies. It has been well represented as the keystone of the arch, touching at the same time both halves of your work—medicine on the one hand, surgery on the other—and sustaining the whole superstructure securely in its place. You will learn your anatomy from lectures delivered in the class-room, and from the Demonstrators in the dissecting room, but in truth the latter is the place where you get a really practical knowledge of the subject. The Professor of Anatomy teaches you where the various structures and organs of the body are to be found, and their relations, &c.,—in the dissecting-room you make them out for yourselves and handle them. Not the least part of dissecting, by the way, is the handling of the

healthy tissues, among which you are working, as then you are in a better position, later on in the course, to recognise diseased structure as met in the autopsy-room. Do the work faithfully. In dissecting a muscle be not satisfied merely with seeing its belly, but trace it to its origin and insertion, and verify your observations by constant reference to the skeleton. Combine a little surgery with your anatomy. Study out the actions of muscles, so that you may be able to appreciate fractures, their deformities, the means by which they are produced, and the mechanism by which they might be overcome. Make out for yourselves where the main arteries can be tied with greatest ease, and you will find invariably that there the surgeon also would look for them, in his endeavour to arrest hæmorrhage or close up a diseased vessel. Study the various regions of the body, such as the neck, the armpit, the groin, the ham, &c. The anatomy of the joints—their various hollows and prominences—should receive your special attention. Make constant use of the black-board, and if you have any taste for drawing by all means cultivate it. Make outline sketches of your dissections and complete them at your leisure. Every stroke of your pencil or brush will help to fill another pigeon-hole in your memory. There can be no doubt that a careful drawing of a well-prepared dissection will save hours of book drudgery, and must lead to clear and accurate ideas. But it is later on when you come to deal with morbid growths, deformities, &c., that this accomplishment will be found of the greatest service. I may appear to lay unnecessary stress on this subject, but I feel so strongly regarding it, that I hope the day may come, and soon too, when there will be a teacher of drawing and painting in connection with every well-equipped school of medicine.

As anatomy is the keystone, so Physiology is the chief cornerstone of rational medicine. It is now generally conceded that there can never be a great physician who is not at the same time a good physiologist. Devote much of your time then to physiological research. Save up your pocket money and buy a microscope, so that you may be enabled to work up at your leisure the subjects that will be brought before you from time

to time in the lecture-room and in the laboratory. Never lose an opportunity to compare diseased with healthy structures, for then morbid anatomy will be receiving its just share of your attention.

Chemistry, theoretical and practical, is a subject that will interest you much, although its area is now so vast that it is hardly possible for the student to obtain a knowledge of the whole. It will be found indispensable in your study of Physiology and Materia Medica, in the momentous questions of Forensic Medicine, such as the detection of poisons, &c., and in the examination of secretions at the bedside. I would earnestly advise the study of the laws of light, heat and electricity, as they will be found later on to occupy prominent positions in the treatment and diagnosis of disease. The importance of electricity and galvanism as therapeutic agents for the relief of pain, and the restoration of use and feeling to paralyzed parts, is now fully recognized.

Materia Medica with its important department of Therapeutics will also demand considerable attention at your hands. It is to be regretted in this connection, that the old system of apprenticeship has passed away, as then materia medica was imbibed as it were insensibly; by constant handling one got to know the colour, taste, smell, and a hundred other qualities of drugs. It is to be hoped that the present requirements of the faculty regarding Practical Pharmacy, will meet with an earnest response from you all. Some knowledge of Botany and Zoology will be demanded by our esteemed Principal, but while a fair idea of either of those subjects is expected of you, it is not desirable that they should engage so much of your attention as to exclude the more important, and purely professional work. While here may I be allowed to express the hope that as the general education of the student of medicine continues to improve (and the improvement has certainly been vast within the last few years) these may with benefit be placed in the list of subjects for preliminary examination.

By following the course thus laid out for you, you plant deep and firm a scientific ground-work for the study of those

disorders of structure and function, which is to be your ultimate special work. It should be one of your chiefest aims to combine in proper proportion, science and art. It would be a mistake in a man who aspired to becoming a practical physician to devote all his time to the study of chemistry or physiology alone; but the abuse of a thing is no argument against its proper use, and it will invariably be found that he is the best practitioner in the end who builds on such a foundation as the due study of the subjects I have just reviewed alone can give. The mere practical man will be found full to overflowing of false pathological theories which often form the basis of a mischievous treatment.

As your object then is not to become anatomists, physiologists, or chemists alone, but physicians and surgeons, your next place is the wards of the hospital—that “romantic region,” which will be found to have its charms for all—young and old. Here your faculty of observation will be brought fully into play—not that restless prying curiosity that begets disappointment and disgust, but a calm, careful searching after facts that only habit can engender. “You don’t know” as a recent novelist has aptly put it, “that you are forming a habit; you take each act to be an individual act, which you may perform or not at your will; but all the same the succession of them is getting you into its power; custom gets a grip of your ways of thinking as well as your ways of living; the habit is formed and it does not cease its hold until it conducts you to the grave.” The habit of observation is not intuitive then; it has to be acquired. The younger of you will spend your time most profitably in the out-patient room of the hospital, where you will learn what a wound is and how to dress it; what an ulcer is and the various methods of treatment. You will have an opportunity here also of studying the commoner forms of fracture, and the application of dressings for their relief. Occasionally visit the Ophthalmic room, where under the present able management there is much to be learnt by the youngest of you in connection with the diseases of the Eye and Ear. Do not attempt too much, however. The medical cases will yet only puzzle and fret you, so that I should advise

you to avoid them until you are better qualified to appreciate them. In the meantime stick to those things that you can see and handle, and your pleasure and satisfaction will be great.

Gentlemen of the Graduating Class, I would remind you that the days of your studentship are rapidly drawing to a close; and it is to be sincerely hoped that you will make the utmost possible use of your opportunities for acquiring that practical knowledge which is so essential to your future success. Let your labour be well directed, and then the least gifted among you may expect reward. Buxton says: "The longer I live the more I am certain that the great difference between men, between the great and the insignificant, is energy, invincible determination, an honest purpose once fixed, and then death or victory." It is one of the greatest improvements in the medical teaching of the present day, that practical instruction is carried to such a high pitch. This is not done to the exclusion or detriment of systematic teaching, but the one is made a help-mate of the other. Thus the facts you gather from the systematic chairs of medicine, surgery and obstetrics, are all more or less capable of verification and illustration at the bedside. You are admonished then to be much in the wards. It is there that you educate your senses to appreciate the signs of disease. You cannot too soon get into the habit of examining patients for yourselves, for this is really to be your life's work. Touch, handle, listen wherever you can; see everything you can see with your own eyes, do everything you can do with your own fingers. In a word, practice the habit of minute methodized observation. Any notes you may have to make should be jotted down at the time of observation, else they hourly become of less value. Record your observations in the fewest words, and in the plainest terms. I would here remark that while it is not practicable for every student to become a clinical clerk, the cases are in a manner the property of all, so that all are encouraged to report, and the clinical teachers will be ever too happy to render any assistance in their power. Despise nothing, however insignificant, that can in any way improve your knowledge. It is a mistake too often made to run after sensational

cases,—curiosities which are seen perhaps once or twice in the course of a long practice. The patients who are most likely to consult you in your early days of practice, will in the majority of instances suffer from those ailments, which perhaps in your student days you looked upon as trivial and unworthy of your consideration. “It is only an abscess,” one student was overheard to say to another with regard to a case on which some remarks were being made, and which he did not condescend to examine with the others of the class. It became necessary in a very short time after to examine this gentleman for his degree. Among the cases presented by the clinical professor was one identical with that which he had so indignantly spurned. He failed to make it out. Its only an abscess said the examiner and then after reminding him of his indifference, proceeded to give him some friendly advice on the subject of “little things,” which I happen to know has not been entirely forgotten. Even, if it be only an abscess, then, gentlemen, don’t despise it. I urge you to be open to receive knowledge by every avenue; never despise any method of inquiry, however minute and apparently unpractical, which may throw light upon the nature of disease; every appliance or new mode of procedure introduced with a view to making diagnosis more exact, should at any rate receive fair play at your hands. When medicines are prescribed note accurately their actions, for in this department we are all humble observers. The actions of many drugs and other remedial agents, are, as you know, very imperfectly understood. As Professor Rutherford puts it, this is the department that hangs fire, and so retards our progress. Note especially the actions of those new remedies which are now on their trial. Above all things I would entreat you during your practical observations not to deceive yourselves. By this I mean, never persuade yourselves that you understand or see what really you do not understand or do not see. In other words do not play tricks with your own senses, else intellectual ruin is your certain fate. When you are asked to see your stethoscope, or ophthalmoscope, or laryngoscope, never desist, never be satisfied, until you

have, at all events, made out something of the nature of what you hear or see. Remember what Shakespeare says :—

“To thine own self be true ;
And it must follow as the night the day,
Thou can'st not then be false to any man.”

In order that the scheme of practical instruction shall be successful, the teacher must have the cordial co-operation of all his class. Speaking on this very subject that prince of clinical teachers, Dr. Murchison, makes the following remarks, and these will suffice to make clear my meaning.

“The student who comes forward before the whole class is not only taught himself, but he himself becomes a clinical teacher. His difficulties, his suggestions, and even his mistakes become the means of teaching the rest of the class. The blunders you make show you how to avoid them for the future, and in the meantime furnish me with a capital opportunity for clinical remarks.

You are to bear in mind that the best and most experienced Physicians are constantly making mistakes in examining patients, and in the diagnosis of their diseases.

Although a mistake sometimes excites a smile or laugh, the students who laugh most are usually those who do not take part in the examinations themselves, and are the least entitled to laugh. It often happens that they who make the most mistakes at first, in a few months turn out to be the most expert observers.”

Let us help one another then, Gentlemen. In the department of Surgery, for instance, we are now especially in need of all the assistance you can bring us in our endeavour to carry out that system of treating wounds which is destined to supercede all other methods. The originator of this system is to-day but a humble observer, so that it may be in store for any of us to throw that additional ray of light which alone is wanted to perfect that stupendous scheme, in the consummation of which I sincerely believe with a recent American writer, that the name of Joseph Lister is destined to outrank in medicine all

of his century, not even excepting the discoverer of anæsthesia.

In the midst of your anxiety to acquire knowledge, I would ask you never to lose sight of the respect and sympathy due to the sick and afflicted. Now is the time to cultivate that tenderness, not only of touch but of heart that marks the true physician. Remember how sensitive are the feelings often of those deprived of health, and how much pain is oftentimes caused to them by an inconsiderate word or deed. Even as students then, you have it in your power to lay under contribution the affections of those whom accident or disease has for the time brought in your way.

When human skill no longer avails, and death terminates your case follow it to the autopsy-room, and compare there the post-mortem appearances with the clinical observations you may have made. It is impossible in our day to over-estimate the value of pathological research, and I am happy that the opportunity here offers to state how far we in this city have advanced in that department of medical instruction. We have it from one whose opinion we all value highly, "That there is no autopsy-room in London in which the post-mortem examinations are so well or so systematically conducted as they are in our General Hospital."*

Having in my imperfect way taught you how to work, the next task, which you might with all fairness impose on me, is to teach you how to rest. One method by which you can always obtain mental repose is to vary your "mental diet." Prolonged application to one study is certain to weary the brain, as one set of muscles become tired out by a continuous strain. You will often find great relaxation and pleasure in the perusal of books other than those connected with your professional work. It is said of the great diplomatic chieftain, Earl Beaconsfield, that after a severe mental strain he has recourse to the reading of light literature as a recreation. While I do not advocate novel reading, I believe there are many novels which might be read with profit by us all. "Every kind of

* Letter from London.—CAN. MED. JOURNAL.

literature," observes a thoughtful writer," comes into play some time or other; not only that which is systematic and methodized, but that which is fragmentary—even the odds and ends: the merest rag or tag of information." The exercises connected with your Medical Society, which I would strongly advise all students to join, are of the nature of a recreation: Take a moderate amount of physical exercise daily, always stopping short of fatigue. The body as well as the mind has rights which must be respected. We may cheat ourselves but we cannot cheat nature. "Because she lets us overdraw our account for many years, we fancy the accounts are not kept, but depend upon it she is a zealous creditor, who is sure in the end to exact with compound interest every loan she makes of us; and if we continue borrowing for work the hours that are due to sleep, although we may postpone a settlement for years, the final and inevitable result will be physical and mental bankruptcy."

In conclusion, Gentlemen, I exhort you to work earnestly and honestly; to be kind and charitable one to another; and to be temperate in all things.

"Come wealth or want, come good or ill,
Let young and old accept their part,
And bow before the awful Will,
And bear it with an honest heart.
Who misses or who wins the prize,
Go lose or conquer as you can,
But if you fall or if you rise,
Be each, pray God, a Gentleman."

PRESIDENTIAL ADDRESS,

DELIVERED BEFORE

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY

ON OCTOBER 18TH, 1878.

BY HENRY HOWARD, M.D., M.R.C.S., ENG.

Medical Attendant to the Longue Pointe Lunatic Asylum, P.Q.

GENTLEMEN, CONFRERES, MEMBERS OF THE MONTREAL MEDICO-CHIRURGICAL SOCIETY,—It is hardly necessary for me to assure you of my deep gratitude for the high honour you have conferred upon me in electing me your President for the ensuing year. Yes, Sirs, I feel it to be a very great honour, I feel that no greater could be conferred upon me by my confreres than that of placing me at the head of a society that is recognised as representing the Medical profession of this city, and indirectly, the profession throughout the Dominion of Canada.

But while I feel proud of the honour thus conferred, I feel somewhat humiliated by the conviction, that I have been chosen by this society, not because of my ability or talents; not because there are not men amongst you who stand head and shoulders over me in the knowledge of medical science; but because from your kindness of disposition, your truly liberal spirit, so well becoming members of your most liberal profession, you thought it meet to pay a tribute of respect to so old a member of the profession, to so old a friend—for many of you I have known from early childhood.

Ours is a profession that receives but few honours from either hereditary Sovereigns, or the sovereign people, for, when honors are distributed, very few fall to the lot of medical men. I speak of honours: I might go further and say seldom do we even meet with gratitude. We may labour mentally and physically, from youth to old age, to attain the knowledge of assuaging pain and suffering in others; to restore to health the sick and dying father of a family, or the mother prostrate with disease; we may by our tender, watchful care and skill, dry the eyes of

the heart-stricken mother by restoring to her tender embrace the child that she hung over for weeks, hoping against hope ; we may restore the raving maniac from a state worse than death, to be again clothed in his right mind. We may burn the midnight lamp, and literally wear out our lives in discovering natural laws, that society may reap the benefit ; all these things, and much more, may we do, but let us not in return expect any honour from society. It is not for those things that society with a generous, I might almost say, with an insane, impulse, rushes forward through her thousands of representatives to feast her heroes. No, gentlemen, society's heroes perform a different sort of deeds, are a different stamp of men than those to be found in our liberal profession. Therefore it is, gentlemen, as in the present instance, so very pleasant, knowing that we differ from that stamp of men, to receive honour from men who give it to none except those whom they believe to be worthy recipients, and in honouring whom they honour themselves ; and I hope and trust that this kindly and liberal spirit which prompted you to elect me as your President, may always shine out clear and brilliant in the actions of the members, collectively and individually, of the Montreal Medico-chirurgical Society.

Gentlemen, the first notice I had of the honour you had conferred upon me was given me by my friend and first Lieutenant, your Vice-President, Dr. Ross, who, after congratulating me and witnessing my surprise, brought me back to myself by reminding me that I was in duty bound to give a presidential address. I began to consider what I would say, what I would talk about. I thought to myself it will be no time to speak of mental science, and even if it were, I am afraid that I have from time to time rather bored the society with that subject. So I made up my mind to make a few remarks more applicable to the time and circumstances. It has been a matter of regret and surprise to me to see how seldom our regular meetings are attended, with some honourable exceptions, by the older members of the society. It is hard for me to find a cause for this coldness. Of course, I can only judge of others by myself, and as for me, I look forward to our regular meetings with as great

pleasure as the young man or maiden looks forward to the ball and dance. And although I have been a student all my life, and have laboured hard for forty years to keep pace with the progress of our profession, yet have I never attended one of these meetings, that I did not return home a wiser and a better man. I say better, advisedly, for the more we increase in wisdom the better must we be; and very much of this wisdom have I learnt from, to me, very young members of the Profession. But if the older members feel differently from me, which I very much doubt, then they should attend these meetings that by their presence they may give encouragement to the younger members to persevere in their work, to hold fast to scientific truths, and not to be disheartened; to tell them that the hard thorny road they are travelling has been trodden by themselves, and that if they had reached the goal for which they had laboured, it was by hard work and after repeated failures. I say, if for no other reason than these, the older members of the society who have so justly earned their recognised honours, should give us, at least occasionally, the light of their countenance. Consequently I do hope and trust that during the year we have entered upon, we shall have a better attendance at our meetings from the older members of the society.

In addressing the younger members, I would most respectfully suggest that they should attend these meetings a little more punctually, and that they should show a little more enthusiasm in all things connected with their profession. The assembling of ourselves together, and exchanging our views on scientific subjects must be of great benefit to us all, and particularly so to the young practitioners, who thus learn from the experience of their elders. Besides they become not only better known to one another, which has its advantages, but they are observed by the older members, who note if that they are working men, and remember it at a convenient season. Again, associating with men presumably of more knowledge and experience than ourselves, smoothes off the rough corners of our nature, and makes us have more charity and kindly feelings, not only to one another, but towards the whole human race. Yea,

even to the very worst samples of humanity. It also makes us humble in our own estimation, which is a great step towards acquiring knowledge. There are thousands upon thousands of persons who don't know enough to know their own ignorance. Had these persons associated with men of intellect and talent, they might be very different from what they are, narrow-minded bigots, prejudiced fanatics, the *betes noires* of society. You see, then, that we derive many advantages from associating with one another. I felt much disappointed that I was not able to be present at our annual meeting, particularly as I wished to hear the *resume* of the proceedings of the past year from our very able retiring President. I hope, gentlemen, that during the year upon which we have entered, we will make it a rule never to adjourn till we have arranged who shall read a paper on the ensuing evening of meeting. I would beg of the young men not to be backward in this particular. A young man will find it a great means to improve himself in medical science, to carefully record his cases, and prepare from them a paper to be read before this society. Another important subject, indeed one of the greatest interest to us all, is that of *pathology*. I have a very lively recollection of the pleasure we received, and the instruction derived from the many pathological specimens brought before the society, at different times, during the past year. May I hope that there will be no lack of pathological specimens during the present year.

I wish, gentlemen, that in *one* respect I could inspire you, and the whole Medical profession throughout the world, with my conviction that there is no profession, no calling in life, more high or more honourable than the Medical Profession. What higher course can a man pursue than the study of man? To study him anatomically, physiologically and pathologically, from the time of his conception to the time of the "puling infant," and from that time through all the stages of his existence till, in old age, he returns to his second childhood, and passes out of this world as unconsciously as he entered into it; or, if conscious, looking back on his life as a dream, and looking forward to another life where he shall attain to the

happiness he has so long dreamt of. Who can take so high and so exalted a view of the Creator as he who daily studies the works of His hands in the anatomy and physiology of man? Physically and mentally, surely to us of all others, come home the words of the Psalmist: "We are fearfully and wonderfully made." And as we study the anatomy and physiology of the lower animals, comparing each with its kind, and comparing all with man, our wonder is the more increased at the grand perfection and design of creative power. And it belongs to the medical man, gentlemen, to go still further—to examine the flowers of the field and all the fruits of the earth, and all the minerals contained within the bowels of the earth, and by his knowledge to adapt them for the use of man. In fact the medical man is the student of nature, and of all natural laws. How then can he be other than liberal in all his views? How can he help taking the widest and most exalted view of the great Creator and the widest and most charitable view of the creature? When the medical scientist has heard that a man has raised his hand to take away the life of his brother, his first feeling is regret for the murdered man, his second thought is as to what there is peculiar in the mental organization of the murderer, that he should commit this crime against God and society. He, the mental physiologist, knows that there is something wrong in the mental organization of the murderer, whether he be the victim of hereditary taint, or of evil associations. And, although he does not deny the right of society to take means to protect itself, yet, with the knowledge he possesses, he is compelled to make all the allowance he possibly can for the unfortunate criminal. And if it be possible to show that he acted under an *impulse*, which his *will* could not control, whether that impulse be an insane or criminal one, and when he hears men in their just and righteous indignation, cry out for the life of the criminal, and quote the law of Moses: "Whoso sheddeth man's blood, by man shall his blood be shed," he answers, ONE greater than Moses, when He held the first inquest upon the murdered ABEL, did not take away the life of the fratricide Cain. Nay, not only so, but He set his mark upon him, that no man should dare to take

away his life. And again, he can quote another greater than Moses, who came after him, the Man-God. His words were: "I say unto you, not an eye for an eye, and a tooth for a tooth; but whosoever shall strike you upon the right check, turn to him the other also." And again when raised upon the cross, His last appeal to His Father was: "Forgive them, for they *know not what they do.*" Surely, gentlemen, God knew what man was. He knew his mental organization. He knew that CAIN inherited his mental organization from his parents, who showed they had in them the criminal neurosis by breaking God's commandment. Knowing these scientific truths, gentlemen, we medical scientists need not fear to step forward boldly before the world and state that man is governed by his mental organization.

Gentlemen, there is a certain subject to which I wish to take this opportunity of drawing your attention as medical scientists, in the hope that, for the sake of morality, you may set your faces against it. I allude to the public exposure in the Press of those guilty of breaches of the moral law; breaches disgusting to every man, with even an ordinary mental organization—yet, gentlemen, breaches, if we believe history, that have been committed since the earliest ages of man. Their exposure always tends to evil and not to good. Society derives no benefit for having these crimes exposed, and besides the exposure of them is a great breach of charity. If, gentlemen, every man's crimes were written upon his forehead, I fear there are but few of us that would not "wear our hats over our eyes." Every man knows his own weak point morally as well as physically; and we should not expose it to the gaze of the world. It is not an object to strengthen the mental organization of the observer, besides we know enough of evil without telling us more. But as Pope said there are men, who—

"Compound for sins they are inclined to,
By damning those they have no mind to."

Gentlemen, I look upon the Press as the great power of the age, for good or evil. I love liberty too much myself to ever

even appear to sanction any attempt to gag the press. But I think, as scientists, we have the right to respectfully point out to the writers on the press, as we do to the teachers of religion, that for the sake of morality there are some things better not made public. Better to take the advice of "UNCLE TOBY," so gravely given to the fastidious lady, when she spoke of her child's possible action if allowed into the parlour: "I would cover it up, Ma'am, and say nothing about it."

Gentlemen, I owe you an apology. I said I would not speak on science. Well, gentlemen, my intention was good, but you know the force of habit. What I have said I maintain, that there is no calling in life, no profession more high or more honourable than is that of the Medical profession. And as your chosen President and for the honour of that profession, I call upon each and all of you, to so work this year that we have entered upon, that at the close of it when I come to give a resume of the work that has been done, I can congratulate you and myself on the result; and that we will all know that we are wiser and better men.

Before concluding, I beg to inform you that, when an opportunity offered, I did not forget to point out to those in authority the necessity there was to have appointed in the city an Inspector of Anatomy, who would see that the Anatomy law was carried out in its integrity. I represented in the strongest terms the injustice from which the Medical schools were suffering; and I received the strongest assurance that care would be taken, in the future, that the medical schools should be justly dealt with. There is one difficulty, however, to overcome. The law, it appears, most absurdly provides that the Inspector of Anatomy shall be an employee of the city corporation. Knowing, however, that where there is a will there is, generally, a way, and that the will is not wanting in the present instance, I trust that the Provincial Government will get over this difficulty, and find the right man for the right place.

Gentlemen, I congratulate you on the success of our society up to the present. I congratulate you that in the past such able men have filled the Presidential chair; I congratulate the old

members that they have added to their number so many young and talented men, who have already shown that they, in their time, will do their parts manfully to maintain the high position that has been attained by the Montreal Medico-chirurgical Society. I congratulate you that you have so much power in your hands, and that you will always use it for good—good first for society at large, by advancing science and thereby civilization—good, secondly, by elevating the medical profession to the highest intellectual and moral standard. Good, lastly, to yourselves, by doing your duty fearlessly and faithfully through life, so that when you come to the close of your labour, and take off your armour, you may have that which no man can deprive you of, a peaceful conscience and self-respect.

Again, gentlemen, I thank you for the high honour you have conferred upon me, and, believe me I shall do my best, and no man can do more, to faithfully discharge the duties you have so kindly imposed upon me. I thank you for giving me such intelligent and energetic assistants, who, I feel sure, will take pleasure in aiding me, so that the society shall lose nothing by the choice you have made.

Hospital Reports.

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

Comminuted Fracture of the Fifth Cervical Vertebra. Under care of DR. RODDICK. Reported by JAMES BELL, M.D., Assistant House Surgeon, Montreal General Hospital.

J. S., was brought to the Hospital on the 27th of August, 1878, by the police, having been picked up by them in a powerless condition, after falling from the revetment wall to the ground below—a distance of fifteen feet. He was quite conscious on admission, and could speak well, but could not move hand or foot. He admitted being drunk, and stated that he was sitting on a plank propped up on a couple of stones on the edge of the wall, and thinks he must have been dozing when he fell backwards to the road below, striking his head and inflicting a severe

scalp wound just in front of the junction of the coronal and sagittal sutures. He was stunned for a moment, but recovered consciousness almost immediately, and was then conveyed to the Hospital. He was a large, finely-proportioned man, aged 40. He was a laborer of Irish descent, over six feet high, and weighing 200 lbs. When undressed and examined there was found to be complete paralysis of motion from the neck down. The intercostal muscles were paralyzed, and the breathing purely abdominal. There was also paralysis of the bladder and sphincter ani. He could feel the prick of a pin over the shoulders and on the front of the chest as low as the third rib. Below this there was complete loss of sensation. He could move his hands backwards or forwards, and from side to side, (on the axis), and did not complain much of pain. He could swallow well, but could not cough. As there was paralysis of all the nerves arising in the brochial plexus, and yet good diaphragmatic breathing, the lesion of the cord was thought to be situated in the region of the fifth cervical vertebra. Dr. Roddick endeavoured to relieve the symptoms by stretching the neck by means of Sayre's suspensory apparatus and manipulation, but without success. The neck was pretty movable, but the crepitus was discovered. He was ordered an ice-bag to the back of the neck, and the bladder and bowels attended to.

Next morning the temperature was 100° F. Pulse 100. He complained of some pain about the middle of the sternum and in the back of the neck. The abdomen became distended with gas, he could not cough nor expectorate, and he gradually sank and died on the morning of the first of September, having lived about four days and a half after the accident.

He had always been very healthy, but a notorious drunkard. Family history good.

Post mortem 32 hours after death.—Body that of a large and powerfully built man. A scalp wound is seen just behind the margin of the hair over the centre of the forehead. The wound is three or four inches long and encloses a large triangular portion of the scalp. No emaciation. On raising the

sternum a transverse fracture is seen separating the first and second portions of the bone.

Thorax and Abdomen.—Position and appearance of organs normal. Lungs sodden and filled with bloody serum. Bronchial tubes filled with frothy mucus.

Throat, covered with a thick layer of fat. The arch of the aorta is dilated into a large pouch. The cavities of the heart all contain dark blood. The orifices are all very large, but the valves and heart substance are normal. On opening the aorta large patches of atheroma are seen. Some of these are becoming calcified, but most of them are quite soft. There is great dilatation of the arch, especially the ascending and transverse portions, at the junction of which smaller pouchings exist, where the coats of the artery are so thin as to be quite translucent. Liver somewhat enlarged and fatty. All the other organs normal. On removing the cervical portion of the spinal column the body of the fifth vertebra is found to be broken into five or six fragments, and to leave almost completely severed the cord at this point.

Case of Strangulated Oblique Inguinal Hernia.—Operation.

Successful result.—Under the care of DR. FENWICK.—

Reported by MR. THOMAS GRAY.

H. St. C., æt. 27 years, was admitted into the Montreal General Hospital on the 26th September, 1878, suffering from symptoms of strangulated oblique inguinal hernia of the right side. He is a strong, robust and muscular man. About six years ago he noticed that the right side of the scrotum was enlarged and hard, but he cannot assign any cause for this condition; he is a farm labourer, but is not sensible of ever having produced the hernial protrusion during any extra exertion. He has been accustomed to heavy work, and the swelling of the scrotum never gave him any uneasiness excepting during violent exertion, when it became enlarged and painful, he also suffered pain when exposed to cold. From the time he first noticed it to within a year ago, it gradually augmented in size, when it appeared to be stationary for a time, and would frequently go

away, more especially at night, and even in the daytime when he threw himself on his back, it would frequently go in with a gurgling noise. On the 22nd September, he rode on horseback and got cold and chilled through. On the evening of that day, the lump had increased in size and was painful; it was only partially reduced during the night, and as soon as he arose in the morning it came out again. He continued to work up to mid-day, and on taking a heavy lift, which occupied a few moments, he was seized with violent vomiting which has continued more or less severe up to the present time. A surgeon was called and the taxis applied, but it failed to reduce the hernial protrusion; other means were also resorted to but failed of success, and as the case appeared to be urgent, he was sent to Montreal for surgical treatment.

On admission he looked pale and distressed, vomiting was persistent. The vomited matter had the usual feculent odour, and was dark in colour, hiccough was almost constant, his pulse was full and bounding, and there was some mental disturbance, more of the character of low muttering than actual delirium. The eyes were suffused, and he complained of great tenderness in the region of the hernial protrusion near the neck of the sac. The bowels had not acted since the morning of the day in which these symptoms had been declared.

At the hour of visit on the day of his admission into hospital, the taxis was applied but failed, and the operation was at once determined on. He was removed to the operating theatre, placed under ether, and another unsuccessful attempt at reduction was made. A free incision was then made in the usual way, the operator cutting down carefully until the sac was reached. This was opened at its most dependent part, and a quantity of bloody serum evacuated. The sac was opened and a coil of small substance came into view. The coats were found much congested and oedematous, the bowel feeling thick, hard, and brawny, and the surface was covered with a layer of lymph. The stricture was found to be at the internal abdominal ring. This was incised in the usual way, and the operator then proceeded to reduce the protruding bowel. Some difficulty

was experienced; in its reduction a portion of the healthy bowel was drawn down with the object of removing any recent bands which may have formed attaching the bowel to the mouth of the sac. After some manipulation and considerable difficulty the hernial protrusion was returned in whole, the wound closed by carbolized ligatures, a compress with spica-bandage applied, and he was removed to his bed. The hiccough continued for a short time after the operation. This, however, ceased after the administration of a hypodermic injection of morphia. In the evening his temperature was normal, he was a little restless, pulse full and soft, but there was some tenderness about the neck of the sac. There had been no vomiting since the operation, he had taken milk sparingly. Opium was ordered to be given in grain doses if necessary.

September 27th.—Patient feels comfortable. Had one grain of opium during the night and one this morning. Parts about the wound and the scrotum are swollen and tender. The bandage which had become loose was reapplied. Temperature 99° . No bad symptoms present.

28th.—Tenderness less marked to-day. Still a good deal of inflammatory effusion. One of the stitches having been removed the wound is open in part, the rest shows signs of uniting by first intention. Water dressing ordered. Bandage and compress removed. Temperature 99° . Pulse normal. Patient says he feels comfortable. Urine has been drawn off since the operation.

29th.—Is restless. Temperature (morning) $100\frac{1}{2}^{\circ}$. Tongue furred; tenderness in hypogastric region; bowels still constipated, and scrotum red, swollen and tender. Wound is healthy and is beginning to granulate. Pulse is bounding, and 100 in the minute.

30th.—Condition nearly the same as yesterday; pulse not so bounding; scrotum increased in size, and redness more diffused.

October 2nd.—Pulse and temperature normal to-day. Tenderness over abdomen less. Tongue cleaning, and scrotum less painful and red, but still contains effusion. Tock opium gr. i. last

night and spent a good night. Ate an apple to-day and some custard.

3rd.—Temperature and pulse still normal. Bowels not acting. Effusion into scrotum going down, and tenderness less marked. Wound is covered by healthy pus, and is granulating freely.

6th.—Had a regular stool to-day; for the first time complained of a sense of desire to go to stool, but an inability to evacuate the contents of the bowel. Dr. Fenwick ordered an injection which gave him great relief. General condition good. Wound looks well, œdema almost gone; no tenderness, but testicle is large and feels firm. There is also a good deal of thickening along the site of the cord. A suspensory bandage was ordered.

14th.—Wound almost closed; œdema entirely gone; testicle large but less tender than a few days ago. Does not complain of any pain, &c. Bowels regular and health good in all respects. He walks freely about the ward, and sleeps well, and in every respect has properly recovered. The scrotum is still suspended, and he will return home in a day or two. The hernia so far has not descended, nor does there appear any tendency thereto.

Reviews and Notices of Books.

Transactions of the Pathological Society, Philadelphia—
Vol. seventh, containing the report of the proceedings from September, 1876, to July, 1877. Edited by J. HENRY C. SIMES, M. D., &c. 8vo. pp. xxi. 175. Philadelphia: Printed for the Society by J. B. Lippincott & Co., 1878.

This is a very neatly got up book. The first part of the volume gives a list of former Presidents; of officers and committees at date of issue; of members; of specimens exhibited at the meetings of the Society; of specimens reported on by the special committee on morbid growths, and list of illustrations. The special work of the volume then begins.

The first paper is a report on the osseous system. Dr. John Ashhurst, jr., reports two cases of compound fracture of the

skull, occurring in children, with remarks. In the second case death ensued from abscess in the anterior lobe of the right cerebral hemisphere, which is attributed to injury to the brain substance from contre-coup. This, we think, admits of doubt; it appears to us to have been due to extension, as the veins of the diploe were most probably inflamed, pus had formed, and was evacuated at the time the trephine was applied in removing the depressed portion of the bone. Dr. William Pepper likewise reports an interesting case of abscess formed between the bone and meninges evidently from a former injury. Dr. Ashurst also, reports a case of amputation at the hip-joint in a young man of 22 years, for osteo-sarcoma of the femur. At the time of the report on the 9th day after the operation, the patient was doing well. There are altogether nine articles in the report. The other writers being Dr. T. B. Reed, for Dr. Reynolds, in a case of amputation after compound fracture in which the injury was followed by necrosis of the tibia and fibula and disease of the ankle-joint. Dr. Lenox Hodge on ostitis of the tibia, two cases. Dr. J. C. Wilson, on intra-capsular fracture, and again, Dr. Hodge on caries of the sacrum and great trochanter, with diseases of the ankle-joint.

The second section is on diseases of the digestive apparatus. Dr. William Pepper reports a case of typhoid fever in which there was septic-poisoning and death from exhaustion. Other lesions were found on post-mortem examination affecting the spleen, intestinal glands, endocarditis, with ulceration, abscess of the femur and suppurative parotitis. Cancer of the stomach is next reported on by Dr. Louis Starr. There are other interesting and important cases reported in this section, altogether twelve in number.

A like number of cases are reported in the section on the Vascular System, the opening article being on "dissecting aneurism of the abdominal aorta," reported by Drs. Edwards and Stone, and again we notice an interesting case of aortic aneurism opening into the œsophagus, reported on by Drs. Starr and Bodine. The other cases reported are all of interest.

The fourth section, on the organs of respiration, opens with the report of a case by Dr. Pepper, in which there existed

extreme diseases of the pericardium, pleura and peritoneum, and in which tapping of chest and abdomen had to be practiced to relieve the patient's distress. There is also a paper on embolic pneumonia by Dr. John Guiteras. This gave rise to a discussion, animated in character, which is reported, and adds interest to the case. There are several other interesting papers in this section.

In section five, the genito-urinary apparatus is considered. In division *a* we have cases of contracted kidney, interstitial nephritis, large white kidney, cystic disease of the kidney, and tubercular degeneration of the kidney. This forms the first division. The second division *b*, includes diseases of the female generative organs, and in *c*, the third division, will be found cases having reference to the male organs of generation.

In the sixth section, affections of the nervous system are reported on. Under section VII, will be found a report on affections of special sense, and at VIII, tumours not otherwise classifiable are given. This is followed by a miscellaneous collection of good things thrown in at the end, some of much interest. We must commend the careful manner in which this work has been edited. The collection is highly interesting and instructive.

A Treatise on the Science and Practice of Midwifery.—By W. S. PLAYFAIR, M.D., F.R.C.P., &c., &c., with notes and additions by ROBERT P. HARRIS, M.D. Second American from the second and revised London edition, with two plates and one hundred and eighty-two illustrations. 8vo. pp. 639. Philadelphia: HENRY C. LEA, 1878.

Nothing can be more gratifying to an author than a full appreciation of the value of his work. That Playfair's system of Midwifery was fully appreciated by the profession is attested "by the rapid exhaustion of an unusually large impression." This led to the issue of a second edition before the expiration of two years, and in this edition the author undertakes a careful revision, so that we have here a useful and valuable text-book, and one which is freely recommended to the student and

practitioner of medicine. No alteration in the arrangement of subjects has been made in this edition, and there does not appear to be any very material change in the views enunciated in the first edition. Additional illustrations are given. The American editor has found that very little was demanded from him to render the work complete and accurate. The additions made by him are confined to points in which the experience and practice of American obstetricians differs from that of their English brethren. These are chiefly on the subject of the Cæsarian section. The variety of forceps and the method of application, dystochia from tetanoid uterine constriction, and the intravenous injection of milk as a substitute for transfusion of blood. We commend this work to our readers, it is a text-book containing the authoritative utterances of a practical man of large experience. It is to be had of Dawson Brothers, St. James Street.

Elementary Quantitative Analysis.—By ALEXANDER CLASSEN, Professor in the Royal Polytechnic School, Aix Le Chapelle, translated with additions by EDGAR T. SMITH, A.M., M.D. Philadelphia: HENRY C. LEA, 1878.

This is a particularly useful work on quantitative analysis, specially adapted to the beginner, by following out the scheme adopted in this book the student is led from simple quantitative determinations to more complex forms of analysis by degrees, and is, in fact, educated from the stepping stone to the complete quantitative analysis of inorganic structures, to which is added analysis of mineral waters. These are familiar to the different substances mentioned, and the composition of many of the minerals is given.

It is well illustrated with good practical illustrations, well drawn, and free from the mistakes so common in such works of putting glass flasks on a naked metal retort-stand. In the illustrations in this book the metals or flasks are represented properly protected.

There is at the beginning of the work a good table of contents, and at the end an excellent table for calculating analyses, giving

the atomic and muscular weights of elements and their compounds, and the quantities per centically stated.

This is succeeded by a table of tension of aqueous vapour—and for the calculation of the hardness of water by soap test, and lastly by a copious index. The descriptions are clear, and concise, without sacrificing efficiency. The print is clear and easily read, the paper is good and strong; altogether, we can highly recommend this work to any one who is studying chemistry practically, especially those whose occupation will require a knowledge of quantitative analysis.

Extracts from British and Foreign Journals.

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

Treatment of Ulcers & Varicose Veins.

—In the *Lancet* for October 12th, a note on the treatment of ulcers and varicose veins by Martin's strong elastic bandage, appears from the pen of George W. Callender, F.R.S., Surgeon to St. Bartholomew's Hospital.—Having for some time used the elastic bandage as recommended by Dr. Martin, of Boston, U. S., for the treatment of varicose veins and ulcers, it is right to express my opinion that his treatment is practically good. Under its influence, ulcers not of a specific character do certainly heal, and quickly; and as thus effected whilst the patient follows his usual occupation, the merit of the treatment is evident. Although there has been scarcely time since I received the bandages from America for use in St. Bartholomew's Hospital, to test their efficacy in the continued treatment of varicose veins, yet I have found that the application of the bandage is at once followed by a sense of great relief. A man of thirty-six years of age, who had suffered for eleven years from varix of either internal saphenous vein, extending as high as the groin, experienced at once and since greater relief from the use of the bandage than he had ever had from silk elastic stockings, although his position was such as to allow his wearing the best which could be made for him. I have used the bandages for many cases of ulcer of the leg, chiefly due to varicose veins, and always with the good

result stated by Dr. Martin, with whose practical statement respecting the treatment of these ulcers I agree.

There are some points named by Dr. Martin which are essential if good results are to be had. The first of these is as to the quality of the bandage itself. It should be just as the author describes, and is supplied from America. If thicker, it should be clumsy; and if thinner, it needs to be more tightly drawn to offer the due resistance, and the edges are more apt to indent or cut into the flesh. If Dr. Martin's treatment is to be tried, the bandage is such as his experience has led him to prefer.

The bandage should be applied before the patient rises from his bed in the morning—before, that is, the veins of the leg become distended by the impeded column of blood within them. It should be applied with just snugness enough not to slip down. The moment the foot is put to the ground the limb is so increased in bulk by the increase of blood in the veins that the bandage becomes of precisely the proper degree of tightness, and no matter how active the exercise or labour of the patient, it will remain in position all day. When the patient undresses at night the bandage is to be removed, and the limb wiped dry, a piece of soft old linen moistened with oil, or some equally simple dressing, laid on the ulcer and retained in place by a few turns of an ordinary roller. The bandage should be sponged with water (cold will do, but warm is better), and hung over a line to dry in readiness for the morning, or it can be wiped dry at once, or rolled up with the tapes in the centre. Such is the dressing for the night; in the morning the leg can be washed, but, whether it is or not, all traces of oil or cerate should be carefully wiped away, as contact with the bandage of any fatty matter would tend gradually to injure the rubber. This is the whole treatment. Rubber bandage all day, with erect position and exercise. The simplest possible dressing (merely to protect the ulcer from injury), with the horizontal position and rest, all night. Any pimples which may form are left to be treated by the rubber, and if the skin becomes chafed, a light covering, as of bunting, is applied as a bandage under the rubber, and the same is recommended to absorb excessive moisture.

No more distressing cases than of patients suffering from chronic ulcers crowd our hospitals, and I must say that I feel much indebted to Dr. Martin for the suggestions he has published, and which he has made practical application of for many years with, as he says, great success. My present but recent experience, leads me to believe that he is to be confirmed in the statement he makes, which any who like can read, as it is very clearly and ably put in the Transactions of the American Medical Association for 1877.

Extrophy of the Heart.—(By JOHN T. HODGEN, M.D.)—Mrs.——, a German, at term, attended by Dr. BERNAYS, in February, 1864, gave birth to a healthy living child. The heart was found entirely outside of the chest, the vessels passing from the chest through an opening in the median line. The heart was not covered by pericardium, and stood with its apex pointing forward, downward and to the left. The organ pulsated rapidly but regularly: with each elongation of the organ, the apex was pushed forward and swept to the left. The contractile wave, beginning at the auricles, swept over the ventricles.

On the third day after birth, the heart had lost its red color, being covered by a thick layer of fibrinous matter. This assumed a yellowish tinge, becoming softened, and was detached, leaving the muscular tissue of the heart exposed and dry, or less moist than it had been.

On the fourth day, the auriculo-ventricular fissure became deeper, and presented a ragged-looking groove, which was deepened by the thickening of the borders.

On the fifth day the child died, and twelve hours after a post mortem examination was made in the presence of Drs. Hammer and Rogers.

The body was about the average size, and perfect except as noted. The distance between the inner ends of clavicles—*i. e.* the sterno-clavicular articulations—was $1\frac{3}{4}$ inches. The first and second pieces of the sternum were divided, leaving a space like the letter U; this cleft extended to a point opposite the

articulation of the fourth rib with the sternum, the opening being one inch in diameter.

As it approached the opening, the skin was continuous with a dense fibrous structure which was found attached to the great vessels—(i. e., the pulmonary artery, the aorta, and the vena cava)—at a point corresponding to that at which the pericardium is attached. This connection served to hold the vessels in position as they escaped through the opening in the more dense structures. The heart was of normal size, but more elongated the apex being formed by the *right* ventricle.

On opening the chest no space was found for the heart, the mediastinum being central, with the phrenic nerves passing down in it near each other; the lungs filled the entire cavity, and each lung had three lobes. The hepatic veins ascended as a long single vessel to the right of the median line, in the mediastinum, to the opening in the sternum, and entered the right auricle of the heart on its right side and behind the opening for the ascending cava.

The ascending cava passed up the *left* side of the median line in the mediastinum, received the descending cava, and entered the right auricle by a sinuous passage, at the first passing downwards, then turning at a right angle to the right entered the auricle. The descending cava, half an inch long, situated to *left* of median line, received the innominate of right side, which was long and crossed the median line toward the left. The left innominate vein passed directly downward, and joined the right, on the left of the median line, formed the descending cava. A single pulmonary vein, formed by the union of a vein from each side, entered the *left* auricle. The pulmonary artery, having but two semilunar valves at its beginning, took its origin from the right ventricle; while immediately to its right, and from the right ventricle also, came the aorta. A free opening existed between the right and left ventricles. No foramen ovale existed between the right and left auricles, the septum being perfect; no ductus arteriosus.

Extensive and recent adhesions, formed by recently deposited lymph, showed the existence of peritonitis.—*The American Practitioner.*

Maltine.—*The British Med. Journal* remarks :—At the meeting of the British Medical Association at Bath in August last, among the exhibits of pharmaceutical and medical preparations, much interest was shown in one called *maltine*, which may be described as a highly concentrated extract of *malted barley, wheat and oats*.

Extracts of malt (*i. e.*, malted barley) are pretty widely known, but this is the first example of a combination of the nutritious principles of these three cereals that we have seen; and the greater value of this combination is apparent, as wheat and oats are especially rich in muscular and fat-producing elements. This preparation is entirely free from the products of fermentation, such as alcohol and carbonic acid, and is very agreeable to the taste. Clinical experience enables us to recommend it as a nutritive and digestive agent, in virtue of its albuminoid contents, and its richness in phosphates and in diastase, likely to prove an important remedy in pulmonary affections, debility, many forms of indigestion, imperfect nutrition, and deficient lactation. It will in many cases take the place of cod-liver oil and pancreatic emulsions, where these are not readily accepted by the stomach.

The agents of the manufacturers, Messrs. J. M. Richards & Co., London, issue a pamphlet describing fully the process of manufacture, which no doubt they will supply to any medical man; and we are disposed to believe that maltine, which is less known here than abroad, is well worthy of practical attention.

Formulary.—(LALEMAND'S GOUT SPECIFIC).—A Western correspondent sends us the following formula for this preparation, which is said to be made in St. Louis, Mo. :

R.	Ext. Colchici acet.	
	“ opii aquos. aa	grs. xv.
	Potass. iodidi.	3 jv.
	“ acetatis	3 ii.
	Aq. destill	3 iiiss.
	Vini albi	3 jv.

Twenty drops three times a day.—(*New Remedies.*)

The Use of Ergot in Typhoid Fever.—

M. Duboué of Pau recommends ergot in typhoid fever for reasons deduced from its physical action, and in one of his works cites seven cases in which it was employed. Two were in the early stages and presented all the characteristic symptoms of the malady, but they got well so soon that it was thought that an error in diagnosis was possible. In three others ergot was not used until all other medicinal resources had been exhausted, and the patients had reached an almost hopeless state. But they all recovered after taking from a gramme and a half to three grammes of ergot daily for about two weeks. Another, who presented grave ataxis symptoms from the outset, with delirium, trismus, carphologia, and intermittent pulse, took ergot for twelve days, the disease assuming a milder form and recovery following. Finally, a patient with typhoid fever, who was three and a half months pregnant, was treated with ergot for fifteen days, and got well without miscarriage, although she took a daily dose of a gramme and a half or two grammes of the drug.—(*Boston Medical and Surgical Journal*, March 28, 1878.)—*The Practitioner*.

The Physiological and Therapeutic Action of Jaborandi.—

O. Kahler gives as the result of his observations in jaborandi that, in moderate doses, it produces approximation of the far point, diminished blood-pressure, as shown by Marey's sphygmograph, with secondary increase in the rapidity of the pulse; when given in large doses it causes retardation of the pulse, with at first lowering, but subsequently increase, of the blood-pressure. The slowing of the pulse depends on an exciting action, opposed to that of atropine, exerted upon the inhibitory ganglia in the heart. (Leyden came to the same conclusion in regard to pilocarpin.) He established its antidotal action to atropine, but found that it is much feebler, than this poison. As a general rule he prefers the subcutaneous injection of pilocarpin in maximum doses of 0.024 of a gramme, when jaborandi has to be used internally. In diabetes mellitus he observed no action exerted by jaborandi on the quantity of

sugar excreted, providing the digestion was not interfered with. In a case of diabetes insipidus, on the other hand, the administration of the drug reduced the quantity of urine in three days from 6-000 grammes to 2-300; the body weight of the patient did not undergo any increase, but the general health and strength improved materially. In bronchitis acuta and in chronic dry catarrhs Kayler recommends this remedy strongly, and especially, also, in parotitis occurring in the course of severe infectious diseases; and suggests that it should be tried in mumps. He considers that the affections in which it is likely to prove useful are rheumatic diseases, recent neuralgia, dropsy without cardiac debility, the existence of such debility being a contra-indication; hyperæmia and nephritis, uræmia, and, lastly, chronic metallic poisoning.—(*Prayer med. Wochenschrift*, No. 33 and 34, 1877; and *Centralblatt f. d. med. Wiss.*, April 27, 1878.)—*The Practitioner*.

Stenosis of Pulmonary Artery. — DR. PEACOCK exhibited a specimen of Stenosis of the Pulmonary Artery from disease of the valves, probably congenital. The patient was a boy thirteen years of age who was said to have never been strong, and to have always been livid, but who was in fair health up to four months before his admission into hospital, when he began to suffer from dyspnœa and increased lividity. There was a loud double murmur over the pulmonary cartilage, and a distinct thrill. The patient dying, after suffering from dropsy, &c., the heart was found to weigh 9 oz., the right ventricle to be dilated and hypertrophied, and the orifice of the pulmonary artery narrowed and funnel-shaped, as from adhesion of the valves, the circumference of the orifice being about four-fifths of an inch. Dr. Peacock thought the disease to be congenital. At the time of birth it must have been slight, or else one or both of the foetal passages would have remained pervious.—DR. D. POWELL asked whether the analogous condition of the mitral valve was also congenital. Many cases of pure mitral stenosis are met with in which no previous history of rheumatism is present, and where the only explanation is that

they are congenital in origin. Such patients live long, there being often no regurgitation.—DR. PEACOCK had long regarded a number of these cases as congenital. Burns, of Glasgow, had pointed this out, and so had Farre, and Dr. Peacock himself had frequently seen cases of children who had been ailing all their lives, and who had evidence of mitral constriction. He agreed with Dr. Powell that very often cases of presystolic murmur is met without any previous rheumatic history. The PRESIDENT said that a year ago he saw a patient, twenty-five years of age, with presystolic murmur, and who was known to have had it when two years old, and yet during the whole time he had shown no symptoms of heart disease.—*Lancet*.

Chlorhydrate of Polycarpine in Ophthalmic Practice.—DR. ALEXANDROFF states (*Pamphlet*, Marseilles, 1877) that Jaborandi for various reasons is not well adapted for administration; it has a disagreeable taste, it sits uneasily on the stomach, causing nausea, vomiting, and sometimes colic, it produces vertigo and fainting, and lastly it has the disadvantage of being inconstant in its action. Pilocarpine, the active principle of jaborandi—discovered by Hardy in 1875—is free from some of these inconveniences, and its action has been studied on patients affected with rheumatism, albuminous nephritis, and pleurisy, but until his own observations, no attempts had been made, M. Alexandroff states, to ascertain its physiological value in diseases of the eye, except those of M. Wecker, who treated a few cases by hypodermic injection of the chlorhydrate. M. Alexandroff determined to investigate its action, and tried it first in a case of rheumatismal irido-choroiditis. The case was sufficiently severe to induce M. Metaxas to recommend iridectomy, to which the patient refused to submit. About 2 centigrammes of the chlorhydrate of pilocarpine in solution in water was, with M. Melaxa's permission, injected by M. Alexandroff into the arm of the patient, atropine being at the same time instilled into the eye. The patient passed a better night and was free from pain; on the following day the injection was repeated, and again at

intervals on five occasions. Under this treatment the media became clear, the ulcer which had been present healed, and vision was completely restored. M. Melaxas tried the chlorhydrate again in a second case of double rheumatic iritis with equal success, and it was afterwards tried not only in many cases of rheumatic iritis, but in retinal hæmorrhage, and in exudative choroiditis. In all instances salivation and sweating appear to have been produced, diarrhoea was occasionally observed. Epiphora was constant. The pulse and temperature rose immediately after the injection. He thinks it has an indisputable action on the iris, and finds that it acts more rapidly than eserine. It is at once the antagonist and antidote to atropine. It occasionally produces præcordial pain and feeling of anxiety. He thinks it will prove valuable, not only in cases of rheumatic iritis, but in all cases when the area of the pupil, the choroid and the retina are the seats of serous or plastic exudation either from local or general disease.—*Practitioner*, September, 1878.

Iodoform in Glandular Swellings.—

Dr. MOLESCHOTT, of Turin, writes (*Giornale Internazionale delle Scienze Mediche*, Nov. 5 and 6, 1878,) that he has used iodoform with success in cases which have been usually treated by iodine ointment, such as glandular swellings and cold abscesses. He mentions a case of enlarged spleen, with great prostration, pallor, obstinate diarrhoea, swelling of the lymphatic glands, and increase of the white blood-corpuscles (1 to 50 red), in which very favourable results followed the painting of iodoformed collodion over the spleen and lymphatic glands. Not less successful was its application in orchitis, and epididymitis, and also in exudations into serous cavities, even including hydropericardium. He advises that iodoform collodion should be tried before paracentesis whenever removal of watery effusion is necessary. He has cured five cases of acute hydrocephalus by the application of this remedy several times daily; calomel and purgative being, however, given at the same time. In cases of swelling of the knee-joint, where surgical interference appeared

unavoidable, perfect recovery followed the prolonged application of the iodoform. Apart from its action as a resolvent, iodoform has the property of relieving pain: Dr. Moleschott hence recommends its use in painful attacks of gout and also in various forms of neuralgia. In a case of intercostal neuralgia, he gave it internally in the form of pills (three-fourths of a grain daily) as well as externally. In severe neuritis, he has used iodoformed collodion successfully after other treatment had been tried in vain. Administered internally, it will probably be useful in the palpitations of nervous and hysterical patients, and will restore the regularity of the heart's impulse. Its offensive smell is obviated by mixture with tannin.—*British Med. Journal*, Sept. 28, 1878.

Nitrite of Amyl in Ague.—Dr. W. E. SAUNDERS, of Indore, calls attention (*Indian Med. Gazette*, No. 39.) to the value of nitrite of amyl in ague, and records a number of cases in which advantage has been derived from its use. The drug itself, he remarks, is inexpensive and goes a long way. He now uses nitrite of amyl mixed with an equal part of oil of coriander, to render it less volatile, and at the same time to cover its odour. He regards it as the most powerful diaphoretic he has seen, and he uses it in all cases of fever to produce diaphoresis. The following is one of his cases: Mr. C. came for treatment about 7 P. M. in the cold stage of ague. Two minims of nitrite of amyl were administered; sweating came on in seven minutes. He lay down for half an hour to get cool, and then walked home well. He next morning took a dose of quinine, and has had but one attack of fever without the cold stage since. Previous to this he had fever every day for one month, during which he took large doses of quinine. Dr. Saunders observes that he does not mean to say that quinine should not be used in these cases, for there is ample proof that it tends to check the return of the attacks, and removes to some extent the septic condition of the blood induced by the malarial poison, and this more especially if small doses of opium be combined with it. In no case did the amyl fail to remove the attack in about one-

third the usual time, and in most cases the fever did not return. The method of administration he adopts is this: Four drops of the mixture, or two drops of amyl are poured on a small piece of lint, which is given into the hands of the patient, and he is told to inhale it freely. He soon becomes flushed, and both his pulse and respiration are much accelerated, and when he feels warm all over the inhalation is discontinued, as the symptoms continue to increase for some time afterwards. A profuse respiration now sets in, which rapidly ends the attack; in some cases, however, the cold stage merely passed of without any hot or sweating stage—*Practitioner*.

Harmlessness of Urea in the Blood,—

The London *Medical Record* mentions experiments by MM Feltz and Ritter, to show that pure urea never brought on convulsive symptoms. Urea injected into the blood was eliminated very rapidly by the urine, and when it existed in considerable quantities in the organism it did not, as generally supposed, undergo a rapid transformation into carbonate of ammonia. Dogs into which urea was injected, after the renal vessels were tied, to prevent the rapid elimination of the poison, showed no more marked convulsive symptoms than others in which the same ligature was made without the injection. The convulsive symptoms observed with urea were produced by an impure substance containing ammoniacal salts. The authors summed up in the following conclusions:—1. Pure urea, whether natural or artificial injected into the venous system in large quantities, never brings on convulsive symptoms; it is rapidly eliminated by the secretions. 2. There are no ferments in the normal blood which convert the urea into ammoniacal salts. The rapidity of elimination cannot be regarded as the cause of the non-conversion, for, by the suppression of the renal secretion the elimination of the urea may be retarded without accelerating the supervention of the eclampsia. The urea which in large doses brings on convulsions is always impure urea which contains ammoniacal salts, which are easily shown to be present by Nessler's reagent.—*Medical and Surg. Reporter*.

Ligature of the Femoral Artery,—(Two cases of ligature of the femoral artery with carbolized catgut, by D. WALSHE, L.R.C.P., Edin., &c.)—Now, when the merits of catgut as a ligature are being discussed, it would be well if every practitioner who has ligatured an artery in its continuity would publish the case. Should arteries have been ligatured by men, who like myself, cannot boast much skill or experience, the cases would still be very important as proof of the success of any particular plan of treatment, or of the efficiency and safety of and particular kind of ligature. Of course they would not be so valuable if advanced as proofs of the failure of a plan of treatment, or of the inefficiency or danger of a ligature. The hope that the two following cases will be of some slight use is the only excuse I can make for reporting them.

CASE I.—James R——, thirty-two, soldier, was admitted into the Chorlton Hospital, Withington, Manchester, on October 15th, 1873. He was suffering from an aneurism of the left popliteal artery, about the size of a hen's egg. He had served in India, and had contracted syphilis whilst in the army. He had no history of rheumatic fever, and had no disease of the heart. He was kept in bed, and had large doses of iodide of potassium. After a week of this treatment no beneficial change was observed in the aneurism. I then applied a pair of Skey's tourniquets over the artery in Scarpa's triangle. He was left to manage these himself, and instructed to screw them up alternately. The aneurism, however, continued to enlarge, and the pressure of the tourniquet being removed, the pulsation returned as strongly as when he was admitted. It was then decided to ligature the femoral artery. I placed a ligature on the artery in Scarpa's triangle on November 11th, 1873. The material used was catgut, obtained from Messrs. Wood, of Manchester, who guaranteed it to be the same as that used by Professor Lister. It was not applied under the spray. The wound was closed with iron-wire sutures, and dressed with carbolic lotion. Complete union by the first intention followed, and the patient was perfectly cured on the tenth day after operation. Two hours after the operation there was no perceptible difference in the temperature

of the sound and diseased limbs. He left the hospital in January, 1874; but returned the following August with a rupture of the *right* femoral artery. A large quantity of blood had been effused, and he was in a very feeble condition. So weak was he that Dr. Law (my colleague), Dr. Mallet, and Mr. Jones, of the Children's Hospital, Manchester, who saw the case with me, advised that no operation should be undertaken. The patient, however, insisted that something should be done for him, and, finally, it was decided that amputation offered the best chance of success. I amputated in the middle of the upper third of the thigh; but he survived the operation only a few hours. After his death I had an opportunity of examining the left femoral, which had been tied. It was perfectly continuous, and slightly thickened at the seat of the ligature, where it adhered for about a quarter of an inch to the sheath on the outside. The vein did not appear to have been at all disturbed. The artery was completely occluded both above and below the ligature.

CASE 2nd.—Edwin H——, sixty-one, joiner, was admitted into the same hospital on August 28th, 1872. This patient had an aneurism of the left popliteal, about the size of the closed fist. For three weeks he was treated by iodide of potassium and rest—that is, a fortnight longer than in Case I. In all other respects, however, the two cases were treated exactly alike, the pressure by the tourniquets being continued over the same space of time in each case. I mention this because it appears to be the opinion of some authors that unless a speedy cure is effected by compression, it should not be continued. The material used in this case was carbolized catgut, without any other antiseptic treatment. The wound healed by the first intention, except where the incision ran through a small slough, produced by the tourniquets.

Remarks.—The ligatures in these cases were tied tight enough to divide the inner and middle coats, and were secured by three knots. Mr. Holmes is, I believe, of opinion that the mortality from ligature after compression has failed is 10 per cent. greater than when the Hunterian operation is done at once. Does it make any difference where, and with what kind of

instrument the pressure is made? In these cases the pressure was made over that part of the artery which was afterwards ligatured, and was made with an instrument which scarcely at all interfered with the vessels which were to carry on the collateral circulation. I learn from Dr. Van Buren's address to the International Medical Congress at Philadelphia that Dr. Todd, of Dublin, was in the habit of preparing his cases for operation by employing compression, "in order that mortification of the limb might be prevented by allowing some progress to be made in establishing the collateral circulation." The difference in temperature between the sound and diseased limbs, immediately after the operation, in both cases was remarkably slight, and not the least symptom of gangrene made its appearance in either case, although E. H.— was over sixty years of age. This would lead one to suppose that the collateral circulation was to some extent established before the artery was tied.— *The Lancet*,

Removal of the Astragalus—for the relief of Congenital Talipes.) — In the *British Medical Journal* of Nov. 2nd, M. LUND of Manchester Royal Infirmary, reports a case of the removal of the astragalus in an adult for relief of congenital talipes. The patient, a factory operative, aged 29 years, was the subject of equino varus of the right foot. No attempt had been made in early life to remedy the deformity. Two years ago the outer side of the foot began to ulcerate at several points, and these had become so painful as to prevent him following his work. M. Lund decided to remove the astragalus, which operation he successfully carried out under the antiseptic method. The tibialis anticus and the planter fossia had to be divided subcutaneously, this being rendered necessary in consequence of the contraction and crumpling up of the foot. After the removal of the astragalus and the divisions of these contracted bands, the foot could be placed at right angles to the leg. The case progressed favourably. M. Lund exhibited a cast of the foot and leg; although not perfectly well, yet the patient has so far improved as to be capable of bringing the sole of the foot to the ground, which before the operation was an

impossibility. A well-made shoe upon Mr. Adam's principle was made, and the patient was going about. This exhibited some diffused inflammation about the tarsal joints for which the patient was still under treatment. Mr. Lund drew attention to the peculiar form of the astragalus which had been removed as it illustrated the observations of Mr. William Adams, as to the change in shape of the astragalus in confirmed congenital talipes varus.

Tracheotomy. — After-Treatment of Tracheotomy Cases—Dr. Vogt quoted in the *Medical Press and Circular*, proceeding from the fact that with the present methods of treating tracheal croup most children perish, even after operation, from continued formation of the membrane, suggests glycerin as a means of hindering the formation. It is known that when this substance is applied to the mucous membrane a profuse watery serous secretion is excited; and this is relied upon by Dr. Vogt to remove or prevent the adhesion of the false membrane. In the case of a little six years old girl treated in this way, a cure resulted. Glycerin mixed with an equal quantity of water was inhaled, by means of an inhaling apparatus connected with the tracheal tube, every half-hour. Dr. Vogt has also used this treatment in recent cases of croup, where tracheotomy has been thought unnecessary or unadvisable. Disinfection of the original patch in the pharynx by means of chlorine or bromine water preceded the use of inhalation.—*Med. and Surgical Reporter.*

Strychnia in Nocturnal Enuresis.—Dr. KEMP, according to the *Medical Times and Gazette*, has obtained success in obstinate cases of this troublesome affection by the hypodermic injection of the nitrate of strychnia. He inserts in the vicinity of the rectum a single very small dose sufficing to arrest the malady for a time. When it returns the injection is to be repeated. His last case was a woman, aged eighteen, previously in excellent health, who had suffered from enuresis during several months, consecutive to scarlatina. The first injection procured her a respite for several nights, after which the treatment was repeated, and the cure became complete.—*Medical and Surgical Reporter.*

Bullet wound of the Skull.—MR. CLEMENT LUCAS related this case, which had come under his care at Guy's Hospital in February last. A solicitor's clerk, aged twenty-one, after some misunderstanding with his *fiancée*, declared that he would shoot himself. Two days subsequently he was found drunk and disorderly, and was locked up by the police. Soon afterwards shots were heard, and he was found lying on the ground in his cell in a pool of blood, with a revolver by his side. The revolver was a small one, which carried pin-fire cartridges. Five chambers had been discharged, and one cartridge, carrying a small conical bullet, remained unfired. Two bullets, which had been fired at the iron door of the cell, were picked up on the floor; two were afterwards extracted from the skull; and one remained unaccounted for. He was brought to the hospital in a semi-conscious state. Almost in the centre of the forehead were two small circular holes, with slightly inverted edges. Except at the immediate edge of each aperture, there was no blackening of the skin, indicating that the muzzle of the pistol was applied directly to the forehead. The skin surrounding the bullet-holes was raised into a rounded eminence. When seen by Mr. Lucas, he had so far recovered consciousness as to be able to stand without assistance. Some bleeding occurred from the nose, and was taken as evidence that the frontal sinuses had been opened. Chloroform was administered, and a crucial incision made over the wounds. On the flaps being turned back, a blackened cavity was opened beneath the skin, formed by the expansion of the powder after it had penetrated the integument. At the bottom of this cavity a somewhat reniform aperture was seen in the bone, and lying upon the internal table were the two flattened bullets shown to the meeting. After removing numerous fragments belonging to the external table and diploe, the splintered internal table was also removed, in large, sharp-edged, angular fragments. The dura mater was then seen at the bottom of the wound, bulging on either side of the longitudinal sinus, and pulsating. At one spot there was, unfortunately, a small aperture. The wound was dressed antiseptically. On the following morning, February 3, he

was quite conscious ; sensation and motion perfect ; but he complained of great pain at the back of the neck. His temperature at 11 a.m. was 99° ; but in the evening it rose to 99.8° , and his pulse to 96. He was confined to milk as diet, and ice was applied to his head. On February 4 there was some œdema of the eyelids. The wound was dressed. His temperature in the evening rose to 102.1° ; his pulse was 100, full and regular. February 5 : his eyelids were swollen so that he was unable to open his eyes. Towards evening he fell into a drowsy, semi-unconscious state, and his breathing became almost stertorous. In the evening his temperature was 102.2° and pulse 98 ; his respirations 25 ; and his general condition much worse. February 6 : The patient was quite unconscious and very restless. He passed urine under him, and in the night had slight general convulsions. His right arm was rigid. The right leg was apparently paralysed ; the left rather rigid. The wound was discharging grumous matter. In the morning his temperature was 104° ; pulse 104 ; and respirations 34. In the evening the temperature rose to 104.8° ; pulse 104 ; and respirations 34. February 7 : He remained unconscious, and passed his motions and urine under him. The muscles of the right arm were very rigid, those of the left paralysed. During the day the temperature rose rapidly— at 1 p.m. it was 104° ; at 5 p.m. 105.8° . At 7.40 p.m. he was placed in a bath, the water being 90° , and the patient's temperature 105.6° in the axilla, and 108.6° in the rectum. The bath was cooled by means of ice to 73° , when he was removed, after having been immersed twenty-seven minutes. The temperature was then found to be 103.4° in the axilla, and 107.2° in the rectum. After removal to bed, he was thought to be improved, his conjunctivæ being more sensitive and his pulse steadier ; he was also able to swallow. The temperature continued to fall for about an hour after the bath ; at 9.10 p.m. it was only 100.9° , but it soon after began to rise again. At 10.30 it was 104.1° , and at 12.15, 105° . He died about 3 a.m. on February 8. At the post-mortem examination, the aperture in the frontal bone was immediately above the frontal

sinuses, which were opened by its lower edge. The small aperture in the dura mater was covered with sloughy granulations. The frontal sinuses contained pus. The internal table of the skull was broken away some distance further than the external. There was general suppurative meningitis extending over the surface of the right hemisphere and the interior half of the left, and under the base of the brain into the right Sylvian fissure nearly to the quadrate space. The anterior part of each orbital lobe was bruised, ecchymosed, and softened; elsewhere, the brain was healthy. The other organs were all healthy, except the lungs, which were congested and œdematous, and the spleen, which was rather soft.

Mr. Hutchinson remarked on the existence of hemiplegia on one side and arachnitis on the other. He thought that in these cases there was usually some damage to the brain-substance itself--encephalitis as well as arachnitis.

Mr. Hulke recalled a case under the care of Mr. Lawson, where the bullet or leaden plug was found at the bottom of a large ragged hole in the forehead, in a mass of blood and brain. This man never had a bad symptom. He thought there was damage to the brain-tissue in all cases of hemiplegia.

Mr. Heath mentioned a case where a man put a pistol close to his head. He was not killed, but was rendered completely blind. No bullet could be found, but there was a slight prominence on the opposite side of the head from the orifice of entrance. In this patient there were two kinds of squint. The man's health was still good.

Mr. Baker mentioned a case which he had seen, where a Chassepot bullet had struck the forehead and buried itself in the brain. After living for months the patient died convulsed and finally comatose.

Mr. Hulke said Larry had written of the case of a man who survived after a bullet passing clean through the brain, so that a probe could pass through.

Mr. Howse had had a case somewhat similar, only the result was fatal. Here the bullet passed right through. He cut down and found the bullet.

Mr. Hutchinson referred to an interesting specimen in the Leeds Museum, being the skull of a woman who was not known to have received any injury, but in whose sphenoidal fissure a bullet was found when she died of fever.

The President said much injury might be done to the brain and yet nothing particular happen. Injury to the convolutions did not seem greatly to matter if the *débris* was carefully removed. He referred to two cases, one of which he promised to bring before the Society.

Mr. Norton spoke of the case of a person, now alive, on whom craniotomy had been performed and who was put on one side for dead. He was not more stupid than the bulk of agricultural laborers.

Mr. Lucas said that in his case the paralysis was not complete, but there was rigidity. The anterior lobes of the brain might be injured without any marked result following.—*Medical Times & Gazette.*

On Ulceration of the Frænum Linguae in Pertussis.—(In the *British Med. Journal* Dr. Robt. Cory remarks on this subject:—Dr. Elliott having lately added his experience to that of Dr. Maccall and of Dr. Morton with regard to the presence of ulceration on the frænum of the tongue in cases of whooping-cough, it may, perhaps, be of some service if I give my experience obtained from the children attending as out-patients at St. Thomas' Hospital.

The number of cases of whooping-cough during the last two years in which the frænum of the tongue was examined, amounted to 84. Of these 84 cases, 27 of them had ulceration of the frænum, giving a percentage of 32.14. This, it will be observed, is greater than that of Dr. Elliott (25 per cent.), but considerably less than that of Dr. Maccall (44 per cent.), and of Dr. Morton (41 per cent.). I, however, agree with Dr. Morton in thinking that, if the cases could all have been followed up, the ulcer would have been found to exist even in a greater proportion than 41 per cent.; and I therefore look upon Dr. Maccall's experience as the one most nearly approaching the truth. Cases

which only come once to the hospital during the first week of the disease become classed with those which have no ulcer, although many of them no doubt have it developed later; indeed, as a matter of fact, the ulcer does not appear until the paroxysmal stage has existed for some days. The average length of attendance at the hospital of those having the ulcer was 6.5 weeks; but, among those not having it, it was 4.8 weeks.

The following table shows the ulcer at different ages:

	No. having Ulcers.
During first year.....	0 out of 10
“ second year.....	4 “ 14
“ third year.....	7 “ 16
“ fourth year.....	5 “ 14
“ fifth year.....	7 “ 15
“ sixth year.....	2 “ 5
“ seventh year.....	2 “ 8
“ eighth year.....	0 “ 2

Among the 84 cases, 45 were females and 39 males, and the ulcer of the frænum was present in 16 out of the 45 females, and 11 out of the 39 males.

From the foregoing table it would appear, that the third, fourth, and fifth years are the ones during which the ulcer most frequently occurs.

That the cause of ulceration is due entirely to the friction of the soft parts against the teeth I have myself little doubt, and can entirely indorse what Dr. Maccall says on this point. I have never seen the ulcer in a child before the lower incisors were cut, and, in two cases, where the lower incisors had entirely disappeared in children of three or four years respectively, the ulcer never appeared, although repeatedly looked for.

The manner in which children cough is a very important point in the production of the ulcer. Some children instinctively protrude their tongues as far as possible—especially is this the case in those of three or four years old, in whom the pharynx is small; but with older children the necessity for the protrusion of the tongue is not so urgent, and they have also, in one sense, a greater command over it; hence, in these latter, the ulcer is not so frequently formed. The time, also, at which the ulcer usually first appears, viz., during the second and third

weeks, and its coincident disappearance with the spasmodic stage, is exactly what the mechanical theory requires.

Perhaps the inflamed and swollen orifices of Wharton's ducts, opening as they do on each side of the frænum near the central line, have been mistaken for the commencement of follicular ulcer; but this condition, I take it, results also from mechanical irritation. That the symptom is an important diagnostic one I think all are agreed, and its simple explanation does not detract one whit from its value.

Transfusion.—At the meeting of the Société Biologie, Dr. Brown-Séquard gave an interesting account of his experiments on transfusion. He had made use of different sorts of liquid for transfusion, such as normal blood, blood without its fibrine, and milk. In such case he found the results to be the same, but in the case of the milk the quantity that it was necessary to inject was more considerable than in the others. Ninety-five grammes of blood was drawn from a dog, and were replaced by the same amount of milk. Shortly after the operation (about forty-five minutes) there was no trace of milk globules to be found in the blood, and the dog has continued in excellent health ever since the operation, which took place more than five months ago. M. Malassez found, upon examining the blood after the transfusion, a greater number of white globules than normal. In concluding his remarks, Dr. Brown-Séquard expressed the opinion that the liquid injected should be at least of a temperature of 10° to 12° C. It was preferable, he thought, to chose the arteries rather than the veins, and recommended the operation to be done very slowly, in order to allow the liquid injection to acquire the temperature of the blood. Transfusion also succeeded in animals when the blood made use of comes from a species of animals different from that of the one under experiment. It appears that Dr. Thomas, of New York, has tried the transfusion of milk on the living subject, and is convinced that it acts as well as blood.—*The Lancet.*