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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Abstract of the Introductory Lecture to the Medical Course of McGill University, by Principal DAWSON, Nov. 2, 1868.

The lecturer commenced by stating, that on reading the opening address of Dr. Acland, as President of the British Medical Association, and the reports of introductory lectures delivered at the opening of the Medical Schools in London, his attention had been directed to the character of medicine as an art and a science, and to its relations to the modern scientific thought of our time. As to the question whether medicine is to be regarded as an art or a science, there might be different opinions, though the safer way was to regard it as partaking of the qualities of both ; but there could be no doubt as to its relations to various sciences, and to modern scientific culture in general. He would refer to a few points bearing on this subject.

First, there could be no doubt as to the importance of scientific training to the medical student. He should as far as possible not merely store his mind with facts, but acquire by a wide range of scientific study, habits of severe and accurate thought, enabling him rigidly to investigate all supposed causes, and on the one hand to reject crude and baseless theories, and on the other hand to connect every fact with those related to it, and to grasp the laws of phenomena, and the hidden causes of complex effects. Such training is also essential to that clear and ready thought, so important to the medical practitioner. It is not without reason that higher preliminary training than formerly, is required of the medical student ; and even when his attention is directed to languages as well as to science, it is that he may receive mental training, and that he may have access to a larger sphere of scientific culture.

Secondly, modern science has in many of its departments a direct bearing on medical practice. We are struck with wonder, for example, when we contemplate the vast growth of chemical science within the last ten or twelve years, and more especially when we think of the marvellous

revelations of organic chemistry as to processes which we were obliged at one time vaguely to attribute to vital force. We should indeed be disposed to regard the systems of animals as mere chemical laboratories, were it not that microscopical and physiological science had made equally rapid strides in the domain of life and organisation. Every fact, whether of health or disease, is now merely a link in long chains of chemical processes, and an element in groups of organic structures ranging from man to the humblest animalcule, and requiring a large extent of chemical, physical, physiological and zoological knowledge for its proper comprehension.

Again, modern science brings tribute to medicine in the vast array of apparatus and contrivances, mechanical, chemical, optical and electrical, made subservient to medical practice, and the student must be prepared to understand these appliances, and when called upon to act for himself, to judge as to their merits, without, on the one hand, being led away by an unthinking and ignorant enthusiasm in favour of every specious proposal or new contrivance, or, on the other hand, clinging to an equally ignorant conservatism and rejection of improvements.

Farther, medical art is related to the science of mind and to the laws of our common humanity. The low views of man that were once current can no longer be maintained; and the true physician who would rise to the ideal of his profession must not regard his patients as mere animal machines. In so doing he would reduce his profession to the level of farriery, and deprive it of the sympathy of humanity. He must regard the human body as the shrine of an immortal spirit, acted on by the condition of its complicated material organism and again reacting powerfully on this in all its various conditions of health or disease. Sound health is auxiliary to all that deserves the name of education, art, literature, science, morals or religion; and all these things react on health. Hence, it is in our day an important work of the medical profession to study and promote the great cause of sanitary science; and thus to strive to raise the struggling multitude from the slough of chronic unhealthiness into a condition in which there will be free scope for all that is noblest in humanity.

Nor will attention to these higher relations of medical art be without its immediate reward, for the public mind has now attained sufficient culture to detect and expose the failure of the professional man to appreciate his high vocation, and also to reward him who shows himself eminent in that which tends to prevent the evils which flesh is heir to, rather than to palliate or cure them when they have established themselves. Sanitary science will soon become a remunerative as well as an honourable part of medical acquirement. "It may," says Dr. Acland,

“be confidently expected, that one result will be the elevation of the duties of an Officer in State Medicine to that of a recognised profession, as in several special instances it has already become. At present it is not uncommon for a young man to be charged with wasting his powers if he devotes himself to improve the public health. Hereafter, charge of the public health must be made as much a matter of honourable ambition in the body politic, and must become as much an object of special education and training, as the business of any other recognised branch of the civil service. The Government will have to define the duties to be discharged by Public Health Officers or other Officers of Public Medicine, and the General Council of Medical Education will be able to direct the education of those who aspire to the performance of the duties so defined.”

These are but a few of the points in which the medical student must keep himself abreast of the scientific tendencies of the age. If he fails to do so, an educated public opinion will detect his deficiencies and consign him to merited contempt. His own conscience will condemn him, as one who has failed to improve the opportunities presented to him, and who has presumed to enter into the great battle with disease and death without arming himself fitly for the contest. God, who is the author of all that our science investigates, and who regards all the works of his hands, will condemn him, as one who has failed in the highest of duties, that which he owes in love as well as professional skill to his brother man. The medical student should enter on his work with the firm resolve to improve to the utmost his own powers and the opportunities given him; looking in this for the approval of a good conscience and for the highest professional success. That it may be so with every medical student, is the wish and prayer of every good man; as it is of all the members of this Faculty, and of all connected with this University.

It is indeed essential to the character and standing of the University itself, that this high estimate of the connection of professional training with science should be maintained; for, apart from the tendency of College training to elevate the professions from the standing of mere empirical arts to be learned by an apprenticeship, to that of scientific studies, the connection of professional schools with the University would only lower the latter without elevating the former. On this the *Regius Professor of Medicine at Oxford*, in the close of his lecture above referred to, thus eloquently insists:

“Yet we may ask, why the Professions should be welcomed by the University? Why this union should be desired by them? The answer is plain. Not through the guidance of the people by a few superior minds, not through the laying down rules of fashion by concurrence, not

through the dogmas of authority by compulsion, but by the culture of practical life, by the moral elevation of the working people of every class, are the great traditions of this country to be maintained.

“Not by Peers, nor Commons, not by Employers, nor Artisans as such, nor by all combined,—but by love of knowledge, of truth, and of uprightness; by a wide view of the needs of man, religious, moral, material; by a small estimate of our own powers, but a large one of our duties; by a just sense of the narrow field to which our own vision is limited, and of the shortness of the time during which to each of us that vision shall last;—by all these qualities uniformly diffused according to the capacity each may have, are Peers, Commons, Employers, Artisans, to keep alive the force of their common country.

“And if these thoughts seem to belong to the arena of the political world, and not to the quiet recesses of a Scientific Assembly, remember that if your young men who are to be engaged in professional life, if the sons of your commercial men come hither, you will find their characters tempered through life by the processes to which they have been submitted. If they find here the traditions and the practice of general culture, of love of good, of pursuit of all knowledge, pure or applied; if they learn precision when precision is needed, method when method; if they are taught to indulge in imagination where only imagination avails, fancy where only fancy; if they see us here resisting authority when there should be enquiry, but bowing humbly before that which is not for man to know, not ashamed of reverence and hope, nor afraid of faith; if here they may learn to be industrious and contented, of manly yet of tender heart,—then the Professions may send their youth to a place the country has reason warmly to cherish, if not wholly to approve.”

An Essay on the Contagion, Infection, Portability, and Communicability of the Asiatic Cholera in its relations to Quarantine; with a brief History of its Origin and Course in Canada, from 1832.
By W. MARSDEN, A.M., M.D., ex-President and Governor of the College of Physicians and Surgeons, Canada East; Honorary Fellow Medico-Botanical Society, London; Corresponding Fellow Medical Society, London; Honorary Fellow Montreal Pathological Society; Honorary Fellow Berkshire Medical Institute and Lyceum Natural History; Honorary Fellow Medico-Chirurgical Society, New York; Honorary Member of the American Medical Association, &c., &c., &c.

(Continued from our last.)

It is now upwards of twenty years since I first publicly advocated the opinions, through the columns of the British American Journal of Medi-

eal and Physical Science, and other periodicals, that have since been endorsed and advocated by the Cholera Conference, which met at Constantinople in May 1866, viz: "That Asiatic Cholera is an infectious disease, and is portable, communicable, and controllable, and may, like the plague, be transmitted and communicated both by persons and personal effects."

Entertaining these views I proposed a plan of quarantine, based on "the principle of absolute non-intercourse, for a short period, with persons from abroad, suspected of being infected with cholera, and a thorough disinfection of personal effects," in 1854.

It must be conceded, I apprehend that the soundness of the principles I have so long advocated, are now appreciated by the bulk of the medical profession everywhere, and that the opinion in regard to the efficacy of quarantine for the arrest of Asiatic Cholera is also everywhere gaining ground. The United States, and especially the State of New York, have set an example worthy of the imitation of other and older countries.

The report of the commissioners of quarantine, and the health officer of the port of New York for 1865, says: "Nearly all agree that cholera is contagious, and can be quarantined at a port of entry, providing the proper precaution as to non-intercourse, isolation, disinfection, cleansing, &c., be carried out. The following principles are laid down by Dr. Marsden, as containing the gist of cholera and its general laws, and so thoroughly coincides with my views that I insert them entire:

- 1st. That it is a communicable and controllable disease.
- 2nd. That its causes are not in the atmosphere.
- 3rd. That it accompanies human travel and human traffic.
- 4th. That it progresses at the rate of vessels across the ocean, and never precedes them.
- 5th. That it is transmissible by clothing and effects as well as by passengers.
- 6th. That it never appears in a new locality without communication, directly or indirectly, with infected persons or places.
- 7th. Lastly, that it may be arrested, like the plague, by an absolute quarantine of a short duration.

The importance of adopting a uniform system of quarantine (to be firmly administered at each point,) cannot be too strongly urged, for if such system does not exist, very many vessels infected with disease, which may find at one port a complete and stringent quarantine system, known to be carefully enforced, may change their destination, run into some other port, where laxity in quarantine prevails, and thus be permitted to spread contagion throughout the land."

These principles are further established in a report, made by M.

Alexander Morcau de Jonnés, to the superior Council of Health of Paris, on the pestilential cholera morbus, as long ago as 1831. After giving a large amount of evidence showing that the disease is in no way attributable to an epidemic cause resident in the atmosphere, he sums up as follows :

" 1st. That the pestilential cholera proceeds from a germ, a principle *sui generis*.

" 2nd. That it is transmitted exclusively by communication with individuals who are infected by this germ, and by the use of things which conceal it.

" 3rd. That it appears only in places where these communications are in operation.

" 4th. That it is imported from one place to another by vessels-of-war, ships of commerce, caravans, waggon-trains, armies, bands of pilgrims, fugitives, and single or isolated individuals.

" 5th. That it spreads itself on board ships by the communication of their crews with individuals or things which are infected with it, and that it is introduced by them into the ports where they touch on the way, or into the ports of their destination.

" 6th. That it spreads from the points on the coast infected in this manner, across the interior of the largest countries, following men in all their communications and propagating itself with a rapidity proportionate to the activity of the social relations.

" 7th. That it penetrates invariably into a country by the part of its frontiers which is in communication with other countries already infected; and that it introduces itself into a city through the quarters of which the inhabitants are in communication with places which it has already ravaged.

" 8th. That, in order to preserve a port or a city on the frontier, it is sufficient to watch or to interdict the arrival of ships or travellers coming from countries where it prevails.

" 9th. That, in order to guarantee a mass of individuals inhabiting a city where it has been introduced, it is sufficient to separate them from the rest of the population, and to prevent their having any communication.

" 10th. That the atmospheric air is to such a degree powerless to propagate it at a distance that a family, a party of persons, can live with security in the midst of its ravages in the city, or the country, where it causes the most terrible mortality, provided they be strictly sequestered before having been exposed to its action, and until the moment that it has entirely ceased.

“Whence it follows, that the Asiatic Cholera is transmitted and propagated like the plague, by mediate and immediate communications with individuals who are infected with it, which constitutes the true and essential character of contagious diseases, and makes them differ entirely from epidemic diseases, the causes of which reside in the atmosphere.”

Again:—Henry E. Bartlett, the health officer of the port of New York in 1854, at the time of the visitation of Asiatic Cholera, says: “I have thought that a statement of the facts in relation to its appearance at the quarantine at that time, might be of some aid in enabling you to take efficient measures to secure the desired object. Being facts, they point very significantly to the only plan to be adopted to prevent the introduction of this deadly malady from our ship board. You will recollect that 1854 was the year of great immigration, the number of vessels arriving in the month of May alone being four hundred and twenty-four.

The first cases of cholera were found on the “North American,” which arrived on the 15th of May, having left Liverpool, where the cholera then prevailed, on the 14th of April. There had been no sickness until the vessel had been more than two weeks at sea. While crossing the Banks, cholera made its appearance. The ship was detained, and the passengers all landed their baggage and clothing, thoroughly cleansed and disinfected, and none were allowed to leave until no new cases had appeared for two days. They were detained about a week.

On the 17th the “Progress” arrived, having left Liverpool with seven hundred emigrants. Thirty-nine died on the passage, and eighty cases were taken from the vessel, and new cases were hourly occurring. The well passengers from the vessel, as well as from the “Empire,” were placed in the grounds around what was then called the Hill Hospital, and the sick with that disease placed in that building, being about twelve or fifteen rods south of the shanty buildings in which were placed the cases of typhoid fever, most of whom were at the time convalescent.

About the same time the ships “Charles Hill,” the “Plymouth,” the “Robert Parker,” the “G. J. Patten,” and some others, arrived from Havre, all having a large number of cases of small-pox, of a very malignant type. These were all placed in the small-pox hospital, situated in the North-Western angle of the quarantine grounds, at least eighty rods from the hospital and grounds where the sick and well from the cholera ships were placed. The passengers and their effects from these vessels were subjected to a very thorough process of cleansing and disinfecting, and allowed to leave for the city. No cases of cholera were subsequently traced to them; but the convalescent patients in the shanty-buildings, who were recovering from typhoid fever, began to die of cholera, and in

less than one week, *seventy-five per cent of the patients in the small pox hospital died of cholera.*

On the 21st of May the "Dirigo" arrived from, I think, Glasgow, with a small number of emigrants. On her passage she took from the wreck of a vessel from Liverpool about thirty passengers. There had been no cholera in the wrecked vessel, and the persons taken from her saved only the clothing upon their persons. The vessel being healthy, all were allowed to go up to the city. Some of the first cases of cholera that occurred in the city were traced to these emigrants. From the above facts, the following conclusions are to be deduced with entire certainty:

"First, that with thorough cleansing and disinfecting (by chlorine or otherwise) of the baggage, clothing, or other effects that have been in contact with the secretions or excretions (or emanations from them) of cholera patients, the further development of the disease may be prevented.

"Second, that *unless the most entire isolation of all passengers in vessels from ports where the cholera prevails is enforced while this is being done, the disease is sure to manifest itself in the vicinity sooner or later.*

"Speculations as to the contagion or non-contagion, infection or non-infection, of the disease, are of no practical importance whatever."

The following extracts from the report of John Dwyer, M.D., Secretary to the Medical Board, Ward's Island, dated January 7, 1867, and contained in the annual report of the Commissioners of Emigration of the State of New York, for the year ending 31st December, 1866, has important bearings upon the relations of Asiatic cholera to quarantine.

"On the 14th of July 1866, a woman, McC., who had been employed as nurse some weeks previously on board one of the quarantine ships, came to Ward's Island to see her child, which was in the nursery. At 8 p. m. of the 15th two children in the nursery who had had communication with McC., were attacked with cholera. On the 16th Catherine B., a healthy woman, who was helper in ward 25, and who had been in company with McC., the preceding day, was attacked with cholera, and died the same evening after twelve hours sickness. The woman who washed the clothes of B., and who was also a helper in the same ward, was, on the 18th attacked with cholera and died the next day. On the 21st Emily N. was attacked with cholera in the same ward and died the next day. The epidemic then made its appearance in the old wash house building, containing the refuge for pregnant women, the residences of physicians, of employees, as also the soap making apartment and the bakery. It also appeared in several other detached wards, and in the Lunatic Asylum."

The contagiousness of cholera may be proved by its only known introduction here by means of the woman McC., although she asserted that her clothing had been purified before she left the quarantine ship, where cholera existed; by the case of Thomas M., a man who *volunteered as nurse* in the cholera ward, went there well on the evening of August the 3rd, attacked with cholera at 6 a. m., and died in three hours; this man being a volunteer, would not be likely to have taken fright—a cause which, I think, has superinduced cholera often. Again, Rosanna R., *another nurse in cholera ward*, died of cholera, as also her suckling baby. Fred. C., *also a nurse in cholera ward*, was attacked and prostrated with choleraic diarrhea.

Whilst every reputable and scientific remedy for cholera was tried, the result has not been more satisfactory than in former epidemics; but I believe it will be as favourable as that of any other hospital or city where correct records are kept. I cannot say that any member of the medical staff (and their experience has extended over several epidemics of cholera) has any confidence in treatment other than in the preventive and palliative.

The annual report of the resident physician of New York for 1865, says: "The fact which has been established by the detention, in quarantine, of the steamship "Atlanta," within seven miles of our shore, with the wind, for the most of the time, setting from that place toward the city, proves most conclusively that it is not an epidemic disease, and does not travel with great rapidity, as some authors would try to convince us. The disease is one that is, *sui generis*, created in India, from whence it has spread to other portions of the world, always following the channels of trade and commerce; and in the visitation of the disease upon this continent it can be traced distinctly to importation. It has never been generated on this continent, and can only exist here by importation."

Every one must admit the fact that filth, over-crowding, want of ventilation, of drainage and sewerage, and of an abundant supply of good and pure water, must, and do generate epidemic diseases, and will augment the number of cases of disease not otherwise epidemic, and greatly increase their malignity. These sources of propagation exist more or less in every city; but all these combined causes acting together, can never generate Asiatic cholera. As Dr. Sayer properly remarks: "They are nuisances which should be abated, as they do generate other diseases, and would materially add to our dangers if cholera were to be accidentally admitted. But a keg of gunpowder may remain in your basement without danger, unless it be ignited; it may remain there for all time, but never explode until the match is applied. So with these nuisances, which

already exist in the city; they are not the sources of cholera, and whatever other diseases they may produce, they will not develop cholera until the specific poison is introduced, by which the powder is ignited."

The principle of quarantine against Asiatic Cholera has at length been established in the United States, in Europe, and in India, with satisfactory results, and notably by the Cholera Conference at Constantinople, to which I have before alluded. The success has also been precisely in the ratio of its uniformity and absoluteness.

"New York," says the report of the resident physician, "is accessible by land as well as by sea, and unless the same quarantine regulations are enforced at every seaport town upon the entire coast, there is no security; but the disease, being imported into some of these seaport towns, may come to us by railroad communication. We, therefore, see the necessity for Congress or the General Government taking possession of this matter, and enforcing a uniformity of quarantine regulations at every port of entry. The Government establishes a port of entry, collects revenue, and has the right to close the port of entry, and should therefore perform the duties connected with a port of entry, one of which is a proper quarantine establishment, kept under military regulation, by which it may be rendered uniform and efficient. It sometimes happens that the port of entry, as in our own city, lies upon a river bordering on two States, and the port may be in one State, and the most advantageous place for a quarantine under the jurisdiction of another. This conflict of jurisdiction renders it essential that it should be placed under the control of the General Government. The General Government would not hesitate to take possession of any place where it could best protect the country from invasion by a foreign foe, irrespective of State boundaries or State jurisdiction, were it to come in the form of an armed fleet. How much more necessary, then, that the same precautions should be taken against a secret foe of pestilence and poison, vastly more destructive to human life than a fleet equipped with Armstrong guns! As there are also many ports of entry, it is necessary that the General Government should assume this control, in order that their action should be uniform."

The Surgeon General of the United States army has adopted the principle of contagion in reference to cholera as well as yellow fever, and has enforced a system of absolute quarantine as far as practicable throughout his jurisdiction, as appears by the "report on epidemic cholera and yellow fever in the army of the United States during the year 1867."

The instructions of the Surgeon General, as contained in Circular No. 3, were, to use "every endeavour to prevent the introduction of cholera

from infected commands or its conveyance from point to point by a *quarantine of observation*; upon all detachments of recruits or troops, arriving or departing from depots, posts or recruiting stations, at or near which this disease prevailed:" and to make "prompt report of its appearance in commands, either *en route* or in garrison," to enforce "isolation of all cases as far as practicable."

The result of these instructions has been to secure a volume of indisputable evidence of the infectious, portable and communicable character of Asiatic Cholera. In every case, whether in the harbour of New York, at Governor's Island, or at Bedloe's Island, or in the Southern or Western portions of the Union, the same positive and unmistakable evidence appears of the first cases of the disease in a new locality having been conveyed by persons from an infected district. It will be seen by consulting that document, that cholera spread over the country during the year 1866, extending as far Westward as Forts Leavenworth, Riley and Gibson; and in the Southwest as far as Texas. In its progress the disease followed the lines of travel rather than any general westward course, and in the case of the army, it especially followed the movements of bodies of the troops, which were the most important movements from infected points during the year. In a general way," the report continues, "it may here be said that the experience of the army during 1867 confirms the views in favour of quarantine formed during 1866, and especially confirms the opinions formed with regard to the danger of distributing recruits or other bodies of troops from an infected point to other garrisons."

I would recommend the perusal of this valuable and able report to all who take any interest in the subject, and especially to such as are sceptical as to the efficiency of **QUARANTINE FOR THE ARREST AND EXTINCTION OF ASIATIC CHOLERA.**

(To be continued.)

Rectal Abscess, By G. D. McCALLUM, M.D., Dunnville, Ontario.

In speaking of rectal abscess, it is unnecessary to review the structures involved and the course usually run by inflammation of the cellular tissue in this region, or to mention the danger of neglect in these cases. Every surgeon is fully aware of all these things; hence I do not intend saying anything upon those points, I merely purpose giving the treatment pursued in a very severe case, which occurred in my own practice, and in which a remedy was used, which to my knowledge has never heretofore been used in similar cases.

The patient, an old man aged sixty-five, in indigent circumstances, had been under the treatment of one of those wonder-mongering quacks yclept homeopaths, for about a fortnight before I saw him, and by that time the poor old man was nearly worn out with the irritative fever, which usually accompanies those cases, when the pus is confined.

The whole of the parts surrounding the anus seemed to be involved—were enormously inflamed and swollen; the scrotum was an immense size from effusion into its structures, and all the anterior part threatened to slough away, which it did, leaving both testicles entirely bare; he was in the greatest misery. Of course my first step was to allow the matter free exit, which I did by free incisions, from which escaped at least a pint of dark colored, highly perfumed pus. To show the extent of the mischief, the probe could be freely passed in all directions, to the full length. The cavity was next washed out by means of warm water and a syringe; after which *coal oil* was freely injected so as to be brought in contact with all the inner surface; the scrotum was also dressed with coal oil; he was put on tonics, whisky, and a good diet, and the succeeding night proved the first during which he had obtained any sleep for a week.

Under the use of injections of coal oil twice daily, the cavity being previously washed out with warm soap suds, the irritation rapidly ceased, the fœtor diminished, the further destruction of the parts checked, and the whole became a healthy granulating cavity, which rapidly filled up and closed; the scrotum also speedily diminished in size, and the testicles modestly retired again behind their natural covering. That the coal oil had a markedly soothing effect was proved by the fact that on being neglected one evening, the consequence was the patient had an exceedingly restless night and without any sleep. From this, and other cases in which I have used the remedy successfully, I am inclined to think coal oil as good if not the best dressing which can be applied in cases of extensive suppuration, and especially when the diseased action is of a low type; however, a medical friend had assured me that he had used it with the happiest results in a case of inflamed ulcer on the leg of an otherwise healthy, robust man; shortly after its application the pain was allayed, the parts assumed a whitish color and quickly healed over without further trouble. Again, we know that it is used with the very best results as an injection in dysentery, especially when the disease is confined to the lower bowel; it relieves the aching and tenesmus, almost immediately, and the surface quickly recovers its natural healthy state. Of course the experience of any one practitioner is not sufficient testimony to establish the reputation of any remedy, without doubt.

except in his own mind; still it should be sufficient to recommend it to the profession generally for further trial; if these remarks procure that for coal oil, the object for which they were written will have been accomplished.

HOSPITAL REPORTS.

(REPORTED BY MR. THOMAS ROGERS.)

Sloughing Phagedæna, affecting the Penis.

William S., aged 39 years, a native of England, was admitted into the Montreal General Hospital on the 19th of September, 1868.

State on admission,—He has a large slough situated at the extremity of the penis, on its dorsal aspect; it extends about two inches and a half in length, and involves the whole of the thickness of the prepuce. The slough seems to surround the organ, and from its appearance extends to the deeper structures.

Suffering as he is at present, from symptoms of delirium tremens, no direct history can be acquired.

Ordered half diet, with the following extras: 1 pint of beef juice, 2 pints of porter, and the prescriptions, viz., ℞, Pulv. opii, gr. xij. in chart xij. div.: one every four hours. ℞, Quinine sulph. gr. xxiv, pot. chlorate ℥i, acid muriatic ℥ss, aquæ ℥vj. take a table-spoonful three times a day.

The part sloughing was ordered to be placed in a poultice, consisting of equal parts of yeast and linseed meal. Yesterday the edges of the slough were touched with strong nitric acid.

Sept. 22nd.—Pulse to-day is 120, with skin dry but not hot; a thick creamy fur coats the tongue; the bowels have not been acted on since admission, but has no trouble in passing water. To have an injection, consisting of ℥ii of turpentine given this evening.

Sept. 23rd.—The injection given last evening has operated well, and the pulse has fallen to 96. Skin remains at the same temperature, with total absence of moisture. Did not sleep any last night, and appears very uneasy, raving a good deal at times. Sol morph. mur. M xl. in a pint of porter.

Sept. 24th.—During the early part of last night, after having had the draught administered, was very restless, but towards morning fell asleep, and continued so for five hours, awaking very much refreshed. Pulse this morning is 100, and the tongue is moist and shows signs of cleaning. The skin is cool, and the countenance presents a more rational aspect, and the delirium almost entirely disappeared.

The slough to all appearances had been arrested, but to-day there appears a slight increase in its extent, on the under surface, although a line of demarcation is well marked all round.

Sept. 25th.—Is quite comfortable this morning, with a steady pulse of 92. The skin is moist, and the tongue slightly furred. The expression to all appearances is quite natural. The delirium has passed off altogether, and he slept sound all last night, without having any draught administered or even the porter.

The slough has nearly altogether separated, with the exception of about half an inch posteriorly; no bleeding whatever at any time; makes water freely and yesterday had a free stool.

Ordered carbolic acid dressing of the strength of 1 part to 20 of water; lint is saturated with this solution and kept constantly applied with a covering of oil silk, the further use of the poultice being suspended. Ordered a mutton chop.

Sept. 26th.—Having recovered entirely from the attack of delirium tremens, he gives the following account of his previous history.

He has been addicted to the use of intoxicating liquors for many years; he is married, and has a wife and three children. About a year before he was married had both gonorrhœa and chancre, with an interval of a month or six weeks between; both were well attended to by a medical practitioner and recovered, never having any *bubo*.

Had intercourse with a prostitute, for the first time since his marriage on the 5th September, 1868, and on the 11th September, first noticed the appearance of a sore, which he supposed to have been chancre. He still continued drinking freely, neglecting it altogether; never consulted any physician, but left it to take its own course.

Pulse to-day is 88, with skin quite natural, and tongue looking remarkably well. Slept well all last night without draught or porter. Does not complain of any pain whatever.

The slough is much darker in appearance to-day, but its inclination to spread is totally arrested, and the line of demarcation well marked.

Sept. 27th.—Pulse same as yesterday. To-day the slough was removed entirely without the occurrence of any hæmorrhage.

It appears to have penetrated deeply, as far back as the posterior part of the glans, that being removed entirely, though more superficially it appears to have extended probably to the extent of three inches.

Sept. 28th.—Pulse 80, with clear tongue and no heat of skin. His bowels opened twice to-day. Still makes water freely.

Oct. 1st.—His health is excellent, having an appetite for all the diet ordered him. The sore appears to be granulating beautifully around the

edges, and to prevent the granulations from closing up the orifice of the urethra a small piece of bougie is ordered to be inserted.

Oct. 5th.—To-day is so much improved as to be permitted to sit up dressed, for a few hours at a time. Having been receiving two pints of porter since his admission, one pint was taken off. The carbolic acid dressing to be changed for that of red wash.

Oct. 12th.—Upon examination to-day the sore was found entirely healed, and being anxious to leave Hospital was discharged by the attending physician.

Hydrocele of Tunica Vaginalis—left side.

John McG., aged 62 years, and born in Ireland, was admitted into the Montreal General Hospital, upon the 2nd of October, 1868, under the care of Dr. Fenwick.

Has always been much addicted to the use of intoxicating liquors, frequently submitting himself to the influence of cold and damp, as a result of which his sight became much affected. His employment for the past three years has been that of a sawyer, and having at times to raise large blocks of wood had to use considerable force, and a good deal of straining, to which he attributes the present enlargement of the scrotum.

About eighteen months ago he noticed for the first time the scrotum becoming swollen, but applied for no advice, supposing it to be rupture and that through time it would wear off.

The tumour is pyriform in shape, perfectly translucent, possessing distinct fluctuation; the testicle occupies the upper and posterior part. In measurement it is $12\frac{1}{2}$ inches in circumference, and about $11\frac{1}{2}$ in the long axis. The swelling took place slowly and with little or no uneasiness.

Has always been much subject to constipation of the bowels, often allowing from four to five days to pass without having a stool.

Oct. 8, 1868.—The operation for tapping the hydrocele was performed by Dr. Fenwick, and fluid to the amount of twenty-three ounces withdrawn, presenting a clear straw coloured appearance.

The radical treatment was adopted, using an injection of sulphate of zinc of the strength of 3j to the pint.

Oct. 4th, 1868.—Suffered a little pain during the early part of last night, which gradually subsided towards morning. At the time of the visit he complained of considerable pain upon pressure, also of a good deal of heat. There is considerable swelling of the scrotum, due to the inflammatory action caused by the injection.

Oct. 7th. Slept well last night, and this morning is quite cheerful. There is no pain in the scrotum even upon considerable pressure; in size it has subsided nearly to that of its normal state.

Being somewhat costive was ordered a dose of castor oil, upon going to bed this evening.

Oct. 10th.—To-day, was found to be entirely cured and accordingly was discharged.

REVIEWS AND NOTICES OF BOOKS.

The Science and Practice of Medicine. By WILLIAM AITKEN, M.D., Professor of Pathology in the Army Medical School. Second American, from the Fifth enlarged and carefully revised London Edition, with large additions by Meredith Clymer, Ex-Professor of the Institute and Practice of Medicine in the University of New York, etc., etc. Vol. 1. Philadelphia: Lindsay & Blakeston, 1868; Montreal: Dawson Bros.

The rapidity with which the various editions of Dr. Aitken's works have been disposed of is a certain guarantee that the profession accepts it as the "representative" book on the subject of the theory and practice of medicine. It is not our intention to notice this second American, from the fifth London edition, at any length, as the volume reached us late in September. In a future number we may do so. For the present we will content ourselves with saying, that from the preface, we learn that Dr. Aitken passed some fifteen months in the revisal of the work, the result being an increase of fully one hundred pages of reading matter. Many of the subjects have been entirely re-written; among those so revised we notice Malignant Cholera, Paralysis, Epidemic Cerebro, Spinal Meningitis, and Intestinal Obstruction. When we come to notice the claims of the American editor, Dr. Clymer, we find that he has added quite a volume of his own, there being fully three hundred pages of his, interwoven through the work, upon subjects which have not been treated or only incidentally mentioned by Dr. Aitken. Many of these we consider exceedingly valuable contributions, especially those on Gonorrhœal Rheumatism; Capillary Bronchitis, Chronic Pyæmia, and Syphilitic Disease of the Liver. The subjects of Loco-Motor, Ataxy, Glosso-Pharyngeal Paralysis, Aphasia, Dilation of the Bronchi &c. are for the first time incorporated in the book as text. They were

not mentioned in the fourth London edition, but were added by Dr. Clymer in his first American edition. We notice that Dr. Aitken's articles on these subjects are condensations, for the most part, from the articles of the American editor, which is a compliment exceedingly well deserved. The only exception is the article on Dilatation of the Bronchi, which is an abridgment of Dr. Stewart's excellent paper, which appeared in the *Edinburgh Medical and Surgical Journal*, for December, 1867. To commend such a volume to our readers is a pleasure, for no one who purchases it will be disappointed.

Diseases of Children, a Clinical Treatise, based on Lectures delivered at the Hospital for Sick Children, London. By THOMAS HILLIER, M.D., London, Fellow of the Royal College of Physicians, &c., &c., &c. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Bros.

Confessedly unsatisfactory is the treatment of disease in children, especially when the unfortunate little sufferers are of tender years, and unable to express by word or sign the nature of their ailment. Experience then becomes our guide, and even it at times fails to come to our aid. Unfortunately hospitals for the treatment of diseases incidental to infantile life, are but few in number on this continent, and the majority of graduates enter practice with but little experience in this class of affections. This state of things is much, very much, to be regretted, for no amount of study can possibly make up for the great want of clinical instruction. The fearful mortality of infantile life seems to us to be due to some extent, at all events, to our inability thoroughly to comprehend the character and nature of their diseases. Their study is, therefore, a subject of deep and powerful interest to the medical profession, and we confess that our literature on the subject is not very extensive. True, we have standard works, such as those of West and Churchill, but even these fail us at times when in search of information, and so in fact will every work on the subject. None are, none can be, from the tender years of the little patients, complete. But we confess to have been much pleased with our examination of the volume, the title of which heads this article. Its author, Dr. Hillier, has for a considerable period been attached to the Royal Children's Hospital, of London, and has a large fund of clinical experience, much of which he gives us in the form of monographs upon the most important diseases which attack children. All these are illustrated by cases, many of them really of very great value, and exceedingly well reported. Cases which have terminated fatally are given with

the *post mortem* appearances. These we consider are more valuable even than the report of successful ones, for no one can scientifically treat disease who does not comprehend the changes which it may cause in the human body. Dr. Hillier's volume is one which, while it will not and does not pretend to take the place of more systematic works, will be often found exceedingly useful. Its chapter on pneumonia is really a valuable contribution to our literature upon a disease which is exceedingly common in Canada in the spring and fall of the year, owing to the sudden changes of our temperature. Dr. Hillier has done good service to the study of infantile diseases by his contribution.

The First Step in Chemistry. BY ROBERT GALLOWAY, F.C.S., etc.,
etc. Dublin: Fannin & Co.

This little manual, as its name implies, is intended for the use of beginners, and indeed the author claims in his preface to have succeeded by the method adopted in the book, in teaching chemistry to boys of ten and twelve, with as much success as the ordinary subjects of education. The author objects to the ordinary manuals and text books of chemistry, that they are encyclopædic instead of educational; valuable as works of reference, but of comparatively little use in teaching chemistry, or in training and developing the mind. He therefore proposes to teach chemistry in the same way as arithmetic, by a series of progressive exercises in the nomenclature and notation of the science, the construction of formulæ, the mode of expressing chemical changes, qualitative analysis etc.; the exercises being experimental as well as theoretical. That this plan is well suited to boys of ten or twelve years, who have unlimited time at their disposal, seems reasonable enough, but it would hardly answer when chemical physics, chemical philosophy, and the chemistry of the elements, organic and inorganic, have all to be crowded into one course of from four to six months. Besides, experience has shown that chemistry can be and constantly is successfully taught to adults by the system followed in the text-books, so that the author's objections may be set down as more theoretical than practical.

The book will commend itself to those who have to teach chemistry in common schools, or to such as purpose making themselves familiar with it without a teacher, but will hardly replace such manuals as those of Fownes, Youman, and Silliman.

Numerous inaccuracies are to be found in the work, some of them excusable, and some scarcely so; among the latter may be cited the following, which occurs on page fifty-five. "The particles of light,

caloric or the principle of heat, the electric fluids and ether, are the only known imponderable bodies." Such a statement is rather old-fashioned for the year 1868. On page 419 the water type is given as $\frac{H}{H}$ instead of $\frac{H}{H}^o$. In numerous cases also the letter-press does not correspond with the engraving, making it difficult for learners to understand the apparatus and diagrams as intended.

On the other hand, most of the modern changes in chemical science are well described; the new notation is adopted in the second part of the volume and the new theories of types and atomicity of the elements and radicles are very clearly set forth. On this account the book will be found useful to those who have formerly studied chemistry, and who may wish to follow the recent improvements without wading through more extended treatises, and its numerous experimental exercises will recommend it to those who desire to improve themselves in manipulation.

Our author has our thanks for so kindly forwarding to us a copy of his work.

Physician's Visiting List, 1869. Philadelphia: Lindsay & Blackiston.
Montreal: Dawson Bros.

This little volume is invaluable to the physician, saving in a week ten times its cost. We have used it for several years, and can therefore speak from experience of its very great value. It is arranged for twenty-five, fifty, seventy-five, or a hundred patients weekly, contains General Memorandas, Addresses of Patients, Obstetric Engagements, Vaccination Engagements, &c., &c. It is small, and can with ease be carried in the pocket. A subscriber who purchased one last winter, upon our recommendation, writes us, "the Visiting List is deserving of all you said about it, and more; its use has been the means of saving me considerable money. I really wonder how I did so long without it."

PERISCOPIC DEPARTMENT.

Medicine.

A NEW TREATMENT FOR CHRONIC DYSENTERY.

By E. MALCOLM MORS, M.D., San Francisco.

Chronic Dysentery generally means inflammation and ulceration of the large intestine. Instead of expecting a cure by giving medicines by the mouth, to act through the blood, or to travel ten yards before arriving at

the seat of the disease, or giving medicated enemata in so small a bulk that they are hardly sufficient to fill the rectum. I have been in the habit of washing out the whole rectum and colon by throwing up into the large intestine from two to five pints of Labarraque's solution of the chloride of soda, diluted, thus making a topical application to the ulcers, of one of the best, most cleansing, stimulating and healing solutions contained in our Pharmacopœia. This remedy gives little or no pain, is perfectly safe, and may be considered a specific in uncomplicated ulceration of the large intestine. By uncomplicated ulceration of the large intestine, I mean dysentery not kept up by organic disease of the heart, or phthisis pulmonalis; and not dependent on irremediable obstruction of the liver or spleen. For in each of these four cases the dysentery is produced by, or complicated with a more serious primary disease.

In presenting to the members of the medical profession, this plan of treatment for chronic dysentery, not found in any of the text books with which I am familiar, I would feel some hesitation, and not a little responsibility, did I not know that the theory itself is based on rational principles; and the success of the application of this theory as witnessed by myself during eleven years, is so marked that I can confidently recommend it as a safe cure for some of the worst cases of this formidable disease. I have seen patients that have been suffering for months and even years, with chronic dysentery, rescued by the application of these chloride of soda enemata, from the jaws of death.

The mortality in chronic dysentery, both under the old and the latest method of treatment, is very great.

On examination of the bellies of those who have died with this disease we find the mucous membrane of the large intestine extensively ulcerated; very often the ulcers are low down; they are found principally in the rectum and descending colon; often in the transverse colon and cæcum. Dr. Wood says: "The mucous membrane of the rectum and the lower portion of the colon always evince signs of inflammation in cases of death by dysentery. It is much reddened and thickened and not unfrequently ulcerated. Ulcers, in fact, exist in this disease more frequently than in any other acute inflammation of the alimentary canal, unless in the follicular enteritis of typhoid fever and small-pox. The danger is proportionate to the extent of the colon involved." Now, if we have a patient suffering from a simple ulcer in the mouth, we do not attempt to heal it by throwing up astringent or opiate enemata into his rectum; we apply the remedial agent directly to the seat of the injury. And if we have a patient with ulcers in the colon, why not apply the proper medicine at once to the proper place?

In order to get the patient into a proper condition to derive the most benefit from these injections, I am in the habit of pursuing the following method. I regulate his diet carefully, of course, and keep him in a recumbent position in order to assist the return of blood from the engorged mesenteric veins, and those smaller tributaries which are distributed along the large intestine. This state of engorgement prevents the ulcers from healing, and renders each ulcer an outlet from which, in blood and serum, the stream of life ebbs out like water from the tubs of the daughters of Danaus. At day-break on every alternative or fourth day, I give a mild cathartic or aperient, in order to clear out the alimentary canal. The ordinary contents of the intestine produce great irritation when it is in this engorged and hyperæsthetic condition; and it is better to get rid of the fæces about the same time, instead of letting them run in dribbles over the raw surface every hour or two. After the cathartic or aperient has acted sufficiently, I inject very slowly from two to four pints of Labarraque's solution of chloride of soda, diluted, into the large intestine; in this way it becomes a topical application. The right strength for the first enema, is twenty parts of water to one of Labarraque's solution. I inject as much of this mixture as he can be made to retain. Two or three pints will generally be enough. Sometimes as much as five pints may be given. Each enema should be made a little stronger, until the patient can feel it smart or burn. When this happens the solution is of the proper strength. The patient should be on his right side, or on his knees with his head low down, while these enemata are being administered. Occasionally it is necessary for him to change his position several times, in order that the wash may reach every point where it is needed. Should there be much tenesmus after the injection has been passed, I give an enema of the tinct. opii, or an opium suppository. These applications of the chloride of soda should generally be made once a day. Occasionally it is necessary to give them twice a day; and sometimes on account of the sensitiveness of the ulcers as they begin to heal, it is better to leave them off for several days, or give weaker solutions. The next indication in the treatment, after cleaning out the alimentary canal and washing the ulcers with the medicated solution, is to keep the bowels quiet, so that the ulcers may remain clean and heal up under the topical application. In suggesting the means of accomplishing this desideratum, I am getting upon very debatable ground. The old proverb, "tot homines tot sententiones" must certainly have been arms intended for physicians. Each one of us has his own way of using the with which we combat disease. I generally give large doses of subnitrate of bismuth, three times a day; repeated opiate enemata and suppositories,

in order not to disorder the stomach; Dover's powders, repeated if necessary; charcoal, or the mineral and vegetable astringents; the ant-acids, leeches and fomentations; taking great care to *keep up* the effect of the medicine, by giving them every hour or two. If one drug fails I try another, or give a combination of several of them; in order to have as few stools as possible passing over the ulcerated surfaces while they are healing.—*California Medical Gazette.*

A CASE OF ACUTE CHOREA SUCCESSFULLY TREATED BY THE
EXTRACT OF CALABAR BEAN.

By THOMAS BENNETT, M.D.

In that really excellent work on medicine now in course of publication in England, and edited by Dr. Reynolds, in which the best men of the day in that country have written on subjects they best understand—we naturally expect, and we are not disappointed in finding, all that is modern and all that is worth knowing on the pathology and therapeutics of disease.

In the second volume, which is devoted to *General Nervous Diseases*, Dr. C. B. Radcliffe, in his article on chorea, says: "Nothing can be more perplexing than the statements made by various authorities respecting the efficacy of remedial agents in the treatment of chorea. Few voices, it is true, are now raised in favour of the old-fashioned anti-phlogistic way of treatment, in which blood-letting, and purgatives, and low diet figured so conspicuously; but beyond this, all that is uttered seems to be dictated by the spirit of contradiction or scepticism. Indeed, so little unanimity of opinion is there, respecting the treatment which ought to be pursued in chorea, that the only course is for each one to glance at the remedial agents recommended, to weigh the statements made respecting them as well as he can, and to take upon himself the responsibility of deciding upon his own course of action." He then goes on to enumerate the various remedial agents that have been found useful.

Sir Thomas Watson and Dr. Elliotson rely, as a rule, mainly on some preparation of iron. With others, sulphate of zinc is the favourite. Then we have advocates of arsenic, strychnine, tartar emetic, the iodide and bromide of potassium, turpentine and ammonia. Dr. Radcliffe says that his plan of treatment for an ordinary case of chorea is to give cod liver oil in conjunction with hypophosphate of soda; and to combine with it, according to circumstances, camphor or ammonia, or both; he adds the sesquicarbonate of ammonia to the draught containing the hypophosphite, and dissolves the camphor in the cod liver oil. He has added arsenic to the hypophosphite and cod liver oil and has been satisfied with the result.

It is in view of the uncertainty of these conflicting favourites, and in the hope of abating somewhat the disappointment all must have felt in the treatment of this disease, that I am induced to narrate the striking benefit derived from the use of the extract of calabar bean (*physostigmatis faba*) in a case of acute chorea.

I am sorry I have no notes of the case; it occurred, however, recently, and its details are so vividly fixed in my mind, that I can give a truthful description of it:

M. A., fourteen years old, a stout girl, of full habit of body, very large for her age, had once menstruated. Her mother for some time had observed a certain awkwardness of gait, and a jerking way of taking hold of any object; and thinking it was only a child's trick, rested satisfied with reprimanding her for it. She, however, got daily worse, till at last she was not an instant quiet, and was unable to hold anything in her hands or even walk across the room. Being then sent for, I found her in the condition just described; her face was flushed, saliva escaped constantly from her mouth, her tongue was loaded with thick brownish fur, and her bowels were obstinately constipated. I ordered her a drachm of turpentine in an ounce of castor oil that night, and a mixture containing valerianate of zinc for the next day. Two days after, I saw her again, and found all her symptoms much aggravated—incessant violent motions of arms and legs, and considerable difficulty in speaking. A repetition of the oil and a continuance of the mixture was ordered; but these measures had not the least control over the disease, and after the interval of a week her condition was pitiable in the extreme. Her countenance now was semi-idiotic; she was deprived of her power of speech, and her ability to swallow was almost gone; her wrists, elbows and knees were deprived of their cuticle from constant rubbing; all voluntary power over her muscles was lost; she was not one instant quiet, but incessantly threw herself about with sudden violent jerks in extraordinary attitudes—at one moment she would jump on her feet and as quickly fall back; at another her arms would be rapidly thrown behind her back and then twisted. Sometimes her relatives would try to keep her quiet by holding her down on the bed, but the chronic strugglings were too powerful for her father, a strong muscular man; she would writhe from under him during these paroxysms, though he both held and threw his whole weight upon her. During these terrible attacks she would utter piercing cries, and her mouth would be covered with bloody foam caused by the constant working of her jaws and the biting of her lips and tongue. Night brought no relief, as sleep was entirely absent.

Finding that the treatment hitherto had been entirely useless, I now

ordered the eighth of a grain of the spirituous extract of calabar bean, to be given every two hours, and an occasional spoonful of egg beaten up with brandy, so as to recruit her exhausted nervous system. The beneficial effect of the physostigma was most marked. In twenty-four hours the violent paroxysms had all but ceased; the second night she slept quietly for seven hours, and awoke with countenance less flushed and more intelligent; she was able to take a little food and also to speak, although in a thick and hesitating manner. The medicine was ordered to be continued, and at the expiration of four days all that remained of the choreic symptoms was some little muscular twitchings; but she had sufficient power over her hands to pick the kernel from a hickory nut, at which occupation I found her at my visit. The calabar bean was now discontinued, and its place substituted by iron and quinine, with a dose of black draught every other morning, as her bowels continued constipated. She rapidly convalesced, and I took leave of her when she went into the country for a change of air.

I am fully aware that not much reliance can be placed on a single trial of the calabar bean in an acute case of this disturbance of the nervous system; but I report it with the hope that others may be induced to give it a trial, and may meet with a similar successful result.—*California Medical Gazette.*

ThERAPEUTIC MEMORANDA.

By JOHN ADDINGTON SYMONDS, M.D., F.R.S.E. From *British Medical Journal*.
Analysis by Prof. JAMES M. HOLLOWAY, Louisville, Knty.

Asthma.—As a guide to treatment, asthma is divided into: (a) the kind in which *spasm* predominates, with or without *emphysema*; (b) the kind in which there is *bronchitis* or *bronchorrhœa* with the spasm.

Treatment.—Spasm relieved by remedies named in order according to their value; chloroform inhalation, ether, nitrous vapor, belladonna, stramonium, opium. The danger of chloroform arises from its great power; the patient is prone to use it in excess. Belladonna (Battley's liquor B, preferred) combined with bicarbonate of potassa, acts promptly. When bronchitis is present, add wine of ipecac. When there is less congestion, and a mucus flux relieves, add squill. Because of the physiological and anatomical relation between circulation of blood in lungs and liver, cathartics and purgatives (mercurials) are indicated. During intervals between paroxysms, long courses of oxide of zinc and quinine, combined with conium. The young and vigorous should take shower baths, and patients of all ages should pay strict attention to diet, and to regulation of bowels.

Pleurisy.—Can always be promptly relieved, if discovered early; a few leeches, or hot fomentations, or poultices, with absolute rest in bed will enable the patient to go about in a day or two. But the majority of cases are not discovered until more or less effusion has taken place. It may begin by a small patch, over base of lungs, simulating neuralgia, or upon diaphragm, simulating, by reflected pain in shoulder, liver trouble. In such cases, during first week, treatment should be rest in bed, blisters every two or three days, on anterior, posterior and lateral regions: alkaline carbonates, combined with spirits nitrous ether and antimony; a nightly anodyne, combined with mercurial; slight ptyalism not to be feared, though not regarded as necessary to a cure.

Second week: continue alkaline carbonates, with potassi iodidi, digitalis and squill. Hydragogues, when they can be borne, hasten the cure. When this treatment fails, thoracentesis is indicated—more favourable in young subjects. All the fluid should not be removed at once; patient should lie on affected side, the artificial orifice resting upon a large poultice.

There is a certain form of acute pleurisy, occurring most in persons passing from middle to riper years, which attacks the diaphragmatic portion of the pleural sac of left side, that does not yield to any plan of treatment. The patient is suddenly overwhelmed with dyspœa, piercing pain in left side, "pinning him to the bed." The cardiac (vital) power runs rapidly down. *Post mortem* does not show cardiac complication; "but the vicinity of the heart makes one think that there must have been some morbid impression on its nerves, illustrating what used to be called the sympathy of contiguity."

NOTE.—Bowditch's exhausting syringe is not mentioned by the writer. With it, the effusion in pleural sac can be completely removed, allowing the lung, if not confined by old adhesions, to expand and refill the normal space. This seems to be the only real benefit to be derived from the employment of such an apparatus; not, as is claimed for it, that the atmospheric air is, also, excluded. The appearance of pus after thoracentesis does not depend upon the introduction of atmospheric air; the large number of cases of empyema on record requiring the employment of the trocar prove this. The introduction of air into the pleural sac can only hasten the decomposition of the already effused fluids; it exerts no influence on vitalized tissues, even when there is low vitality. Neither can the introduction of atmospheric air prevent the expansion of the lung. It collapses the lungs in the cadaver, but not before death. The object, then, in treatment by thoracentesis is solely to get rid of all the fluid (whatever be its character) in the cavity, and to establish such a perfect system of drainage as to prevent reaccumulation.

Pneumonia.—Experience in treatment accords with that of Allison, Christison, Stokes, William and Law, to the effect that a great difference has been required in the treatment of pneumonias of the last few years. That the type of the disease differs—now sthenic, now asthenic. At the present time, full and frequently repeated doses of bicarbonate of potassa, with spirit of nitric ether, antimonials or ipecac, with poultices and blisters, are the remedies to begin with. “Beef tea, champagne and soda water, in equal proportion, and milk and soda water are prominent in the dietetics.” Weakness and frequency of pulse and nervous debility call for brandy and ammonia. In such cases the pulse becomes less frequent, fuller and more steady under stimulation. Expectoration, when free, should not be checked by an untimely opiate. [The author evidently means that opium, in full doses, is contra-indicated when the air tubes and vesicles are clogged with mucus from the co-existing bronchitis.]

Phthisis.—In the first stage, treatment consists in gentle exercise, active and passive, riding, sailing in pure air, and nutritious, digestible food and moderate stimulation. If other members of the family have succumbed, urge a voyage or change of climate. Since 1846, the profession, generally, have relied mainly upon cod liver oil as a therapeutic agent, capable of staying the progress of the disease in many cases, and, in some, effecting a cure. This remedy was introduced in 1841 by Bennett, and Dr. C. B. Williams came to his assistance, when it was needed to overcome the scepticism of the majority. “Three principal facts are adverse to a cure: strong family predisposition; an extensive amount of deposit in the lungs, and the complication of ulcerative laryngitis.”

Details of Treatment.—Cod liver oil when it can be tolerated by the stomach. Don't despair of a patient's taking it, until it has been disguised in highly flavoured emulsions, or with a strong acid or a bitter. If the pure oil will not be digested, congeal and filter it, so as to retain the oleine and get rid of the stearine. If necessary, give pancreatine along with the oil so as to increase the rapidity of its absorption.

In connection with the oil, use small blisters, applied beneath clavicle, frequently repeated; a morning dose of quinine, with iron added; a sedative for cough at night; nutritious diet, always including milk and eggs.

When the above treatment seems to stay the progress of the disease, the patient not losing flesh and strength, but still annoyed by excessive expectoration, and no improvement in lungs shown by physical exploration, decided benefit will follow the addition of ten to fifteen grains of

chlorate of potassa, in plain or barley water, three times daily. An abatement of the ulceration follows.

When the oil is not tolerated, resort may be had to the use of sugar and eggs as a substitute. Feed the patient on all sorts of nick-nacks, besides increasing the allowance of sugar in tea and coffee and dessert.

Tubercular Hæmoptysis.—In the early stages when dependent upon congestion, the bleeding is not usually profuse, and needs no treatment farther than rest, relief from fear and anxiety, cooling drinks and a *placebo* (“a remedy of infinite value in this and all other diseases attended with disproportionate anxiety.”) When there is lung disorganization and the loss of blood reaches or exceeds a half-pint, digitalis, gallic acid, turpentine and acetate of lead are indicated. The digitalis, given in doses of 20 minims every three hours for six doses and then at longer intervals, controls the action of the heart. If there is fever, give alkalis and anodynes before resorting to direct astringents. Frequently, the employment of tartar emetic and ipecac, in doses sufficiently large to induce vomiting, have succeeded in suddenly checking the hæmorrhage. Acetate of lead, in five grain doses, with twenty to thirty minims of dilute acid sulphuric and ten grains of magnesiæ sulphatis, repeated every two or three hours. In severe cases, the local application of ice, pounded and inclosed in a bladder, acts promptly. Venesection is sometimes indicated upon the grounds that “the flow of blood from a vein lessens the hydrostatic pressure throughout the body;” secondly, “the heart’s impulse is modulated;” thirdly, “a faintness ensues and there is contraction of the terminal arteries and a disposition of the blood to coagulate.”

“Old remedies, like old friends, are not to be forgotten, though we may no longer lean on their help.”

NOTE.—No allusion is made to the employment of the atomizer in the local administration of astringents to the bleeding surface. A trial should never be omitted.—*Louisville and Richmond Medical Journal.*

THREE CASES OF MITRAL DISEASE, IN WHICH THERE WERE NO MURMURS ON ACCOUNT OF THE INTENSITY OF THE VALVULAR LESION.

By LAWSON TAIT.

In the summer of 1866 I placed a young Irishman under the care of my much-lamented friend, the late Dr. Scoresby-Jackson. The patient was about twenty-four years of age, and suffered from rheumatic fever about five years previous to the time I first saw him. The history of his

illness pointed to pericarditis as the lesion from which he had suffered; but no very definite history could be obtained.

The appearance presented by him was not very much that of a man suffering from heart-disease. He was breathless in going up a hill, complained of uneasiness over his heart, and great weakness. At first sight I took his case to be one of phthisis; but examination did not give any reason to support this. The action of the heart was irregular, or rather every now and then there occurred an interval of rather greater length than a beat, during which the heart seemed to be still and then there was very markedly that vermicular motion under the skin supposed to indicate adherent pericardium. The latter, indeed, was the condition that I diagnosed; and Dr. Jackson agreed that this probably was the case. The patient was examined by several competent stethoscopists, and while several concurred with us, none, if I remember rightly, suggested mitral disease. The patient left hospital, and died in three weeks. After a very great deal of trouble I got permission to examine the condition of the heart, and found very much to my surprise, not only that the pericardium was not adherent, but that, with the exception of a few milk-spots it was perfectly healthy. The heart was considerably hypertrophied. The mitral valve admitted only the fore-finger, and was perfectly rigid, being, in fact, only a ring of calcareous matter, from which the endocardium on the upper side had been denuded by ulceration. Many of the *chordeæ tendineæ* were ruptured, or had been ulcerated through.

J. G., æt. 37, had never suffered from any form of rheumatism, but for the last five years had suffered from symptoms which led his medical attendant to believe that he had some form of disease of the heart. He presented an extremely anæmic appearance, had some general symptoms, such as slight cough, occasional bloody sputum, breathlessness on exertion; but there was no murmur, only the same irregular and tumultuous action of the heart. I had no means of registering the heart's action, but it might be roughly represented thus, taking the period from the beginning of one beat to the beginning of another as 5:—

5:5:12:5:3:3:5:5:12:

From the above conditions I suggested mitral disease as the cause of his symptoms, and ventured to diagnose a condition similar to the case first mentioned. He died in a few months, and I found my diagnosis most singularly well established; the mitral orifice would not admit the fore-finger, and it only wanted an extension of the deposit for an eighth of an inch at one spot to make it a complete circle of cretaceous material. The endocardium seemed to be still intact over the foreign substance. The heart was considerably hypertrophied. As both the above examine-

tions had to be conducted hurriedly in private houses, with friends of the deceased looking on. weights and measurements could not be more accurately taken.

A. P., æt. 29, presented an extremely anæmic condition. A year before I saw her, she had her right breast removed for malignant disease, in St. Mary's Hospital, Manchester. For some months after her recovery she acted as a barmaid, and enjoyed fair health. About seven months after the operation she found that on any unusual exertion she became breathless, and this increased so rapidly, that in two months more she had to give up work. Her condition, when I saw her, indicated serious disease; and from the physical signs being identical with those of the second case, I diagnosed mitral constriction with inelasticity of the valvular appendages. The question came up—Might it be malignant disease? and I was inclined to believe that it was. The fatal issue occurred three weeks after she came under my care, and post-mortem examination showed that I was right as to the condition of the valve, but wrong as to the disease. The valve admitted the middle-finger, and both flaps were much ulcerated on the upper surface. The disease was ordinary atheroma, softer, however, than in the other two cases, and extended completely round the orifice. The aortic valve had only two segments, and the pericardium was congenitally absent.

That the intensity of the murmur has no general relationship to the amount of lesion, and that many very serious forms of heart affection are entirely without murmur, are facts well understood and frequently insisted on; but that the murmur in valvular affections may be in abeyance from the very intensity of the disease. is a condition not so generally recognized.—*Medical Press and Circular.*

Surgery.

ALCOHOL AS A DRESSING TO SURGICAL AND TRAUMATIC WOUNDS.

By W. F. McNEER, M.D., M.R.C.S.E., L.R.C.P.E., etc. Late Surgeon U. S. N.,
Visiting Physician to S. F. Dispensary, etc.

The treatment of wounds by the local application of alcohol has at least the dignity of age as a recommendation. As a dressing to wounds, it was used in some form by Hippocrates, Galen, Percy, Ambrose Paré, etc., etc. But, at the present time, it may be said to have fallen into general discredit, or at least into general disuse, as a remedial agent for

the dressing of wounds. However, it is still held in the very highest esteem by some of the masters of surgery, both in their private practice and in their hospital wards.

In 1864 and 1865, I followed M. Nélaton in the wards of l'Hospital des Chinque, where he uses this dressing, to the exclusion of all others, to incised and traumatic wounds and suppurating surfaces, from whatever cause. His wards were nearly free from the heavy, disagreeable odour so common to surgical wards. Wounds granulated with but very little pus; and pyæmia, so common in Parisian hospitals, was almost never seen. I have used it before and since that time with equally satisfactory results. I am led to believe that the reason why alcohol is not used more extensively as a dressing to wounds at the present time, is not because surgeons have tried it and abandoned it, but because they have not given it a trial. We hope that, by calling the attention of the profession to its well known advantages, some at least will be induced to give it a trial.

M. Nélaton mostly uses brandy with a little camphor dissolved in it and diluted to suit the requirements of each case. As alcohol is absorbed when applied to denuded surfaces, it is necessary to dilute the solution according to the size of the denuded surface, and to the susceptibility of the patient. I have seen a patient quite intoxicated from the absorption of brandy that had been applied as a dressing to a very large suppurating surface. When a wound shows, by its pale looking granulations, that a stimulating dressing is demanded, and the general state of the system also requires stimulating, the form of alcohol used may not require any dilution. I have used whisky pure or diluted, but prefer alcohol, diluted as occasion may require, with camphor-water. Though M. Nélaton mostly used "eau-de-vie camphrée," I do not know as he considered the camphor a very important addition to the alcohol. The camphor however, would seem to be of very good service as a local stimulant and disinfectant.

Alcohol when applied to a recent wound, incised or traumatic, coagulates the soluble albumen on its surface, corrugates the tissues and contracts the open mouths of the capillary and lymphatic vessels. By sponging the flaps with this dressing after amputation, for from fifteen to thirty minutes, before bringing them together, and by applying some charpie saturated in the same along the edges of the wound, after they have been brought together by sutures, we have given them the very best possible chance to adhere by first intention. Instead of bringing together two soft, oozing surfaces, which are most sure not to adhere by first intention, we have, by the action of this alcoholic dressing, corru-

gated and contracted the tissues and vessels, and coagulated the albumen, so that the two surfaces, when brought together, are almost sure to give primary union.

In cases of ablation of tumours and of incised or traumatic wounds, where it is proposed to bring the edges together by sutures, we treat them exactly as we do the flaps after amputation, sponging the cavities or the wounds with the alcoholic dressing for from fifteen to thirty minutes before bringing them together with sutures, in order to prevent the accumulation of blood or serum in the cavity, which would necessarily prevent primary union.

As an application to granulating and suppurating surfaces, alcohol certainly possesses advantages over most other dressings. The indications in such wounds being to promote granulations and prevent purulent absorption, we make *sublata causâ lollitur effectus* our surgical motto, and stimulate the wound to granulations, at the same time preventing the purulent absorption, by preventing the formation of pus.

To those who believe that pus is the result of an exudation, and that germs arise in the exudation, which by a continuous fermentation of cells, produces pus. we would say that alcohol destroys pus corpuscles, and therefore prevents their propagation. To those who believe that pus is produced as the result of the proliferation of the tissue—that is, believe that pus is the result of dissolved tissue—we would say that alcohol is an excellent antiseptic, as it preserves so well animal tissue. Alcohol, then, as a dressing applied to suppurating wounds, proves a preventative to pyæmia, by preventing the formation of pus. Then again, a solution containing alcohol is not as readily absorbed by animal membrane as an aqueous solution. Besides the local effects of alcohol to the wounds, it possesses the advantage of being a stimulant to the general system, by its being absorbed.

M. Nélaton's method of applying this dressing is to saturate charpie in the solution prepared for use, and spread it over the wound. He keeps the charpie covered with oil-silk, and changes it as often as is necessary to keep the charpie wet.

The advantages claimed, then, for alcohol as a dressing to surgical and traumatic wounds, are, that in recent wounds, it coagulates the soluble albumen on the surface of the wound, corrugates the tissues, and contracts the small vessels, thereby preventing the accumulation of blood or serum between flaps or the edges of wounds, which would necessarily prevent primary union.

Applied as a dressing to granulating wounds, it acts as a local stimulant, prevents largely the formation of pus, lessens the chances of the

patient's having pyæmia, is an excellent disinfectant, and possesses the advantage of being a stimulant to the general system:—*California Medical Gazette*.

A CASE OF ILEUS SUCCESSFULLY TREATED BY ELECTRICITY.

Under the care of T. A. VESEY, A.B., M.B., T.C.D.

On July 14, 1868, I was called to see John Hughes, aged 59, a pensioner. Always healthy. Three months since was treated for enteralgia; subject to constipation. On the 12th, his bowels not being moved for two days, he took a dose of castor oil, followed by senna and salts, without effect.

Present Symptoms.—Spasmodic pain, starting from a hard moveable mass to the right of the umbilical region; pressure here caused increased pain: belly tympanitic; lineæ transversæ deeply marked; face pale, anxious; eyes sunken, dull; skin cool, clammy; feet and hands cold; tongue coated; vomiting (not stercoraceous) set in same morning; constant loud gurgling in bowels; pulse 94, fair volume.

Treatment.—A sinapism, followed by turpentine stupes, an emollient enema (3 pints) was given by a long tube, and retained one hour; came away unchanged; turpentine enema twice administered without carrying away any faecal matter. Subsequently a 3 pint enema of warm oil (Dr. Head, Carlisle) brought away a trace of fæces.

No purgatives by the mouth; belladonna and opium in full doses with relief to pain, spasms, and vomiting.

15th.—Passed a tolerable night; had some sleep, pain less; abdomen becoming tender; pulse 104; vomiting very troublesome since 4 A.M.

Finding that the measures adopted for his relief did not produce any good effect, I determined to use electricity, applied as follows:—

Patient being placed on the left side, a "Radford's Uterine Director" was introduced into the rectum, and the negative wire of the electric machine attached to it. The sponge attached to the positive pole was rapidly passed over the whole abdomen from cœcum to left iliac region. This caused intolerable agony, as all the abdominal muscles were thrown into violent action. The electricity was applied (at intervals) with gradually increased power for half-an-hour, when such exhaustion was produced that it was discontinued,

As he complained much of pain in the back, a vulcanite hot-water bag was applied to it with relief.

In two hours after the use of the electricity, he had several copious, dark-coloured, offensive stools. During the rest of the day and night following, his bowels were moved twelve times. The pain disappeared, the hard mass was so much reduced as to be made out with difficulty. He made a rapid convalescence.

The failure of the ordinary measures in this case induced me to try the effect of electricity, and the successful issue furnishes additional evidence of the great therapeutical value of electricity in the treatment of ileus.

In the ninety-sixth number of the *Dublin Quarterly Journal of Medical Science*, will be found a case reported by Dr. Finney, in which electricity was used on Dr. Stokes' recommendation. It was the recollection of that case, and the favourable result, that gave me confidence in the trial of a similar remedy, and happily with similar good fortune. The battery used was a Davis and Kidder's electro-magnetic machine.—*Med. Press.*

A GENUINE HERMAPHRODITE.

By HENRY N. AVERY, M.D., of Poughkeepsie, N. Y.

The following is such a wonderful case, and being as near a hermaphrodite as anything can be, notwithstanding the evidence that nothing of the kind can exist, I report it for the novelty of the case, rather than the operation.

August 16th, 1868, Christie Ann C——, called upon me for advice, giving the following answers to my questions. After stating that she was a native of Nova Scotia, and had just arrived in this city to see a sister living here, and seek surgical aid in the States; unmarried; twenty-four years of age; five feet ten inches high; enjoying comparatively good health; occupied during the past two years in teaching school, and that she had a *growth* upon her privates.

From observation, I discovered that she possessed a deep, coarse voice, a masculine frame and face; in fact, resembling an ordinary coarse woman.

After a careful examination, to my surprise, I found the following to exist; the mamma were undeveloped; the clitoris, resembling a penis in flaccid state, was two inches long, and half-an-inch in diameter, with well developed gland and foreskin. No orifice was discovered. A vagina two inches deep, well formed, existed, but a close examination per rectum and bladder, could not discover any trace of a uterus; the meatus urinarius and vestibule were perfect; the right labium majorum was quite natural and of usual size; the labia minora were traceable, but in the folds of the left labium there appeared a large pendant tumour, resembling the left *testicle* of a man, with a well developed scrotum of usual size, of some four inches in length, resembling in every respect the scrotum. Tracing what appeared to be the cord up, I found it made its exit from the external abdominal ring, and having every indication of a spermatic cord; the epididymis appeared to be natural; in fact, everything resembled a *testicle*.

She stated that she felt some sexual desire, and that every morning for the past six years, she had vomited, on rising from bed, a small quantity of blood. To my question as to how long the tumour had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I could remove the tumour, as it annoyed her. The physician at home, the only one she had ever shown it to, stated that he could do nothing for her.

Being placed in somewhat of an embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to see if my diagnosis of a *testicle* would be confirmed. Accordingly Drs. J. S. P. Lord, E. H. Parker, and my brother, Dr. E. W. Avery, all of this city, were called in, when they all agreed that it resembled in every respect a *testicle*, but the case being so extraordinary they could not form any diagnosis, but advised an operation.

With the assistance of Dr. Lord and Dr. E. W. Avery, I proceeded to perform the operation, by removing the tumour by the usual process for castration, by making an incision of some five inches in length, so as to expose the cord, which was found with three arteries that were ligated, and several smaller ones, a large nerve, veins, etc.; severing the cord, the retraction was the same that might be expected in performing the operation upon a man; the tumour was then dissected out, the wound partially closed, and the patient placed in bed.

After removal, the tumour was examined by Dr. Lord, Dr. E. W. Avery and myself, with a microscope magnifying 350 times, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, it was declared a *testicle*.

Mounted specimens of the tubes for the microscope have been prepared, and photographs of the woman will be preserved.

This being the only case, I believe, on record, where a *testicle* has been discovered in a *woman*, it will naturally interest many. The fact can now be settled, that such a thing as a hermaphrodite has existed.

ANTI SUNBURN POMADE.

The following is a really good and equally simple recipe to prevent the skin from cracking, and to remove sunburns. Melt two ounces of spermaceti in a pipkin, and add two ounces of oil of almonds, and when they are intimately combined stir in a teaspoonful of fine honey—stir the mixture until cold, or the materials will harden separately. This pomade should be applied at night after washing the skin, and should be allowed to remain on until morning.—*Journal of Applied Chemistry*.

Canada Medical Journal.

MONTREAL, NOVEMBER, 1868.

We have great pleasure in announcing to our readers that we have secured the valuable co-operation of Dr. William Bayard, of St. Johns, N.B., as our corresponding editor for the Province of New Brunswick. He will supply us with all that is interesting concerning the profession there.

CONFUSION.—THE MEDICAL COLLEGES OF PHILADELPHIA.

In our issue of July we stated that a certain member of our profession, who had been practising in the city of Toronto, and had for some time held an appointment of teacher in the Toronto School of Medicine, had accepted a Professorship in "The Philadelphia University of Medicine and Surgery." It was our belief in making that announcement that the institution mentioned was the "University of Pennsylvania," an old and respected School of Medicine. Our attention having subsequently been directed to the matter, we learned, with considerable annoyance, that the "Philadelphia University of Medicine and Surgery" had no claim to honourable notice. We have examined the back numbers of the *Medical and Surgical Reporter* of Philadelphia, and find in the number for July 6, 1867, the following:

"There are two colleges in this city where legitimate, rational medicine is taught, the Medical Department of the University of Pennsylvania, and the Jefferson Medical College. Both these schools have able faculties, and full classes, and are well known as the leading schools of the country.

"We mention these facts simply to say that the Legislatore of our State has, very improperly as we think, granted charters to one or two irregular schools of Medicine located in this city, which have assumed a portion of the coporate title of one of our oldest regular schools, which, as an institution of learning, has long been a credit to our State, and the pride of our city. We know that a few students have been deceived by the advertisements of these irregular schools, into taking their tickets, and found out their error when it was too late.

“But efforts of this kind will not succeed; they may, as they have done, inveigle a few students into their doors, but the staple of the lectures delivered, will not satisfy the desires of the genuine student, and the very means made use of to bring them into notoriety will be their ultimate destruction.

“One of these concerns recently had the effrontery to endeavour to inveigle into their faculty a prominent member of our profession in a neighbouring city, by making false representations to him; but, fortunately for his reputation, he was advised of the character of the school before he had in the slightest degree committed himself.”

In view of the foregoing we would wish to believe that the person spoken of from Toronto, had been entrapped into an institution, the character of which seems to be so disreputable. At present the circumstances of the case will hardly permit us to accept that belief. We will, however, await the necessary time to see whether a full and unequivocal condemnation of that individual is demanded. In the meantime we desire to call attention to the institution which possesses so unenviable a reputation among the regular members of the profession in Philadelphia. Those of our readers who read the proceedings of the British Medical Association in Dublin of last year will have noticed a charge made by Dr. Corrigan, of Dublin, that the “Medical department of the University of Pennsylvania gives the degree of Medical Doctor *in absentia*—and that for the sum of £32 10s.

The *Reporter*, after pointing out the untruthfulness of that charge, remarks, “*Apropos* of that subject of the sale of diplomas, we are creditably informed that an Englishman, a D.D., L.L.D., and M.D.,! (?) is engaged in this country in the sale of the diplomas of a certain regular school. It may be the same institution has its agents in England, who taking advantage of the ignorance of our institutions, that is too prevalent abroad, have assumed a name resembling that of our venerable University.” We believe we are perfectly correct in saying that the same institution has one or more agents in Canada, and that this institution is the same “Philadelphia University of Medicine and Surgery.” But we will again quote from the *Reporter*.

“The impertinence of the lecturers and students of a very pretentious institution in this city, which is “run” as an advertizing dodge by a number of very ordinary advertising doctors, in talking largely of their “University,” its lectures, class and clinics, is, to say the least, very refreshing!

“It is said that the chief luminary of this concern, around whom revolve a number of lesser satellites, boasts that he carries the charters of several

medical colleges in his pocket, and that he claims to hold from the State Legislature the charter of an institution under the name of "The Philadelphia University of Medicine and Surgery." This being the case, we say unhesitatingly, that in thus chartering as a *University* a venture, which can lay no claim whatever to such a title, and especially so in granting it under a name by which it may easily be confounded with a venerable institution which possesses all the attributes of a University, and which has for a century been an honour to our city and State, it is evident that unscrupulous men have it in their power, if they choose to take advantage of the similarity of title to injure the name and fame of the original and true University, so long and so justly the pride of our city.

"Whether or not it was the intention, certain it is, that the effect of diligent advertising in the newspapers throughout the South and West during the past year, of this concern, which aspires to the dignity of a University, has been trying, we are informed, to inveigle some students into procuring its tickets, who supposed that they were entering our well known University, which has earned a character and reputation, with which, we respectfully submit, our Legislature had no right to trifle. Can it do less than revise its action?"

We are not aware that any Canadian student has been induced to take tickets at this so-called University, unless it may be those who seek medical knowledge through "Eclectic" channels. But of this we are well informed, that within the last few months strenuous efforts have been made to allure students in Canada, by sending a pretentious periodical called the "University Medical and Surgical Journal," to a large number of medical gentlemen in Canada. A special appeal is made to Canadians. The style adopted by the editor is one that might easily deceive the uninformed respecting the merits of "Dr." Paine. It is in consequence of this we have felt it our duty to place before the medical public the facts relative to the institution with which Dr. Lizars, lately of Toronto, and Dr. Ramsay, formerly of Orillia, have identified themselves. As before remarked, we would fain believe they had been deceived as to the real character of the "University." In connection with the university our *Medical Journal* mentioned there is also a "National Medical Association." We have it on the best authority that these three institutions are controlled by three or four irregular practitioners with, one Paine as their leader, a well known empiric, who have their head-quarters on 9th Street, Philadelphia, that the whole is a gross swindle, instead of a respectable college conducted by eighteen professors.

THE MONTREAL GENERAL HOSPITAL.

We have to acknowledge the receipt of the forty-sixth annual Report of this valuable institution, which was presented at the annual meeting of the corporation, held on the 19th of May last. From it we learn that the receipts for the year were \$16,908.80, and the expenditure \$19,696.59, leaving a deficit on the last two years of \$3742.09. The number of in-door patients treated in the wards during the year was 1417, being an excess of 79 over the preceding year. The number who received relief in the Dispensary department was 8419—an increase of 398 over the previous year. Ninety deaths occurred among the in-door patients, fifteen of them occurring within three days after admission. In looking over the diseases from which the patients have suffered, we notice that diarrhoea and typhoid fever have diminished one-half, compared with the preceding year. Dysentery was, however, a common complaint. Small-pox was unduly prevalent during last winter, and fifty-seven cases of that disease were treated during the year, against twenty-one in the previous year. In a few instances the disease spread from the small-pox wards to the patients in the general wards.

With the view of meeting an important public want in this large city, the Board, at the last annual meeting of the Corporation, announced its intention of erecting a building for the reception of small-pox and other contagious diseases, so that the unfortunate victims of these maladies might obtain the care and attention the serious nature of their complaints required, while at the same time the citizens generally might be saved as much as possible from exposure to those dangerous diseases, the infectious fevers. The Fever Hospital is now completed, and contains two public wards capable of accommodating forty patients, and several private wards for persons whose means may enable them to pay for the convenience and comfort of good nursing and isolation from their friends, when suffering from contagious disease.

The report says:—"The cost of the erection of this building has been defrayed from the "permanent fund" of the Society, with the exception of the munificent sum of \$5,000 contributed for the purpose by William Molson, Esq., and nothing but the urgent need of such a refuge for the sick would have induced the governors to have touched that fund; and they feel confident that when the citizens are called on for subscriptions to restore to that fund the money so expended—and they will be called upon during the summer—they shall not only subscribe enough to pay for the building, but do something towards creating an endowment for its yearly maintenance."

Several important improvements in the Hospital have been effected during the past year. The old operating room, which was very defective, has been rendered much more capacious and convenient by an entire alteration in the arrangement of the seats, by enlarging the sky-light, and introducing hot and cold water into the room. A complete system of pipes for heating the entire building by steam has been introduced into the Hospital, in connection with the apparatus just placed in the Fever Hospital, and it is supplied by the same furnace.

The medical staff continues the same as the previous year, except that Dr. Drake takes the place of Dr. Craik, the latter gentleman having resigned his appointment. Dr. George Ross was elected House Surgeon, and Dr. Roddick, of Harbor Grace, Newfoundland, received the appointment of Apothecary, or Assistant House Surgeon.

Since the above was in type, we are gratified to learn that, in answer to the appeal, the Committee have received the following magnificent subscriptions towards the endowment fund—John Redpath, \$4,000; William Molson, \$2,400, (in addition to the \$5,000 previously given to the Fever Hospital); J. G. Mackenzie, \$2,400; John Frothingham, \$2,400; William Dow, \$2,400; A. W. Ogilvie, M.P.P., \$100; A. Crawford, Petite Côte, \$100.

THE TORONTO GENERAL HOSPITAL.

This hospital, which had been closed for some ten months, was re-opened about the first of August. but owing to the fact that the trustees had the limited sum of \$3000 with which to manage the charity until the next meeting of the Ontario Parliament, only the limited number of 25 free patients can be admitted. Additional inmates can find accommodation by paying 40 cts per diem. The trustees are no doubt acting wisely in confining the expenditure so as not to exceed their ability to pay; but as we have previously stated, we hope that this disgraceful condition of the Hospital will soon be removed, never to recur. We believe that no change or addition has been made in connection with the medical officers. We have no desire to find fault with the gentlemen at present constituting the staff; but we feel convinced that the principle we have before enunciated must eventually prevail, namely, to have an equal number from the two medical colleges of Toronto.

The *Medical Officers* are Dr. Wright, Aitkins, Richardson, Berryman, King, Rowell, Thorburn and Newcombe. *Consulting Surgeons and Physician*, Drs. Beaumont, Hodder, Bowell and Rolph.

The present number of patients in the hospital is 41. The House Surgeon is Dr. Hampton.

THE RIFLE TOURNAMENT AT LAPRAIRIE.

The first annual meeting of the Dominion of Canada Rifle Association commenced on the Laprairie common, 9 miles from Montreal, on the 15th September. Although the attendance did not quite equal expectation, yet for several days the number of men under canvas did not fall far short of a thousand. Every portion of the Dominion was well represented. A large room in the officers' quarters was assigned for use as an hospital and was fairly furnished with sleeping accommodation, but was apparently destitute of everything else. Notwithstanding the cold wet weather, comparatively little sickness prevailed, and the admissions to hospital, were few, the only serious cases being an Ontario volunteer who had a sharp attack of common continued fever, due evidently to exposure, and a trooper of the St. John's (Q) Cavalry, who suffered from a slight sunstroke. Diarrhoea was prevalent to some slight extent in the camp, but although they sought for medical aid, they invariably refused to enter hospital, being anxious to contend in the various matches. Dr. George Ross, Assistant-Surgeon of the "Royals," assumed the charge of the camp. A surgeon of volunteers, from Montreal, came over daily, remaining twenty-four hours on duty. During the whole time of the tournament, the weather was most unpropitious, being cold and rainy. The consequence was that many who originally intended staying until all the matches had been gone through with, left before they were half over. In future we would strongly urge the Association to choose a season of the year not so liable to rapid and severe changes as is the month of September.

VICTORIA UNIVERSITY.

The general introductory lecture for the session 1868-9, of this institution, at Toronto, was delivered by J. H. Sangster, A.M., M.D., Prof. of Chemistry, upon the evening of the 1st October. The audience, which was large, consisted of the students in medicine, and their friends, with a large number of the leading citizens of the city. The Dean of the Faculty, the Hon. Dr. Rolph, occupied the chair.

Respecting the lecture one of the Toronto Dailies says:—"Dr. Sangster's remarks were chiefly devoted to the duties, responsibilities and rewards attached to the practice of medicine; and the spirit in which the profession ought to be entered. The learned lecturer commenced by welcoming the new students and giving them a few words of sound advice on the labours before them and the duties incumbent upon them. He then entered on the chief topics of his discourse, referring first to the motives that lead to the study and practice of medicine, and after-

wards dwelling upon the duties and responsibilities of the profession. The lecture was an able and interesting one, and secured the attention of the audience from first to last. It was of special interest to the members of the profession. We regret that our space to-day will not admit of our giving even an outline of it. We can only say that it was one of the most interesting addresses ever delivered here, and reflected the highest possible credit on the learned lecturer."

MEETING OF THE MEDICAL ALUMNI ASSOCIATION OF VICTORIA COLLEGE.

The annual meeting of this Society was held in the County Council Chambers, Toronto, upon the 1st October, commencing at 3 o'clock. This Association, which has now existed nearly two years, held its annual meeting at the time of the commencement of the winter's course of lectures with the view of obtaining a re-union of the former students and their teachers. The society is under the patronage of the Medical Faculty, which body avail themselves of the occasion to entertain the Alumni with a social supper.

The society continued in session two days, and was engaged with matters of professional importance; certain charges had been preferred against several members of the body, of having been guilty of irregular practices, and some interest was felt by the Alumni respecting the course which should be pursued, regarding such individuals. The attendance was therefore very good.

The first day was occupied by the discharge of routine business, the delivery of a capital address by the President, Dr. Sangster, and by receiving the reports of committees. After adopting a constitution and by-laws, the Code of Ethics adopted by the Canadian Medical Association was accepted by the Alumni Association. Certain committees having been appointed for the transaction of immediate business to report the following day, the society adjourned.

The Association assembled at 9 o'clock, October 2nd.

The entire proceedings were conducted with the greatest harmony, and the important matters before the Association discussed with much calmness and deliberation. The various committees having reported, the election of officers was proceeded with, and resulted in the following gentlemen being selected for the ensuing year:—

PATRONS.—Rev. S. S. Nelles, D.D., President of University; the Hon. J. Rolph, M.D., L.L.D., M.R.C.S., Dean of Faculty, Yorkville branch; E. H. Trudel, M.D., Dean of Faculty, Montreal branch; the Professors of the Faculties of Medicine, Law and Arts.

OFFICERS—President: J. H. Sangster, M.A., M.D.; 1st Vice-President, Wm. Canniff, M.D., M.R.C.S., Eng.; 2nd do, P. Rottot, M.D.; 3rd do, Dr. Edmonson; 4th do, J. W. Rosebrugh, M.D.; Secretary, George J. Potts, M.D., Belleville; Treasurer, H. Strange, M.D., Hamilton.

DIRECTORS—John A. Mullin, M.D., Hamilton; S. L. Nash, M.D., Ameliasburgh; A. M. Rosebrugh, M.D., Toronto; Wm. Philp, M.D., Waterdown.

DELEGATES TO THE CANADIAN MEDICAL ASSOCIATION—H. F. Tuck, M.D., and John A. Mullin, M.D.

DELEGATES TO THE NEW YORK MEDICAL ASSOCIATION—L. Brock, M.D., and Henry Strange, M.D.

After the election of officers, the following gentlemen read papers on the subjects named:—Dr. A. M. Rosebrugh, of Toronto, on chloroform; Dr. George J. Potts, of Belleville, on diseases of the stomach, and in the absence of Dr. Willoughby, of Grafton, the president directed the secretary, Dr. Potts, to read Dr. Willoughby's paper on hysteria.

It was moved by Dr. Brock, and seconded by Dr. Potts,

“That the thanks of this association are tendered to Dr. Rosebrugh for his able and instructive paper upon the subject of chloroform.”

Moved by Dr. Williams, seconded by Dr. Rosebrugh,

“That the thanks of this Association are due to Dr. Potts for the paper he has brought before us on diseases of the stomach.”

Moved by Dr. McGregor, seconded by Dr. Williams,

“That committees on the following subjects be appointed to bring before the association at its next annual meeting succinct accounts of the present position of the following departments of the profession, viz: One on Medicine and Materia Medica; a second on general Surgery; a third on Midwifery and diseases of Women and Children; a fourth on Hygiene; a fifth on Vaccination, and a sixth on diseases of the Eye and Ear.

The above committees having been struck, it was

Moved by Dr. Buck, seconded by Dr. Williams,

“That inasmuch as pathology occupies such an important place in the advancement of medical and surgical knowledge, we, as the Medical Alumni of Victoria University, use our influence in forwarding this branch of study by sending and by encouraging others to send to the curator such specimens of morbid anatomy as are deemed worthy of a place in the museum of an *Alma Mater*.”

Moved by Dr. Scott, seconded by Dr. Strange,

“That the thanks of this Association be tendered to the Grand Trunk, Great Western and Northern Railway Companies, for their courtesy in

granting return tickets at one fare to members of this association attending this meeting."

Moved by Dr. Rosebrugh, seconded by Dr. Buchanan,

"That the thanks of this association are due to the warden and the overseer of public property of the county of York for their courtesy in granting the use of the County Council chamber for our present meeting, and that the secretary be requested to communicate the same to the warden of the county of York."

The Association then resolved itself into a committee of the whole for the purpose of investigating charges brought against three members of the Association. One member was expelled for gross violation of the code of medical ethics, adopted by the Canadian Medical Association, and also adopted by this Association.

Moved by Dr. Williams, seconded by Dr. Barick,

"That the thanks of this Association are due to the retiring officers."

Moved by Dr. Strange seconded by Dr. Berryman,

"That in the opinion of this Association, it is in the interest of the general public that all persons who practice the art of medicine should have a certain amount of qualification, which can only be guaranteed by a definite curriculum in general education, and in those branches of professional education which are essential to the intelligent practice of medicine upon any theory, and this Association will cordially aid the Medical Council in obtaining such amendments to the present Medical Act as will enable them to make such regulations as the public can reasonably expect to operate as a guarantee of competency in all medical practitioners."

Moved by Dr. Strange, seconded by Dr. Potts,

"That Drs. Brock, R. McIntyre, J. A. Williams, A. M. Rosebrugh, and Ogle R. Buchanan, be a committee to draft resolutions to be presented at the next session at Cobourg, which shall embody the views of this Association on the several topics likely to be considered at the next meeting of the Canadian Medical Association."

Moved by Dr. Buchanan, seconded by Dr. Brock,

"That this Association do now adjourn to meet at Cobourg during the first week of May, 1869."

The adjournment was announced by Dr. Canniff, 1st Vice President, accordingly.

OUR DUTY TO THE LIVING AS WELL AS TO THE DEAD.

An effort has been made by a certain company to establish a cemetery in the western part of Toronto, within the corporation limits. It is to

be hoped for the sake of health to the inhabitants of Toronto, and because of the example which would be presented were such a thing done, that this body of speculators will not succeed in accomplishing their object. Of the many remarkable instances of ignorance with the Canadian public, respecting the laws of health and sanitary requirements, there is none more striking than the persistency with which many towns and cities continue to deposit human remains in close connection with the abodes of the living. Not unfrequently the very centre of towns are marked, by graveyards in which not only the dead of the place are buried, but in which are also collected many from the surrounding townships. Ignorance is the common cause of this indecent custom, and we call upon the profession to lose no opportunity of discharging a great public duty by protesting against the continuation of the habit. We trust that the health officers of Toronto will not fail to take such a step as will prevent so serious a violation of the rules of propriety.

Since writing the foregoing we observe that the question is being brought before the Toronto City Council. At a recent sitting Alderman Harrison introduced a by-law to prevent interments within the city. It would not interfere with cemeteries now in existence, but it would provide that the graves should be a certain depth, so as to prevent the odour and evil consequences arising from interments made less than five feet. The object was to prevent future purchases, not to interfere with existing interests. It would be very detrimental to the interests of the west end of the city to have, besides a Lunatic Asylum, another Necropolis. There was plenty of land outside the city that could be used for the purpose, and the interment of the dead should certainly be prohibited within the city limits. The by-law was read a first time.

This is well so far as it goes; but we must be permitted to say that the provision, intended to be made, to secure a certain depth of interment, may or may not be beneficial. So much depends upon the nature of the soil and its natural drainage, that it is impossible to define the exact depth in which the body should be placed. The truth of the matter is, these are questions involving no little scientific skill, and should be under the immediate direction of a competent health officer, appointed by Government, a part of whose duty it should be to inspect the places of burial throughout all the larger towns and cities.

We cannot close our remarks without according due credit to the *Daily Telegraph*, of Toronto, for its timely and earnest warning to the public of our "proposed western Golgotha."

DEATH OF DR. PARKER, M.P., OF GUELPH, ONTARIO.

We record the death of this well known member of the profession in Canada, with great regret and sympathy for the bereaved family. He died at Guelph, on Saturday the 24th October, from the effects of injuries sustained by falling through a bridge upon the railway along which he was walking homeward at night after visiting a patient. The unfortunate gentleman lay all night unable to procure help, with a compound fracture of the femur, beside other and internal injuries. There was hope of his recovery at first, but too soon fatal symptoms presented themselves. Dr. Parker acquired his education in the arts department of Victoria College, and Jefferson Medical College, Philadelphia. He was known as a successful practitioner, and was the means of carrying through, if not the author, of the present Medical Act of the Province of Ontario. But Dr. Parker possessed even a wider reputation as a politician. At the time of his death he was the representative of Centre Wellington. As a public speaker he was not without considerable ability, and always commanded the utmost attention of the House of Parliament when speaking, by his well directed and often eloquent addresses. It was in reply to a speech from Dr. Parker, that McGee made his last memorable speech just before his assassination. Socially, Dr. Parker was highly esteemed for his genial and obliging manner. He leaves a widow and three children, to whom we extend respectfully our deepest sympathy.

DEATH OF DR. MACKENZIE.

Doctor MacKenzie, the well-known oculist, died at his residence in Glasgow, Scotland, in the early part of August, at the age of 74 years. At the time of his death he was Surgeon Oculist to the Queen in Scotland, and Lecturer on Diseases of the Eye in the Glasgow University. His sterling worth as a Surgeon will cause his name to live in the memory of the profession the world over. The *Dublin Medical Press* says, he stood firm in the experience which great practice and an intelligent judgment had taught him, and did not allow himself to be carried away by the overwhelming flood of ophthalmological quackery which has for many years almost swept practical Eye Surgery out of sight or recognition; one page of his clear well grounded information was worth volumes of the unsubstantial germanism lately current. When half the ophthalmological dissertations of the last ten years will have completed their mission in the Chandlers and Trunk Makers, MacKenzie's work will occupy the choicest corner in the library of the Oculist, and MacKenzie's name will be recollected as "a material guarantee" for what it contains.

FOUGERAS' COD LIVER OIL.

This oil has been advertised in the *Journal* for about a year past, but until we had had some little experience in its administration, we declined to express any opinion concerning its merits. Having made use of it in several cases, it has impressed us as being of really great therapeutical value, being much more speedy in its action than the ordinary cod liver oil. It seems applicable to all cases where cod oil is demanded, but in our experience, it is of especial benefit in cases of spinal disease, and rickets. The formula, as given by Mr. Fougere, is that in addition to the natural amount of iodine, bromine and phosphorus, each quart contains: iodine, 16 grains; bromine, 2 grains; phosphorus, 2 grains. We notice that many of our exchanges speak favourably of this oil, and state that its employment is rapidly spreading throughout the United States. Mr. E. Muir, Montreal, is the agent for the Dominion of Canada, and can supply any quantity.

A really very excellent specimen of "Ready-Made Mustard Plaster," made by Mr. Fougere, has been handed us by Mr. Muir, the agent in Montreal. Its great advantage, in addition to cleanliness, is the fact, that it may be depended upon as being all of a uniform strength. In cases where hurry is no particular object we recommend a trial of it.

THE DOMINION MEDICAL JOURNAL.

We have received the first number of this monthly, which presents a very creditable appearance. It is published by L. Brock, Esq., M.D., at Toronto. Price \$2 per annum.

The Editor tells us, in his Introductory, that the absence of a Medical Journal in Upper Canada has been something of an opprobrium to the profession. From this statement, and the article generally, we learn that the *Dominion Medical Journal*, notwithstanding the name, is intended for the special welfare of the Profession in the Province of Ontario. In this connection, we are pleased to say, that we believe the Medical Profession of Ontario is well able to support, and ought to sustain two medical journals; for, although the Editor of the *Dominion Monthly* is pleased to ignore the existence of the *Canada Medical Journal*, we, nevertheless, represent, and form the organ of a large number of the profession in the province of Ontario.

The tone of the Editorials is healthy, and gives promise of a dignified course respecting the main principles which appertain to the education and bearing of the members of our body. We notice particularly an

article on medical education, in which the writer advocates the appointment of a Central Medical Board of Examiners. We have not time to discuss this question now, but feel it our duty to remark, that the mass of the profession in Ontario is opposed to any such creation. There is no disposition to depart from the course pursued by the Mother Country, and degrade Universities by demanding that the graduates shall submit to a last examination before a Central Board.

MONTREAL CHEMISTS' ASSOCIATION.

We have received the first annual report of the Council of this Association from which we learn that it is in an exceedingly flourishing condition, there being one hundred members, and a balance of \$125 on the right side of the ledger. This speaks well for the spirit and enterprise of our Montreal Chemists, and is deserving of very great praise. It demonstrates clearly that they have been united in their endeavors to establish the Association. If it was not so, such marked success could not possibly have resulted. In this matter they have taught the Medical Profession of Montreal a lesson, which we trust will not be lost. The officers of the Association for the ensuing year are, John Kerry, *President*; Benjamin Lyman and Nathan Mercer, *Vice-President*; W. H. Clare, *Treasurer*; Henry R. Gray, *Secretary*; Alexander Manson, Ebenezer Muir, James A. Harte, J. Baker Edwards, Ph. D., Kenneth Campbell, Thomas Crathern, T. D. Reed, *Council*. The report announces that the Council hope soon to be able to submit a draft of a Pharmacy bill to the Association.

TO OUR SUBSCRIBERS.

We are again somewhat late in the issue of our November number, and to be candid, we may as well state the cause. We did not care to go to press destitute of original communications, and none came to hand until about the first of the month. Are we to appeal to our subscribers in vain for contributions? We know there is no lack of the material, but we must say there is a sad want of energy. Instead of begging month after month for material our only trouble should be how to find room for it. Canadian physicians, set to work, and wipe off the stigma that will attach itself to you, if such a state of things continue.

TO CORRESPONDENTS.

DR. PHILLIP, *Plattsville, Ont.*—Did you receive our letter? If so the expected manuscript has not reached us.

ERRATUM.—In our report of the meeting of the Canadian Medical Association, in the October number, we stated that the Association adjourned to meet in Toronto on the first Wednesday in September, 1869. We should have said the second Wednesday. We trust that this important correction will be noted by our readers.

DECOLORATION OF IODINE.

Dr. Baruch, of Camden, S. C., in a recent number of the N. Y. Medical Record, says that both the hyposulphite and bisulphite of soda have the peculiar effect of depriving iodine of its color, forming a perfectly limpid fluid, which does not form the purple iodide of starch on the linen, nor produce the yellow discoloration of the skin. The small quantity of the hyposulphite required for this purpose, neither adds to, nor detracts from the therapeutic properties of the iodine.

A saturated solution of the soda in water is added to the tincture of iodine, in the proportion of about one-sixth. By agitation, a beautiful clear solution is formed with the properties mentioned.

If we desire, he says, to obtain the effect of the undiluted tincture, we need only dissolve in it a few crystals of the hyposulphite, or a little of the powder of the bisulphite, and complete decoloration will be the result. While the "carbolate of iodine" may be, and doubtless is a valuable antiseptic and stimulant, there may be, he suggests, some cases in which the carbolic acid might be contra-indicated, and in which the other preparation may prove a valuable remedy.

[The decoloration is both prompt and perfect by this process, but continued exposure to the light partially restores the color.—ED.]

OVARIOTOMY.

T. Spencer Wells, F.R.C.S., etc. (*Medico-Chirurgical Transactions*), has operated two hundred times. Of the first hundred cases he lost thirty-four; while the mortality in his second hundred has been reduced to twenty-eight. The most favorable ages for the operation are below twenty, and between forty and fifty. The mortality is about nine per cent. less among single women than the married.

Mr. Wells has found that the length of incision has an influence upon recovery, as the mortality has been 12 per cent. less when the incision has not exceeded six inches in length. He uniformly makes his incisions in the linea alba, and condemns the practice of making the incisions in the track of one of the recti muscles.