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## Original Communications.

### REMARKS ON OVARIOTOMY.

WITH AN APPENDIX.

CONTAINING THE HISTORY OF SEVERAL TYPICAL CASES MET WITH IN PRACTICE.\*

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(Continued from page 262.)

### APPENDIX.

CASE I.—*Ovarian disease, of four years duration.—Ovariotomy—Unilocular cyst.—Pedicle secured by the Extra-peritoneal method.—Recovery.*

M. H., Canadian, aged 23, single; a smart, active, dark-complexioned, healthy looking young woman; but presents the appearance of a pregnant female at full term. Has always enjoyed good health; menstruates regularly; and her appetite and digestion are good.

The enlargement commenced "low down" in the pelvis at least four years ago, but cannot remember that it was on one side more than on the other, when, however, she became very large, the left side was fuller and more uncomfortable than the right. Her size, she is sure, varies. The abdomen measures 35 inches at the umbilicus, and 15 from the ensiform cartilage to the pubes. It is oval and convex, perfectly smooth under palpation, dull on percussion, and yields fluctuation in every part of the enlargement. There is neither hardness nor tympanitis at any point, even on change of position from side to side. The uterus is normal both in size and position. Neither bulging nor fluctuation can be elicited through the vaginal walls.

Diagnosis: ovarian tumour—unilocular.

Ovariectomy.—Four days after the cessation of the menses, the patient having been well prepared and settled in a cheerful well appointed room, was chloroformed, and an incision, four inches in length, was carefully made on a grooved director, in accordance with the method recommended on page 227. On opening the peritoneum a small quantity of ascitic fluid escaped and the white, glistening wall of the cyst came into view. No adhesions being within reach of the fingers, a large steel sound, warmed and disinfected, was also passed carefully around the tumour without meeting with any obstruction. The patient was then turned on her left side when the tumour immediately bulged into the wound. It was now seized near the upper end of the incision by a pair of strong, long-toothed forceps and firmly held *in situ* while a large trocar was plunged into the cyst. Three gallons of thin water colored fluid quickly flowed away through the canula, and as the cyst collapsed it was easily brought through the wound by means of gentle traction with the forceps. The cyst was found to have sprung from the anterior edge of the left ovary and the corresponding portion of the broad ligament. The right ovary was in a normal condition. The pedicle which was about two inches wide and of moderate length was secured by Koeberle's clamp, but as this did not constrict the stump satisfactorily, a ligature was also used and the stump mummified by the actual cautery. Not a drop of blood nor cyst fluid had escaped into the peritoneal cavity, and as there was no hemorrhage along the course of the abdominal wound it was immediately closed by three deep, and four superficial, silver wire sutures. A light compress of lint saturated with carbolized oil was placed over the wound, then several layers of cotton-batting, two or three napkins and a wide bandage completed the dressing. The patient was then placed in a good warm comfortable bed, with the shoulders and thighs raised for the purpose of diminishing the tension upon the abdomen. Forty drops of laudanum with fifteen of aromatic hartshorn were given in a desert-spoonful of cold water; pulse 84; head cool, but somewhat excited and flighty—the effect of the chloroform. The cyst and contents weighed 27 pounds; the patient slept nearly all the afternoon and evening, waking occasionally, and vomiting three or four times. Had nothing but small pieces

\*Read by title at the meeting of the Canada Medical Association held in Montreal, 12th and 13th Sept., 1877.

of ice to cool the mouth and allay the thirst. At 8 P.M. the pulse was 110 and the reaction moderate. Complained of a dragging pain at seat of pedicle. The bladder was emptied every eight hours with the catheter. Administered an anodyne injection per rectum (tr. opii. ʒj. warm thin starch ʒj.) every four or five hours to secure freedom from pain. During the first night she vomited once only, and not afterwards. Had nothing by the mouth excepting ice to suck until the evening of the third day, when she was allowed fresh milk and lime water, iced, in equal parts, a table spoonful every hour. During the second night she had some fever, pulse 120, lasting about five hours, followed by a slight perspiration and a "show" of the menses. The menses increased in quantity and continued three days, notwithstanding that the operation was performed the fourth day after their normal cessation. She had no pain after the second night, and the anodyne injections were omitted. On the fourth day light nourishment was allowed in increasing quantities, and from this time her convalescence was continuously progressive.

The use of the catheter was discontinued after the fifth day; the wound healed by the first intention; the superficial sutures were removed on the fifth day, and the deep ones on the ninth; the clamp came away on the 16th; and on the 21st, she left for home. About two years subsequently she was married to a builder of this city, and in fifteen months thereafter I had the pleasure of delivering her of a fine, large, healthy-looking son.

CASE II.—*Unilocular Ovarian Tumour.—Ovariectomy.—Adhesions.—Ligatures.—Pedicle secured by the Extra-peritoneal method.—Drainage.—Recovery.*

Mrs. K., aged 25 years, married, the mother of three children—none of them living, a light complexioned, fair-haired, delicate appearing woman, under the care of Dr. O'Neil, of this city, At the birth of her last child (19th, Nov. 1875,) her medical attendant mentioned that she had an enlargement of the abdomen, which might be caused by an ovarian tumour. About five weeks after the confinement she was taken very ill, and the same medical gentleman attended her for an attack of "inflammation," when he said the enlargement still existed. Subsequently the case passed into the hands of Dr. O'Neil, and it was in consultation with

him that I attended her. The tumour was rather obscure as to its nature, rising nearly to the umbilicus. It was very protuberant anteriorly, projecting, as it were, from the pelvis as in pregnancy between the fifth and sixth months. It was dull under percussion, and fluctuation was very obscure. (I have no note of the measurements.)

Some weeks later another examination was made. The tumour had somewhat increased in size, and fluctuation was more distinct. The uterus was found high up behind the lower margin of the tumour, the sound passing in two and one half inches. The tumour was then tapped with a hypodermic syringe and about one drachm of amber colored fluid withdrawn, which did not coagulate spontaneously.

Diagnosis. Ovarian tumour; ovariectomy recommended.

Ovariectomy was performed at 11 A.M. on May 16th, 1876. The tumour proved to be monocystic. On being tapped the contents flowed out freely and the cyst was speedily emptied, and easily brought through the incision, which was about five inches in length. The omentum was found adherent to the cyst in several places, and after being separated, bled so freely that we were obliged to have recourse to several silk ligatures to arrest the hemorrhage. The ligatures were all cut short and left in the peritoneal cavity. As some oozing of serum still continued a drainage-tube was placed in the wound, with the lower end down into Douglas's cul-de-sac. The pedicle being of moderate size and sufficient length, it was secured by a Spencer Wells's clamp, and thus treated by the extra-peritoneal method. At the conclusion of the operation (according to the notes carefully taken by Dr. O'Neil) the pulse was 78, and gradually increased in frequency during the afternoon and evening until it reached 110 per minute, the highest number recorded during the convalescence. The temperature rose, the same evening, to 101½, and with one exception when it reached 102, this was the highest temperature recorded. In order to keep the patient at rest and free from pain two grains of pulv opii were administered about every 6th hour, during seven or eight days. The convalescence was progressive from the time of the operation. During the first two days a great quantity of serum oozed from the abdominal cavity, coming out around the drainage tube and pedicle until it saturated the folded sheets &c., below the patient. On the 24th (the 9th day) the

pulse increased to 108, and the temperature to 102. Upon examination the drainage tube was found full, and turning the patient on her side four ounces of very offensive pus flowed away. The pulse, the same evening, fell to 85, and the temperature to 99½. During the following three days, the patient was morning and evening turned on her side, and each time a small quantity of pus was discharged, and on one occasion some "fleshy pieces". No disinfectant syringing was resorted to. The sutures were removed, some on the 9th, the remainder on the 13th day, and with the last stitch the clamp fell off. The patient was soon up and about, and from time to time, reported herself as feeling "as well as ever."

**CASE III.—Multilocular Ovarian Disease.—Ovariectomy.—Pedicle treated by the Intra-peritoneal Method.—Partial Enucleation.—"Tied and Dropped."—The Drainage-Tube.—Fever.—Recovery.**

Miss N., from the county of Brant, (through the kindness of Dr. W. Corson of Brantford,) consulted me on Nov. 1st, 1877. Her health has been rather delicate since her childhood, but never had any severe illness. Her digestion had always been good until within three or four months, when she noticed that she felt full and uncomfortable after meals, this caused her to seek the advice of Dr. Corson, who discovered that her abdomen was considerably enlarged, due to the presence of an ovarian tumor.

For about a year she had been aware that she was gradually becoming stouter, and at Christmas (1876) her dressmaker remarked it; but this did not occasion any surprise, on the contrary, she rather congratulated herself, as she presumed she was "growing out" of her former delicate condition.

*Present state.*—Of medium size, sandy complexion; fairly well nourished. All the organs and functions of the body appear to be in a normal condition. Her friends remark that she does not look so well in the face as she did two or three months since. *Physical signs.*—In the standing position she appears very much like a woman seven months gone in pregnancy. The tumor is not very rotund and prominent; it is rather flat, but entirely fills up the hypogastric, both iliac, and the umbilical regions, extending upwards three inches above the navel. Under pressure it resists like a full sac, but does

not feel solid like a fibroid. The whole surface yields dullness under percussion, and deep-seated fluctuation is obscurely elicited, with the exception of a large portion occupying the right iliac region, where the tumor is hard and uneven. Simpson's sound passes 2½ inches into the uterus, in the left lateral direction. The tumor is felt by the finger, on the right side of the uterus. The measurements are as follows:

Girth at umbilicus.....	33	inches.
From umbilicus to ens. cartilage.....	5¾	"
" " " pubes.....	5¾	"
" " " right a.s.s. process....	7¼	"
" " " left a. s. s., "	6	"

Tapped with a hypodermic syringe, the cyst yields a thin straw colored fluid, which is not spontaneously coagulable.

Diagnosis. Ovarian tumor,—multilocular, springing from the right ovary.

Miss N., having been in the city several days, occupying her "quarters," getting accustomed to her lying-in room, and other surroundings; the menses having ceased five days since; and being now in all respects in a pretty good and hopeful condition the operation was proceeded with.

The patient having been chloroformed, and the abdominal section five inches in length made in the usual way, the tumor was readily brought into view; the patient having been turned on her left side, the cyst was tapped with an ordinary trocar, and the contents being thin, it was rapidly emptied of about twelve pints of thin straw colored fluid. The tumor was then brought through the incision without further enlargement, and found to be composed of an aggregation of small cysts, somewhat resembling the honey-comb, filled with a similar fluid to that of the parent cyst. The weight of the tumor and contents was eight pounds. The pedicle was very short, and had to be enucleated (according to Dr. Miner's process) several inches from the tumor, before sufficient length was obtained to permit of manipulation. The sound part was then ascertained to be too short for the application of a clamp, and recourse was had to "tying and dropping." A double silk ligature was passed by means of a large needle through a thin part near the centre of the pedicle, and each half first secured separately, and then as an extra precaution one of the ligatures was tied tightly around

the whole. The oozing enucleated portion was then amputated by the actual cautery.

The pedicle, contrary to the diagnosis—based upon the fact that the uterus was in the left side of the pelvis, while the lower part of the tumor was felt on the right side—was found to have sprung from the left ovary. This anomaly was accounted for, when it was found that the solid portion of the tumor had sent a projection downwards into the pelvis which had crowded the uterus over to the left. As serum continued to accumulate in the pelvic cavity, after it had been thoroughly sponged, drainage was provided for, by inserting a tube, before closing the wound. After this was accomplished in the usual way, the patient was placed in a good comfortable bed with warmth to the feet. She quickly rallied from the chloroform, and as she complained of some pain, 40 drops of laudanum with a little brandy and iced water were administered. The pulse was now 72 and the respirations 38. An hour subsequently the pulse was 76, and in two hours 80. As she still complained of pain, 50 drops of laudanum were given in a little brandy and iced water. She is now thirsty and is allowed ice to suck, but nothing to drink.

At seven o'clock the same evening, reaction was found thoroughly established. Pulse 100; respiration 22; skin warm and moist; feels "too warm," notwithstanding the hot bottles and some of the bed clothing had been removed; vomited a small quantity, once only, this was about 4, p. m. Took away (per catheter) about seven ounces urine. Said she felt some pain, and was given another dose of laudanum with brandy and water, iced.

11.30 P.M.—Has not vomited since 4, p. m.; has slept a couple of hours; feels but very little pain; pulse 96; respiration 20; temperature  $100\frac{1}{2}^{\circ}$ F. Took away six ounces of urine, gave enema beef essence  $\bar{z}$ ij, tr opii  $\bar{z}$ ss, brandy  $\bar{z}$ ij. To have nothing excepting ice by the mouth.

25th, 8, A.M.—Had a very good night; vomited once (this morning) "a little greenish fluid"; slept nearly all night, waked occasionally and had a piece of ice; pulse 82, respiration 18, temperature  $99\frac{1}{2}^{\circ}$ . Took away the urine, and repeated the enema.

1. P.M.—Has been comfortable during the forenoon, vomited again about 8.30, but not since, pulse 88, respiration 16, temperature  $100\frac{1}{2}^{\circ}$ . Took

the urine, and repeated the enema. As the drainage-tube was nearly full, it was emptied by sucking  $\bar{z}$ ij of reddish fluid out, with the bulb of a syringe having a small flexible tube attached. The tube was then washed out by injecting a small quantity of warm water, slightly carbolized, and containing a few grains of table salt. This solution was immediately withdrawn by means of the syringe, and the process was repeated several times until the fluid returned clear.

6 P.M.—Has not vomited since morning; slept about two hours; pulse 96, respiration 16, temperature  $101\frac{1}{2}^{\circ}$ ; took away the urine; repeated the enema; withdrew about  $\bar{z}$ ij reddish serum from the pelvic cavity, and washed it out as previously.

11.30 P.M.—Has slept considerable since seven o'clock; feels comfortable; skin moist; no pain; no headache, but states she feels "hot," pulse 106, respiration 17, temperature  $101^{\circ}$ . Took away the urine, and repeated the enema; she has had thus far nothing by the mouth except ice.

26th, 8 A.M.—Had a comfortable sleep up to three o'clock this morning; since that time she has been restless with a desire to urinate, has not vomited since yesterday morning, and the stomach feels settled, skin moist, pulse 102, temperature  $100^{\circ}$ . Took away  $\bar{z}$ ij urine, and repeated the enema. Brought away  $\bar{z}$ ij reddish serum and washed out the drainage-tube.

6 P.M.—Nurse states, patient has had a fever since 1. p. m. The skin is dry and hot, pulse 123, respiration 17, temperature  $101\frac{3}{4}^{\circ}$ . Removed the urine, and gave per enema, mutton broth  $\bar{z}$ vj, brandy  $\bar{z}$ ss, tincture opii.  $\bar{z}$ ss, sulphate of quinine grs. xv. Ice to the head.

8.30 P.M.—Has slept soundly, and perspired freely; as soon as she awoke the perspiration ceased and the skin again became hot and dry; begs constantly for ice when awake; pulse 123, respiration 17, temperature  $101^{\circ}$ . Repeated the last enema, with the exception of the opiate; continued ice to the head.

MIDNIGHT.—Has rested well, and slept the most of the time since 9 p. m., no pain, skin moist, pulse 126, respiration 17, temperature  $101\frac{2}{3}^{\circ}$ . Took urine, gave mutton broth, per enema; and by mouth, sulphate quinine, grs. xv, brandy  $\bar{z}$ ij, iced water,  $\bar{z}$ ij, continue ice to the head, and ice to suck.

27th. 8 A.M.—Has had a good night, and slept

the most of the time, but when she wakened occasionally, wanted the ice as usual. The ice was continued to the head during the whole night. The fever gradually abated towards morning; *she is now free from fever.* The temperature is normal, ( $98\frac{1}{2}^{\circ}$ ). Pulse 100, respiration 17. Did not vomit the medicine, and at 4 a.m., had a little brandy and iced water; complains of noises in her head, (owing to the quinine), and inability to see well. Permitted her to have a little black-tea, with cream and sugar, which she relished, and as the stomach now begins to crave for food, she is to be allowed some fluid nourishment by the mouth. Washed out the drainage-tube with the syringe, but only two or three pieces of *debris* came away with the injected fluid. Gave eight grains of quinine in a little iced brandy.

1 P.M.—She appears much better, has neither fever nor pain. Passed her urine without the aid of the catheter. Pulse 95, respiration 17, temperature  $98\frac{3}{4}^{\circ}$ . The ice to the head has been omitted since morning. Has had no opiate since yesterday evening. Has taken some egg and milk containing a little brandy.

10 P.M.—Continues to improve, she is cool, moist, and perfectly free from fever. Pulse 85, respiration 14, temperature  $97\frac{1}{2}^{\circ}$ .

28th, 9 A.M.—Still improving, states she feels hungry. The menses came on this morning. As flatus was becoming troublesome, the bowels were relieved by an enema of warm water.

During the next few days the drainage-tube was frequently emptied and syringed out; on one occasion half an ounce of offensive pus was brought away, and several times *debris* of broken down tissue. But from the above date she continued to improve, with the exception of the 7th, 8th, and 9th, days, when she did not feel so well, as considerable suppuration occurred in the sheath of the right rectus muscle. This, however, soon ceased, and her recovery was rapid.

REMARKS.—The chief interest, of this case, centres in the fact that the operation was followed by a *fever*, unaccompanied by any inflammatory symptoms whatever; and that this fever was controlled and arrested by the prompt administration of quinine, in large doses, bringing the temperature down from nearly  $102^{\circ}$  to below the normal ( $97\frac{3}{4}^{\circ}$ ), within 24 hours. The case also demonstrates the usefulness of the drainage-tube, through which the

pelvis was cleansed from decomposing materials, and septic absorption was thus probably averted.

CASE IV.—*Multilocular Ovarian Tumor.—Extreme condition.—Tapping.—Rectal alimentation.—Peritonitis.—Ovariectomy.—Extensive adhesions.—Pedicel ligatured and secured with the wound.—Exhaustion.—Fatal result.*

MRS. MCA, aged 42, married, the mother of six children, consulted me on March 10th, 1872, for an enlargement of her abdomen. Ten months previously she first noticed "a swelling low down on the left side," which increased rapidly during the next three months, and this she concluded was due to pregnancy. Her size then remained stationary for some time and she became doubtful as to the nature of her condition. During the winter months however, the enlargement again gradually increased. Upon examination, the abdomen presented the appearance of an eight months pregnancy. It was protuberant, irregularly uneven, and everywhere dull under percussion. Fluctuation was very distinct at the upper and right side of the tumour, while the left side and lower portion were hard and unyielding.

I informed the woman and her husband that I believed her enlarged condition was due to the presence of an ovarian tumor of a compound nature; and proposed a consultation for the purpose of making a more critical examination. This they considered, postponed, and declined; and shortly afterwards placed the case under the treatment of a notorious itinerant charlatan, hailing from Buffalo.

On Feb. 3rd 1873, eleven months from the former time, I was again requested to visit the patient. They then informed me that the charlatan had continued his treatment three months with positive assurances that he would cure her of the "dropsy," but finding she was losing flesh and strength she discontinued his treatment. In September having contracted a cold, she became very poorly and took to the bed, where she had been confined all winter. While her health has been failing the tumour has been increasing in size, so that now it completely fills up the abdominal cavity, pressing up against the liver, stomach, spleen and diaphragm so as to seriously obstruct the respiration. The girth of the abdomen at the umbilicus is  $46\frac{3}{4}$  inches, and measurement from the ensiform cartilage to the pubes is 26 inches. She is now in an extreme condition;

pulse feeble; respiration 42; face pallid; lower extremities very œdematous; and vomiting frequently. She begs me to do something quickly for her relief. "You may do anything", says she, "for I can't live". I explained to her that she was too weak to bear the operation of ovariectomy, and that, under the circumstances, the only procedure admissible was that of tapping. This she then urged me to do immediately. Therefore during that afternoon assisted by Dr. Malloch, I performed that operation with a common, large sized trocar, in the median line midway between the umbilicus and symphysis pubis. The contents, which came away very slowly, were of a dark color, and of the consistence of syrup. When this cyst ceased to flow it was evident, from the enlargement and fluctuation still existing above the umbilicus, that one or more cysts remained to be emptied. Withdrawing the canula, a long curved trocar was directed, through the same orifice, obliquely upwards and pushed into another cyst, the contents of which proved to be thicker and more gelatinous than those of the former. These resembled soft soap in consistence and appearance.

The contents of the cysts being so tenacious, notwithstanding the discharge was expedited by pressure with the hands on either side of the abdomen, two hours were occupied in emptying them. The matter thus discharged measured twenty two quarts, or five and one half gallons. The operation of tapping was very exhausting in the patient's weakened condition, but nevertheless as the size of the tumor was diminished, she several times expressed herself as feeling much relieved and the pale anxious face improved in color and appearance. The respirations decreased to 26 and the pulse to 90. The tumor was now reduced to about the size of, and felt very much like, the womb containing a large placenta after child-birth, but owing to adhesions as we presumed, it could not be pressed down into the pelvis.

The vomiting which had been so distressing previous to the operation, persisted for the three subsequent days, notwithstanding the fact that we administered neither anæsthetic nor medicines. During this time nothing but morsels of ice could be taken into the mouth, and for two weeks life was sustained by rectal alimentation. Enemata of beef-essence, and other nutritive materials, were administered in quantities of about two to four

ounces at a time, every three or four hours. At the end of a fortnight her stomach began to bear a little milk and lime water, and by and by, two or three raw oysters sprinkled with lemon juice, and other light easily digested food. On the 25th of this month she had a sharp inflammatory attack, attended with acute pain in the right side, between the ilium and the liver, which fortunately was alleviated in a few hours. From that time she slowly improved, and with the improvement came an increasing desire to have the tumor removed. At each occasional visit during the month of May, she urged me to make up my mind to perform ovariectomy. During this month she had been up and about the house, much improved, but still weak and pale. The cysts had been gradually refilling so that she now measured 40 and 20 inches respectively, instead of 46 $\frac{1}{2}$  and 26 previous to the tapping.

Keeping in mind the existence of strong adhesions and her unfavourable condition, I explained to her and her friends the great danger and uncertainty of the operation under the circumstances. To this she quietly remarked that they fully understood all that, and again calmly argued that she could live but a short time longer if the tumor were not removed, and said she ardently wished that this should be attempted.

Seeing that the hot weather was fast approaching, and it being more than probable that she would not survive the summer months in that condition I determined to yield to the patient's solicitations and make the attempt to remove the tumour.

Accordingly on June 3rd 1873, ovariectomy was with difficulty, accomplished. Chloroform having been administered, the abdominal walls being thin, the tumour was quickly exposed through an incision about six inches in length, which was afterwards lengthened to eight inches. On attempting to pass a couple of fingers between the tumor and abdominal parietes firm adhesions were found in every direction. These as far as they could be reached were slowly separated with the fingers. The patient was then turned upon her left side and the tumor tapped with a large trocar and canula, improvised for the occasion, but as the contents were thick and came away very slowly, a free incision was made into the cyst, with a bistoury when the thick gelatinous matter escaped rapidly. The tumor,\* was then

\*The tumor, when laid open, after removal was seen to consist of one large cavity surrounded by an aggregation of small cysts in its walls, and bore evidence of broken down cysts in its interior.

slowly withdrawn through the incision when two broad bands were brought into view. One of these was the pedicle reaching from the right ovary to the superior part of the tumor, while the other—a very broad band proved to be the bladder adherent by its posterior surface and elongated upwards. Considerable difficulty was experienced in separating the adhesions between the bladder and the tumor.

A piece of whip-cord was tied around the pedicle and the tumor excised; a loop of the whip-cord served for a convenient handle with which the pedicle was held by an assistant until it was properly secured. Oozing of bloody serum continued from the ruptured adhesions, and it was some time before the abdominal walls could be closed. The pedicle was securely ligatured with whip-cord, at a suitable length from its root, and transfixed in the lower part of the wound, by a large needle passing through the centre below the ligature. The abdominal cavity having been very carefully sponged, the wound was closed with silver wire sutures and dressed in the usual way. The patient was then placed in a comfortable bed, and an anodyne administered per rectum. She rested very well that night; remained very quiet; did not vomit; complained of nothing, and received small pieces of ice when they were put into her mouth. The next day it was apparent that she was not rallying from the effects of the operation, and, notwithstanding the efforts made to revive her sinking powers, she gradually failed until she quietly and easily passed away about nine o'clock in the evening.

Thus ended what seemed a hopeless undertaking; but cases apparently equally hopeless had recovered, and as my patient urgently requested that the attempt should be made, I was unwilling she should be left to her fatal disease without an effort being made for her rescue.

CASE V.—*Multilocular Ovarian Tumor.—Peritonitis.—Obstruction of the Bowels.—Ovariectomy.—Adhesions to Omentum.—Clamp.—Drainage.—Septicæmia.—Recovery.*

Mrs. W., widow, aged 40, sterile, came from Ohio, and was admitted to the Hamilton City Hospital under my care June 10th 1876. States that she has never been a strong person; has had a cough several years; catamenia have been regular; never has been pregnant; four years

ago had an attack of pneumonia, which lasted ten weeks; last summer had typhoid fever and was ill five weeks. Her husband died in February last, and immediately after his death she was taken with nausea and vomiting, which continued about two months, at the same time she noticed that her abdomen was enlarging rapidly and she did not know but that she might be pregnant.

*Present state.*—She is of medium size, sallow complexion, emaciated, feet and ankles œdematous, abdomen considerably enlarged and presents the appearance of a seven months pregnancy. Skin cool; tongue coated brown; constipated; pulse 106; temperature 99; respirations 24 to 28, irregular.

*Physical signs.*—The abdomen is rotund, a decided protuberance existing anteriorly, and very little flattening out by sagging of fluid to the flanks. Under palpation the tumor resists like a full sac. The fluctuation elicited is of a deep-seated character, and can be made out over the whole tumor, with the exception of a space of about four inches in diameter, situated midway between the umbilicus and right anterior superior spinous process of the ilium; this region yields the sensation of hardness under percussion, and in it she has suffered severe pain for three or four weeks. By vaginal and rectal touch the lower margin of the tumor can be felt and obscure fluctuation elicited. The uterus lies high up behind the tumor, and measures the normal two and a-half inches. Simon's recommendation of examining the tumor posteriorly by means of the hand in the rectum was not enforced. The measurements were as follows:—

Circumference of abdomen at umbilicus .....	32½ inches.
From ensiform cartilage to pubes....	.15 "
" umbilicus to pubes.....	7½ "
" " " ens. cartilage.....	7½ "
" " " r. a. s. s. process	7½ "
" " " l. a. s. s. "	7½ "

The tumor was tapped with the hypodermic syringe, and about half a drachm of thick syrupy, straw-colored fluid withdrawn. This was not spontaneously coagulable. It was subsequently examined by the microscope, but the presence of the disputed cell was not discovered.

*Diagnosis.* Ovarian tumor which is probably polycystic.

On the afternoon of the 13th she was suddenly



attacked with a sharp lancinating pain in the solid portion of the tumor to the right of the umbilicus, which rapidly extended over the whole abdominal region, accompanied with vomiting, fever, and a frequent pulse. In the course of two hours the pulse ran up to 140, became small and thready, and the vomiting very frequent. The bowels had been constipated since her admission to the Hospital. Ordered hot turpentine stupes to the abdomen, and  $\frac{1}{3}$ gr. morph. sulph. every three hours, if necessary, also a little brandy and iced water.

*June 13th.* The medicines and hot fomentations gave great relief, and after getting the second hypodermic injection she passed a comparatively comfortable night, but vomited several times through the course of the night and this morning. The pulse is now 140, but softer and fuller. Tongue brown, furred. Bears slight pressure over the abdomen without complaining. Bowels not moved.

*Evening.*—Condition improving. Pulse 140. Tongue moist, and not so thickly furred. Does not complain of pressure over the abdomen, except in the right hypochondrium. Ordered a turpentine enema, and the hypodermic injection of morphia to be repeated if necessary. Continue the iced brandy.

*15th.*—Improving. Had a good night after the morphia, but the bowels were not moved by the enema. Pulse 130, softer and fuller. Skin moist and cool. Considerable tenderness in the right hypochondrium and has paroxysms of pain three or four times a day. Ordered the hypodermic injection to be administered when necessary to relieve pain; beef-tea, milk and brandy.

*17th.*—Continues much the same. No movement of the bowels. Rest disturbed by attacks of pain on the right side of the tumor, has had the morphine three or four times in 24 hours. The menses appeared during the night—scanty.

*20th.*—Rather more comfortable; the stomach bears nourishment a little better; the bowels remain obstinately constipated; the œdema of the feet and legs has subsided; pulse 120; temp. 98°; resp. 22.

*22nd.*—At a consultation of the Hospital staff, the critical condition of the patient—the existing peritonitis—the probability of disorganizing changes taking place within the tumor—and the sure and certain end rapidly approaching, having been re-

cognized, and a free interchange of opinion expressed, ovariectomy was decided upon. The operation was commenced at noon in the presence of the faculty and a number of practitioners and medical students. Dr. Mullin administered the chloroform in his usual careful and attentive manner, and Dr. Malloch kindly acted as chief assistant. The abdominal section was made five inches in length, but this was afterwards increased to seven inches. On opening the peritoneum some ascitic fluid flowed away, and through this the bluish-white glistening tumor was recognized. As no adhesions could be felt with the fingers the patient was now turned on her left side, the presenting cyst seized at the upper end of the incision by a pair of strong long-toothed forceps and steadied while being tapped with a large trocar; but through the canula of this instrument the jelly-like contents, assisted by pressure with the hands, came away so slowly that considerable time was occupied in evacuating the cyst. After the parent cyst was thus lessened, several smaller ones came into view, and were one after another laid open freely with a bistoury and quickly emptied. Each of the smaller cysts was found to differ from the other, both in color and consistence.

Though about one third of the tumor proved to be solid it was thus sufficiently reduced in size to permit its being extracted through the enlarged incision, by traction with the forceps, assisted by the hands of the operator. Now it was seen that the omentum was closely adherent in several places to the superior-posterior part of the tumor. Considerable difficulty was experienced in separating these adhesions, which, on being accomplished, bled freely. The omentum was then turned up and carefully laid upon a soft napkin placed across the abdomen, and the bleeding points were secured by the use of a number of small silk ligatures. The ligatures were all cut short and the omentum was immediately returned to the peritoneal cavity. While Dr. Malloch was thus arresting the hemorrhage of the omentum, the operator was engaged securing the pedicle. This was found attached to the right side, and being of moderate length it was first tied with whip-cord, near the tumor, and the latter cut away and removed. A loop was then made with the cord, affording a convenient handle with which to manipulate the stump. This was treated by the extra-peritoneal method,—fixed ex-

ternal to the wound by means of a Spencer Well's clamp. Portions of the intestine appeared inflamed and deeply congested. After the peritoneal cavity had been thoroughly sponged, it was found that some oozing of bloody serum continued, and as a number of ligatures had been left upon the omentum it was deemed advisable to provide for drainage, therefore, a large glass drainage-tube was inserted, above the pedicle, reaching down into Douglas's space. The abdominal wound was then closed and dressed in the usual manner, and the patient was placed in a clean, warmed, comfortable bed, with warm applications to her feet. She slept two hours from the effect of the anæsthetic, waking two or three times when she was given a little brandy and iced water.

The following notes are abbreviated from the Hospital record:—

4. P.M.—Complaining of some pain; morph. sulph. gr.  $\frac{1}{2}$  was administered hypodermically.

4.30. P.M.—After taking a small quantity of beef-essence she almost immediately vomited the first time since the operation.

9 P.M.—Pulse 140, temperature  $100\frac{1}{5}^{\circ}$ , respiration 12; about five ounces urine taken away by the catheter. Wishing some drink, she was allowed a little brandy and water, directly after which she vomited nearly a pint of greenish-tinged fluid. Dr. Rosebrugh, ordered small pieces of ice at frequent intervals instead of drink, and to have very little fluid during the night; urine to be taken by the catheter, every eight hours; morphia hypodermically occasionally, to keep the patient at rest and free from pain.

23rd. 8 A.M.—Had a pretty comfortable night a hypodermic injection was administered at 10 p.m. and another at 6 a.m. Considerable reddish serum has escaped around the drainage-tube and pedicle, saturating everything about the patient.

	Morning	Pulse 136.	T. $100\frac{1}{5}^{\circ}$ .
	Noon	" 140.	" $99\frac{3}{5}^{\circ}$ .
	Evening	" 136.	" $100\frac{1}{5}^{\circ}$ .
24th.	Morning	Pulse 114.	T. $99\frac{3}{5}^{\circ}$ .
	Noon	" 112.	" $99\frac{3}{5}^{\circ}$ .
	Evening	" 132.	" $100\frac{1}{5}^{\circ}$ .
	9 p.m.	" 140.	" not recorded.

The patient appeared to be doing so well during the fore-noon, that no particular restrictions as to fluid, were mentioned to the attendants, but on visiting the Hospital at 9 o'clock in the evening,

we found the patient in a very low, exhausted condition; the day had been very warm, and too much iced water, milk, &c., had been allowed, and she had had frequent attacks of vomiting during the afternoon and evening. The pulse had increased in frequency from 112 to 140. Gave peremptory orders that she should have nothing during the night excepting small pieces of ice to suck, and occasionally a desert-spoonful of lime water and milk, in equal parts, iced, nothing else.

25th, 8 A.M.—Had a pretty good night, although she remained in a very low and exhausted condition; did not vomit after the restrictions of last night. Pulse 124, temperature  $99\frac{3}{5}^{\circ}$ . Ordered the restrictions to be continued. When thirsty may suck ice, but to have no water. Nutritive enemata, consisting of beef-essence to be administered every three hours. (This was continued five or six days until nourishment was craved and digested by the stomach.) *Noon*.—Pulse 126, temperature  $99\frac{3}{5}^{\circ}$ . *Evening*. Pulse 126, temperature  $100\frac{1}{5}^{\circ}$ .

26th.—Improving. Has not vomited since being confined to the lime water and milk. The beef-essence per rectum is retained comfortably.

The catheter has been used about every eight hours; and the morphia hypodermically has had to be repeated three or four times a day. Pulse 120, temperature  $99\frac{3}{5}^{\circ}$ . Evening, no change.

27th.—Pulse 124, temperature  $101^{\circ}$ . A small flexible tube, attached to the bulb of a syringe, was inserted into the drainage-tube, and about half an ounce of fluid withdrawn, after which, by means of this syringe, the pelvic cavity was washed out with a solution of warm water, containing two drachms of common salt and a few drops of carbolic acid, to the quart. In a short time the pulse fell to 120, and the temperature to  $98\frac{2}{5}^{\circ}$ . The bowels were moved slightly this afternoon—the first motion for three weeks. At her urgent request the patient was allowed half a small cup of tea, which she relished very greatly, and it agreed with her stomach.

28th	Pulse 120.	T. $98\frac{1}{5}^{\circ}$ .
29th	" 104.	" $99^{\circ}$ .
30th	" 112.	" $99^{\circ}$ .

On the 29th the bowels were moved three times; on this day several stitches were removed, also the clamp, which had become loose. The pelvic cavity was daily washed out, a little serum, and broken down tissue coming away. The stomach

digesting the nourishment very well, a more liberal allowance of food was permitted.

July 1st.—Pulse 124, temperature  $100\frac{1}{2}$ . The patient is not looking so well—has a sunken appearance. About half an ounce of very offensive pus was found in the drainage-tube, also some pus about the tube in the wound; withdrew the pus, cleansed the wound, and washed out the pelvic cavity, after which the patient appeared much better.

July 2nd	Pulse 102.	T. $99\frac{2}{3}$ .
" 4th	" 100.	" $99^{\circ}$ .

The drainage-tube having been forced nearly out of the wound, was removed. The remaining stitches, were also removed. The aid of the catheter, from this date was discontinued. Bowels moved by the aid of an enema of warm water. From this date she gradually and continuously improved, so that by the 16th, she began to leave the bed for a short time, and on the 30th, left the Hospital.

The measurements taken a few days previously, were as follows :

Circumference of umbilicus.	23 inches.
Umbilicus to ensiform cartilage.	5 "
" " pubes	$5\frac{1}{2}$ "
" " r.a.s.s. process	$4\frac{1}{2}$ "
" " l.a.s.s. "	5 "

For some days she had been wearing well-fitting abdominal corsets, with cotton padding underneath, for the purpose of affording support, and preventing hernia through the recently healed cicatrix. She remained in the city a few weeks before leaving for home. During this short time she improved rapidly, and subsequently wrote that she was gradually getting stronger and stronger and fleshing up again.

REMARKS.—The special points of interest in this case were—the low condition of the patient, and the desperate nature of the case, owing to the existing peritonitis—the probability of disorganizing changes taking place in the tumor—and the obstinate obstruction of the bowels, due to pressure and inflammation;—the extensive adhesions met with during the operation—the difficulty in arresting the hemorrhage—the number of ligatures left in the peritoneal cavity—and the provision made for drainage. In the after-treatment, the exhausted condition resulting from frequent vomiting—the fortunate result of restricting the fluid taken by the

mouth—sustaining nutrition by rectal alimentation—and the beneficial effect of establishing drainage, in first permitting the escape of a large quantity of serum, subsequently affording an outlet for the offensive pus, and lastly, providing a channel through which the pelvic cavity could be washed with disinfectants, on the advent of the symptoms of commencing septicæmia. Above all the pleasing knowledge that the woman is now in excellent health—her disease radically cured—and that she bids fair to enjoy many years of health and happiness.

I have given the history of this unusually interesting case in pretty full detail, hoping that by thus showing under what truly desperate circumstances, valuable lives may be rescued from a premature death, the benefits the operation has already conferred may be yet further extended by encouraging other surgeons to give the poor sufferer the only hope remaining of escaping the inevitable result, should the tumor be left to finish its deadly work.

In closing the appendix, for the present, I cannot with too much emphasis reiterate my conviction that not a little of the success which has rewarded the efforts of the operator, must be attributed to the careful attention given to the minutest particulars, which could, even remotely affect the result. In this connection, I desire to return my warmest thanks to my medical friends, who so ably assisted me in bringing this and other difficult operations to a successful termination.

That operator is indeed fortunate, who can surround himself on such occasions, with good anatomists, skillful surgeons, and learned physicians, with cool heads, alert minds, and ready hands, anticipating every want of the operator, and prompt to meet any emergency. Such medical gentlemen, I am proud to acknowledge, have always kindly and cheerfully rendered me their valuable assistance.

PREGNANCY AT EIGHT YEARS.—The *Gazette Hebdomadaire*, of March 8th, reports a case of extraordinary precocity in a girl eight years of age. She was born fully developed, and with hair on the pubes, menstruated at four years of age, and was seduced and became pregnant at eight. The pregnancy resulted in a mole containing a well-characterized embryo.—*N. Y. Med. Journal*.

## SCIRRHOUS CANCER OF THE RECTUM.

BY THOS. S. BARCLAY, M. D., DETROIT, MICH.

Nov. 1st, 1877, I was called to see James Foster of this city, a man about 60 years of age; a barber by trade, of temperate habits. This trouble came on some fifteen months ago; previous to this he enjoyed good health; does not know of his parents or grand parents, having any cancerous growths; they all lived to old age. The patient had been told that he had internal piles. *Present condition.* His face, from its peculiar color at once gave me the impression that he was suffering from cancer; he complained of great pain in the rectum, and across his bowels; there was also considerable flatus which on passing from the bowel was accompanied with a discharge of something as he said "like dirty water." Constipation was and had been for months very obstinate, but he had been taking pills for this and had from one to two passages per day. On making examination I found the abdomen very much enlarged, and very tender to the touch; when the hand was put upon the abdomen the pain he said went through to his back; the bladder was irritable. I then made a digital examination of the rectum. On introducing my finger into the anus he complained of great pain. I passed the finger about two inches when it came upon something hard and nodulated; after I withdrew it there was quite a discharge of blood and muco-purulent matter. I concluded it was cancer of the scirrhus class. I informed the patient as to my opinion, and told him that he would not recover, and would not probably live many months. The family was anxious to have further counsel, and I suggested that he should go up to Ann Arbor and have Prof. McLean's opinion. On the following Saturday he went up before the class and Prof. McLean examined him, and informed the class that it was a very interesting case of scirrhus cancer of the rectum, and agreed with me as to the prognosis.

He returned home, and next day I put him under treatment with a view to give him some relief. I gave him a wash of chlorate of potash, with instructions to inject it up the rectum twice or three times a day. I also gave him internally bromide of potassium and chloral hydrate mixture; this had the effect of allaying the pain so that in a few days he was able to resume work. He continued so well

that he had made up his mind that I had made a mistake as to his trouble; this continued for about 10 weeks when he was once more compelled to give up work because of the great suffering. I was sent for and found that he was suffering from peritonitis and that his end was near; he died at 9 o'clock that night.

*Autopsy.*—A post mortem examination was made on the following day, in which I was assisted by my friend Dr. Harlowe and others. We found on opening the abdomen, that there was considerable adhesion of the peritoneum and bowels which was easily separated. The left kidney was full of cancerous deposit, the right kidney partly affected; the liver was very much enlarged especially the left lobe. On examining the rectum, we found that about two inches from the anus it was so destroyed that the contents of the bowels were now in the pelvic cavity; this no doubt caused the attack of peritonitis and death. I detached the bowels up the whole length of the descending portion of the colon, and on opening the same we found cancerous deposits up as far as three inches above the sigmoid flexure. At the lower part of the rectum there was a cancerous growth about the size of a hens egg.

*Remarks.*—There is no doubt that in this case, the cancerous disease was acquired, as there was no trace of history of cancer in his family. The case is also interesting from the fact that treatment had the effect of alleviating his suffering, and allowing him to work on in comparative comfort till two days before his death. We might ask was this a case of internal piles in the first place, and did they, or was it possible that they might become the aggravating cause of the cancer? I am not sure that he had piles, at all events there was no appearance of piles when I examined him. I am inclined to think that it was cancer from the first, and that the treatment he received for supposed piles did him harm.

## VESICO-VAGINAL FISTULA WITH PROLAPSUS UTERI.

BY JAS. M. SMITH, M. D., MORPETH, ONT.

MRS. J.—æet 24, a stout, plethoric, healthy, looking primipara considerably inclined to embonpoint weighing 220 lbs., applied to me *March 30th, 1877.*, complaining of being unable to con-

trol the contents of her bladder, the urine constantly dribbling away, and escaping at the vagina, since her confinement which was on the 5th, Dec. 1875. The labor had been very protracted lasting over 20 hours.

On making a digital examination, I found, the uterus occupying nearly the whole of the vagina, accompanied by vesical tenesmus, the bearing down efforts causing the cervix to appear at the vulva. The parts were excessively irritable, presenting on physical examination the vulva and thighs reddened, excoriated, and pruritic; covered by a vesicular eruption; vaginitis; abrasion of the cervix; vagina covered by urinary concretions and excessively disagreeable odors arising from her body. Placing her in the knee-elbow position and introducing the speculum, I found the fistulous orifice which was somewhat oval in shape, its long diameter, about  $\frac{3}{4}$  of an inch, corresponding to the transverse diameter of the pelvis, occupying the floor of the bladder, close to the upper border of the trigonum vesicæ.

Having explained to her the nature of her trouble I advised her to return home and use frequent ablutions, also frequent injections of tepid water, occasionally adding sufficient carbolic acid to prevent fetor, and a proper regimen, with careful attention to the condition of the bowels, giving her no hope of radical cure, save by surgical operation and even that might fail.

In pursuance of this advice, the case was placed in my hands with a request that the operation should be performed. Having decided on the 15th July as the day for operating, I ordered castor oil to be given the night previous, and a light diet to be given on the following morning, for obvious reasons. Drs. Bray and Murphy of Chatham, having been previously notified, were present, and every thing being got arranged the patient was placed in Sims' position viz., lying on the left side, thighs bent at about right angles with the pelvis, the right a little more flexed than the left, the left arm placed behind the back, and the chest brought nearly flat down upon the table, and brought under the influence of chloroform. The perineum being drawn well back, the buttock and labium up as far as possible, at the same time pressing the uterus back with a spongeholder, and bringing the anterior wall of the vagina, by the introduction of a sound in the bladder, well forward into the field of vision en-

abled us to obtain a fair view of the fistula. The parts were well syringed with tepid water. The edge of the fistula was caught with a tenaculum, and with a long handled curved tenotome, a strip to the extent of about two thirds of its circumference was cut extending from the mucous membrane of the bladder to that of the vagina, and well beveled from the vaginal surface outwards. The remainder was removed in the same way, any inequalities being evenly pared off with the curved scissors, care being taken to remove the entire border, with sufficient tissue to insure, as far as possible, success. The amount taken measured fully one fourth of an inch from the edge of fistula to point of vaginal section; during this part of the operation the sponge was used freely to check hemorrhage. Seven sutures, were now inserted, of small sized silver wire by charging the needles directly with the wire, and not using the silk as generally recommended. The first attempt was made with the silk but proved a failure, the wire giving way at the loop, before passing through the tissues. I would not again employ the silk, but the silver suture alone with Emmett's short slightly curved needles, as in this case not one failed to pass through without breaking. The fistula was completely closed by carefully twisting the sutures so as not to break them or strangulate the tissues. They were then cut off and disposed of in the usual way. The bladder was syringed out to remove the accumulation of blood and the patient carried into bed, when an opiate was administered, and Sims' sigmoid catheter inserted into the bladder and left there, a small mug being placed under the mouth to receive the urine. Directions were given the nurse to see that the catheter was kept pervious. The vagina was syringed out daily with tepid water, occasionally using a little carbolic acid. The bowels were kept constipated by opium; the diet plain but nourishing. The patient was kept as quiet as possible, until the twelfth day after the operation, when the sutures were carefully removed. On digital as well as visual examination the parts appeared consolidated as the subsequent history of the case has proved. The patient going about as usual, and using her own words, would not know from her present condition that there had ever been anything wrong with her. The prolapsus has entirely disappeared with the use of a pessary.

I must acknowledge my indebtedness to my

Chatham friends for the successful result following this operation; to Dr. Bray for his great care and attention to the patient whom he kept quietly under the influence of chloroform during the operation, and to Dr. Murphy for the use of a complete set of the latest and most approved instruments for the work, and his most valuable assistance in using them.

### Correspondence.

#### RES RARA ADMIRANDA.

To the Editor of the CANADA LANCET.

SIR,—On Sunday the 21st instant I was called about thirty miles north to visit a lady, the wife of a respectable and wealthy farmer, in her confinement, who a short time previous to my arrival was safely delivered of a pair of congruous twins firmly attached to each other from the junction of the upper with the middle third of the sternum above, to two inches above the pubes below and transversely almost the entire breadth of the thorax and abdomen. The opposing costal cartilages and sterni do not appear implanted into each other but the abdominal muscles do, being continuous or interwoven with each other. The integument of the trunk passes across the outline of union without interception or reflection above, below and laterally, thus enclosing the bodies in a complete integumental envelope. Between and above the opposing pubic bones there is consequently a semi-circular expansion with its concavity upwards, formed partly by the abdominal walls, in the centre of which is implanted *one* umbilical cord of large size. Their conjoint weight is 11 lbs. 2 oz. of equal size, finely featured, symmetrically formed, both males and fully developed. I have them neatly retired in a glass-lined shallow tank with glass cover, and as they lie side by side, face to face, breast to breast and each clasped in the others arms, they out rival all similar *lusi nature* I have seen or read of, and strongly simulate what one could easily imagine as two angels in miniature sweetly sleeping.

During pregnancy the mother suffered much from abdominal pain and tenderness, and acidity of the stomach. She had an abortion 10 months previous to labour. Severe after pains and considerable

post-partum hemorrhage occurred, the labor having been tedious and very painful. An hour elapsed after the birth of the first head, the occiput of which presented before the second came, the frontal bone presenting, the nurse meanwhile making strong traction upon the first-born head which probably rather retarded than otherwise the delivery of the second, from impacting the parietal surface into the hollow of the sacrum, the neck and shoulders engaging the lower strait. They were consequently still-born, but were full of life up to the day of birth.

The parents have consented to have them at some future time dissected, if asked for by the profession. Hoping I have not trespassed too much on your valuable space.

I am yours truly,

W. REAR, M.D.

Bracebridge, April, 25th 1878.

#### A QUEER CASE OF MIDWIFERY.

To the Editor of the CANADA LANCET.

SIR,—Just one month ago I was called to attend Mrs. Thompson, negress, æt. 28, Evergreen District, in labour with her second child. I arrived there about 3 o'clock p.m., and found that she had been in labour for about 12 hours. Examination revealed two large fleshy masses protruding from the vagina, the finger passing up met the head on the brim of the pelvis, but the most careful exploration failed to discover the os. Patiently hunting round I found, at the point where the two fleshy masses (one of them as large as an orange) were attached to the cervix, what felt like an old cicatrix. *Pains not being strong, I waited a while and then gave a good dose of ergot which improved them.* Examined again, but no os could be found; waited still and then I thought that the cicatrix seemed to stretch. During a pain I steadily and persistently scratched with my nail along the track of the cicatrix and felt it give, continued the scratching and gradually worked my way into what felt like muscular tissue. Waited an hour or so, and then found that the opening I had made with my finger, in the uterus, seemed larger; I scratched away at it, and at last had the satisfaction of passing through something on to the head, so I ruptured the membranes. Passing my finger round the opening I had made

I could feel the sharp edge of the stretched muscle, no rounded off edge like the natural os, the opening terminating in a sharp angle, like a slit in the muscular tissue and being about  $2\frac{1}{2}$  inches in length. I waited impatiently for 2 hours in hopes that nature would do something, but the pains not improving and the head not coming down any further I applied the forceps through "the slit", the fleshy masses, which were by this time greatly enlarged and protruding through the external parts, being rather in the way. It did not require much force to extract the head, but I distinctly felt something tearing as it advanced through the "slit". Delivery was easily completed; the placenta came away at once, and there was considerable hemorrhage afterwards. I examined and found that the slit had extended through the place where the cervix ought to be, and as much further as I cared to follow it. Having with difficulty found something to bind her with, I applied it, gave her a dose of ergot and left her quite happy, smoking a T. F. On enquiring from her mother as to what sort of a labour she had last time, I was told that she was a long time bad and that Dr. Olgivie, formerly of White Gully district, but now residing in Kingston had to be called in, but that she soon got better after he came. I accordingly wrote to Dr. Olgivie, and I give his recollections of the case.

Dr. Olgivie writes me—"About three years ago, I was in the vicinity of Mrs. Thompson's residence and was told she was in labour, but was not asked to see her. Judge, therefore, of my astonishment when a week afterwards, they sent for me to deliver her. On my arrival, I found that the pains had almost, if not entirely, ceased; but they stated she had been in strong labour all week! On examination I found the parts in a state of "general slough," and on turning my finger round in the os (which was not larger than a penny piece) the whole thing gave way. I made pressure externally over the uterus with my left hand, and found that the head advanced, and retreated when the pressure was removed. Applied the forceps, and delivery was completed with ease. Placenta came away soon after, and recovery went on rapidly. I saw and examined her about two months after, and found that the os was divided into three sections, each section hanging down in the vagina, and that the rupture was the entire depth of the cervix. It is evident that union of the ruptured os must have

taken place, otherwise it would have been impossible for the uterus to have retained a fetus."

I have great pleasure in forwarding to the CANADA LANCET the above case, and will only add that I have heard twice from the woman and she says she is in the best of health. I hope to have an opportunity of making a vaginal examination some day, and will favour your readers with the result of the next labour? if it is my misfortune to be the attendant.

Medical men are thrown on their own resources completely in this country, as the distances they reside from each other (in my case I am 25 miles from a brother practitioner) precludes, except in a few districts or in the towns, any consultation or assistance. Midwifery here consists in being called in when the patient has done all she can, or her friends can suggest, so that whenever we are called we may expect "something queer," and in this case the realization was greater than the expectation. I will be glad to send to the CANADA LANCET a short account of Jamaica and its advantages as a residence for invalids, but as I am in a hurry to catch the mail to America, I must now conclude.

I remain, yours truly,

JAMES JAGER HILLARY.

Balaclava, Jamaica, W. I.,  
January 17, 1878.

To the Editor of the CANADA LANCET.

SIR,—Will you kindly inform me in your next issue to what fees a *medical witness* is entitled in a City Police Court, and oblige,

Yours truly,

M. —.

[Medical witnesses stand on the same footing as other witnesses in Police Courts, and in cases before Justices of the Peace. No fees are allowed them.]  
— Ed.

### Selected Articles.

#### TREATMENT OF BOW-LEGS IN CHILDREN.

Dr. Ernst F. Horst read a valuable and interesting paper on the treatment of bow-legs in children, at the Hospital for Ruptured and Crippled, giving the results with and without apparatus. He cited the opinion of authors who advised as well as those who condemned the use of instruments.

Sixty cases had been carefully observed, and of these fourteen received no mechanical aid, while forty-six had appropriate instruments applied. The fourteen cases were under observation from four to nine months, and were treated by manipulation of the limbs and constitutional treatment. In one case there was improvement, in four no improvement, and in nine the curve had increased.

In regard to the forty-six cases to which instruments were applied, not one of them was found to have had an increase of the curvature, though in some there was no improvement. In cases in which there was no improvement it was noticed that when they abandoned the use of the braces the curvature increased. In sixteen of the cases the improvement was marked. It was seen that the greatest benefit was obtained in those in which the curvature was greatest. The most satisfactory results were found in children between two and three years of age. Dr. Horst said that the length of time in which he had observed the cases was not sufficiently extended to determine definitely whether apparatus would completely relieve the deformities in all cases; but there could be no doubt of their marked benefit. In two of the cases in which no apparatus was used for a time, and in which a change for the worse was taking place, he had applied braces, and after two months' use a change for the better was observable. The cases that were considered cured had worn braces from nine months to two years. There was no injury, as might be suspected, from atrophy due to the pressure of the instruments. In all of the cases massage and friction of the limbs were employed twice daily.—*N. Y. Med. Journal.*

### THE STRONG ELASTIC BANDAGE.

The treatment of varicose and other chronic ulcers of the leg is so generally unsatisfactory, that any new method promising favourable results is to be hailed with delight.

The latest novelty is the use of the strong elastic bandage, with which Dr. Henry Martin claims to have cured over six hundred cases without a single failure. The bandage is of "pure rubber," ten and a half feet long, three inches wide, and thickness of number twenty-one "Stub's wire gauge." The length and breadth may vary with the size of the limb, but this is the most desirable thickness. It is applied by winding one turn just above the malleoli, then one around the instep and sole, then spirally up the leg to the knee, where it is fastened by tapes attached to the end of the bandage for that purpose. If it is desirable to apply it as far as the groin, a bandage eighteen to twenty feet long will be necessary. At night the bandage is removed and the ulcer protected by a piece of oiled linen, or some equally simple dressing. In the morning all

traces of oil or cerates must be carefully removed, as fatty matters tend to injure the rubber, and the bandage should be reapplied before leaving the bed. It should be applied with just sufficient snugness to prevent it slipping down, and the increase of blood in the veins on standing will cause it to become of the exact degree of tightness. The bandage keeps the leg warm, moist, and air-tight, conditions most favorable to granulation and cicatrization, and in addition the gentle, even pressure so supports the distended and weakened vascular coats as to prevent that venous congestion so frequently the cause of the malnutrition of skin. For the first one or two weeks a papular eruption appears under the bandage caused by obstruction to the cutaneous follicles. The bandage is their best treatment. In non-specific ulcers no other local treatment is necessary. The circulation of the limb is not stopped, but, owing to the support given to the vessels, is facilitated; thus there need be no fear of causing œdema of the foot—on the contrary, the œdema which so constantly accompanies varicose ulcers is rapidly absorbed. The occurrence of œdema indicates the improper application of the bandage.

The use of this apparatus is not confined to the treatment of ulcers; injuries and diseases of the joints, especially of the knee and ankle, are equally benefited. In sprains, the strong elastic bandage wound around a joint affords a constantly present substitute, externally, for the disabled ligament. The constant pressure induces a rapid absorption of the exudation among the tissues about the seat of injury, and the gentle, equable warmth and moisture, which always accompany its application, have a most favorable effect in alleviating and preventing inflammation. In diseases of the joint, marked by effusion, the application of the bandage after aspiration, has been followed by complete success. In these cases the bandage should be applied day and night for six to eight weeks. Its use is also recommended in disease of *bursæ mucosæ*, œdema, erysipelas, and erythema, cutaneous affections, and as a radical cure for varicose veins; in the latter case it is supposed to act by causing adhesion of the walls of the vessels, and their consequent obliteration.—*Med. Record.*

ON THE UNITY OF PHTHISIS—GRANCHER, VIRCHOW, AND CHARCOT.—Pulmonary phthisis has always been the object of numerous researches, but of late years practitioners have made new studies of it in all directions. At this moment it is known that physicians are divided into two schools of unicists and dualists on the question of phthisis. Those who believe in the unity of consumption believe that the different anatomical pathological forms of this disease do not, in any way, detract from the unity of these terms, and that caseous pneumonia and tubercles are at bottom the same. Those who controvert this view consider that there



are two ways of being consumptive, and that there exist two processes which give rise to the disease—caseous pneumonia, an inflammatory disease, and tuberculosis, with the tubercle granulation, a phenomenon quite different from inflammation. Dualists in phthisis, like Jaccoud and Niemeyer, &c., consider that there are phthisical patients and tubercular patients, and, if this were the case, diagnosis, prognosis, and treatment should be different in the matter of phthisis. Virchow and Niemeyer have been the leaders of this school, which has so many adherents in England among the younger physicians. In Paris, on the contrary, the older physicians, and in London, Dr. Wilson Fox and many other able men, are unicists.

Firstly, it is clear enough that there is less difference of opinion among the practitioners in the presence of the living patient than in the dead-house; and this is the more singular because in most diseases the discussion ceases when the patient dies and the anatomical lessons are before us. But when the sick person is alive dualists and unicists both call the disease phthisis, treat it in the same way, and, alas! give the very same prognosis. Volkmann, in 1871, writes, in the *Sammlung Klinischer Vorträge*—"Caseous inflammation, in our time, is not more consoling than the tubercle of former days." It is true, indeed, that pure dualists, pursue their views even to the bedside, and allege that it is easy enough to distinguish caseous pneumonia from tubercle. This is evidently merely an exaggeration, since well-educated unicists recognise clearly the difference between cases of phthisis, whether they become localised or generalised, &c. The unicast, however, admits that the differences noticeable at the bedside do not change the nature of the disease, and, spite of the *post-mortem* appearances, he alleges that it is always phthisis that is before him. He points to the number of cases where granulations and the so-called caseous pneumonia are found in the same lung. The dualist replies to this that there are many cases of consumption where pneumonia alone is found, and alleges that there are different diseases, since pneumonia and tubercle may be found isolated. He also says that lesions histologically so different, cannot be of the same nature. The pure dualist makes a great point of his treatment, and maintains that dualism has made quite a revolution in the therapeutics of consumption.

In France, owing to the works of Lænnec, Louis, and Andral, and, perhaps, too, because clinical studies are more attractive than anatomical and laboratory investigations, the doctrine of unity prevails. One authority will allege that all these studies on the forms of phthisis signify nothing at all, and that the whole novelty of the modern doctrines is merely in their terminology. Other writers on medicine accept willingly enough the new anatomical data, although they limit the importance

of the novelties proposed. For instance, Dr. Charcot uses the new terms, but is still a unicast in phthisis. In Germany, on the other hand, where clinical observers are not in general the persons who carry on anatomico-pathological investigations in the laboratories, dualism is in vogue, and the reason is clear enough. The man who merely examines dead-house specimens of phthisis can hardly be made to believe in the unity of the disease. The naked-eye differences, too, are corroborated by the microscopic appearances of the disease, for it is quite true that the tubercle granule differs histologically from the caseous granulation, so that the observer has the right to say that there are two different lesions. But dead-house pathologists have gone further, and have said these form two different diseases—two diseases which have nothing in common but mere chance when they are met in the same subject, for the one is specific and hereditary, whilst the other is neither of these, but merely a simple inflammation like pleurisy.

Virchow is most particular in his definition of tubercle, and, in his view, the grey semi-transparent granulation alone is entitled to the name. Everything else ought to be called caseous inflammation. A tubercular granulation, he says, or tubercle, is a nodosity, which is usually rounded, formed of small cells pressed together, and presenting at its centre a degenerating zone, whilst at the circumference there is a zone of proliferation.—*The Doctor*.

#### LAPARO-ELYTROTOMY AS A SUBSTITUTE FOR CÆSAREAN SECTION.

DR. T. GAILLARD THOMAS read an important paper upon the above subject, giving a detailed report of all the cases in which the operation had been performed, and setting forth the advantages which it had over that of Cæsarean section.

The operation had been performed only once prior to the date at which Dr. Thomas performed it in 1871, and then by Ritgen. It had been performed upon the living woman since that date *five* times, three times by Dr. A. J. C. Skene, of Brooklyn, and twice by himself. Of the five mothers *three* were living, and the number of children delivered live was *four*.

The operation was simple, and consisted of making an incision through the abdominal walls, from the spine of the pubes to the anterior superior spinous process of the ilium, lifting the peritoneum making an incision through the upper portion of the vaginal wall, tilting the body of the uterus over to the opposite side, and then, through the dilated cervix, delivering the child by version, by the forceps, or by extraction. Delivery was to be effected by version in arm-presentation; by forceps when the head presented; and by extraction in breech-presentation. Hemorrhage was one of the things

to be feared in the operation; but, in five cases, no hemorrhage had occurred, and why should it occur in future operations? But, even admitting that hemorrhage occurred, it became a question whether the risks should not be taken, because the risks of peritonitis and shock following other operations were avoided. The dangers of Cæsarean section were peritonitis, metritis, hemorrhage, shock, incarceration of the intestines in the uterus, and septicæmia. By the operation of laparo-elytrotomy the danger from peritonitis, metritis, and incarceration of the intestines was entirely avoided, and, in a great degree, the danger from septicæmia and shock was diminished. The operation might be followed by hemorrhage, and, in place of peritonitis, cellulitis might be developed. Dr. T. did not regard laparo-elytrotomy as yet an established standard operation, but sufficiently tested by experiment to deserve a careful consideration at the hands of the medical profession.—*Medical Record.*

### TREATMENT OF COLLES' FRACTURE.

By Frank H. Hamilton, M.D., New York.

We come now to the subject of the treatment of these fractures of the lower end of the radius. It will be found that the hand is usually thrown towards the radial side (for the detailed explanation of which circumstance I must refer you to my work on fractures and dislocations), and this is the reason why so many pistol-shaped splints have always been used in these fractures. I now exhibit to you quite a number of them, which have been devised by different surgeons, and the object of all of them is to throw the hand in the opposite direction. Now, what effect has such a splint in producing the desired result? None whatever. In order really to have any effect in counteracting this tendency to adduction, the traction must be made forcibly. The easy position afforded by the pistol-splints which I show you causes the hand to move only in the wrist-joint, in which there is naturally very free lateral motion allowed. The only splint ever known by which sufficient adducting power to be of any practical service was obtained was that devised by Nélaton; but no human being could possibly stand the pain occasioned by the stretching of the injured ligaments which would necessarily happen. You will presently see that I use the pistol-splint myself, but not for the purpose just mentioned. There is, indeed, no indication to fulfil by throwing the hand towards the ulnar side; the only real indication in the treatment being to restore the fragment to its own place and maintain it in position. When the fracture is once reduced, it remains so permanently with the greatest ease, for the least pressure in the opposite direction prevents the fragment from slipping back again. This fracture, however, which, as I said, is almost always transverse, is not quite so

easy to reduce as it is to maintain the parts in position when the reduction has been made, and this is due to the denticular character of the surfaces where the bone has been broken off. A good reduction at first I regard as the most essential point of the treatment, and I lay special stress upon it, because I have seen so much injury to the joint under consideration result from tight bandaging, which is altogether unnecessary, and seems to be resorted to by some under the idea that great force is required to keep the lower fragment in position. *If you ever get a good result in this fracture, it will be because you have reduced it well at first.* Be very careful, then, to get the lower fragment into line before applying any bandage whatever, and "if at first you don't succeed, try, try again." I ought to remark here that in not one case out of five do I succeed in getting crepitus in reducing it, because the fragments glide over each other so smoothly. Having reduced it well, which as I again remark, is a matter of the utmost importance, I care very little what apparel you make use of to retain the parts in position. There are a variety of appliances, by all of which you can get excellent results: but I must say that I like my own the best.

I am in the habit of employing the pistol-splint because it affords a better view of the seat of fracture, and thus enables me to see whether the fragments are in line. It is, of course, applied to the palmar surface, and this is sometimes the only splint I use, though ordinarily I prefer a back-splint also. When I am going to treat a Colles' fracture, I take a piece of common shingle and cut it to the shape best adapted to the particular case, always taking care to hollow out a space into which the ball of the thumb may fit, and to cut it off at such a length as to reach only to the metacarpophalangeal articulation, so as not to interfere in the least with the free motion of the fingers. There is no reason whatever why the motion of the fingers and thumb should be interfered with, and by leaving them free you prevent any stiffness or tendency to ankylosis, as well as greatly enhance the comfort of the patient. The splint should reach as high up as the elbow, and should be carefully padded, especially in the portion covering the palm of the hand, in such a manner as to adapt itself well to the parts with which it comes in contact, except at the seat of fracture. It is a point of the utmost importance that there should be no padding between the lower fragment and the splint, but that here the space should be so open that there can be no possibility of any pressure upon the median nerve and the radial and ulnar arteries. Pressure upon the nerve always causes excessive pain. To sum up then, the treatment consists of, *first*, complete reduction of the fracture at first, and, *second*, the retension of the parts in position by means of

\*The italics are ours.—ED. L.

an apparel which shall be perfectly comfortable to the patient, and in which there can be no danger of pressure upon the nerve and arteries. The same treatment is equally applicable to all the complications of which I have spoken; though, fortunately for the surgeon, the injuries which are sufficient to produce the comminuted form of fracture almost always result fatally.

In all of these wrist-joint fractures it is important to give motion early; and fortunately, in the ordinary cases, we can do this at about the end of a week.—*Med. Times.*

#### TREATMENT OF BRONCHIECTASIS.

Dr. Bardenhewer says (*Berliner Klinische Wochenschrift*) that according to Gerhardt, articular rheumatism may occur in connection with suppurative diseases of mucous membranes, and in consequence of the absorption of, and blood-poisoning by accumulated, stagnating, and decomposing purulent effusions, as in bronchiectasis (bronchitis with dilated bronchi), diphtheria, gonorrhœa, pyæmia, dysentery, etc. In confirmation of this view, two cases were observed in the Cologne Hospital. Both were well-marked cases of bronchiectasis, with abundant mucopurulent and very fetid expectoration, for which both were treated with inhalation of a solution of 2 per cent. of carbolic acid. While under this treatment, and improving with it, both were seized with rheumatic inflammation. In the first case there was a single attack of pain, and swelling of the left knee, which gave way to local application of ice. In the second case, three separate attacks occurred in both knees, presenting all the symptoms of acute articular rheumatism, and were relieved by the internal use of salicylic acid. Both cases ultimately recovered completely. Gerhardt strongly advocates mechanical compression of the thorax in the treatment of the bronchiectasis, as removing the stagnating purulent secretion, diminishing the concomitant fever, and also relieving the rheumatic symptoms. In place of this, the above two cases were treated by carbolic inhalation—the same treatment, indeed, having been steadily pursued for about three years in the Cologne Hospital in all cases of bronchiectasis. Cases of pneumonia, pleurisy, mechanical injuries of the respiratory organs, etc., may at different stages present expectoration of abundant purulent and fetid sputum. The sputum separates on standing into three distinct layers (Traube); the upper layer is greenish-yellow, opaque, and frothy; the middle serous, transparent, and albuminoid; the lower yellow, opaque, and consisting of pus and detritus. It further contains paste-like plugs of a dirty yellowish color, which are extremely fetid, and consist of finely granulated detritus, mixed with larger fat globules, in which are

suspended occasionally (Virchow) acicular crystals of margaric acid. In presence of this kind of sputum, treatment has the double object of counteracting its putrescence and of reducing its excessive quantity. Arrest of the putrescence of the secretion accumulated in the bronchial tubes is generally followed by diminution of its quantity—since the putrid secretion itself acts as an irritant in causing its continuous production and decomposition, and also in maintaining the accompanying febrile state. The main indication, therefore, is the arrest of the putrefactive process. The experience of thirty cases within the last three years is, that this is best fulfilled by the inhalation of carbolic acid. For this purpose a solution of carbolic acid in water (1 or 2 per cent.) should be inhaled every two hours day and night for several weeks. The result has always been most favorable, even when, from the nature of the case, complete cure was out of the question; while in several instances, when strong evidence of cavities existed, this treatment led to a perfect restoration to health.—*London Med. Record*, Feb. 15th, 1878.

#### HÆMOPTYSIS; SUBCUTANEOUS INJECTION OF ERGOTINE.

Jos. Hirschfeld (*Wiener medicinische Presse*, No. 21, 1877.) says that among the therapeutic measures used against hæmoptysis cold deserves some recognition, as it, by reflex action, produces constriction of the vessels and diminution of their calibre, and so facilitates the formation of thrombi. The internal use of ice is to be preferred to the external application of cold. Any therapeutic procedure against hæmoptysis is essentially aided by deep inspiration (recommended by Niemeyer), provided the hæmoptysis does not come from a cavity. The expansive force of air breathed in and held in the lungs as long as possible exercises, evidently, a pressure on the walls of the vessels and on the gaping wound. The forced inhalation of astringents has not answered expectation. Styptics, such as alum, lead, tannin, chloride of iron, etc., taken internally effect but little, and often disturb digestion. Of the narcotics, digitalis deserves special consideration, as it will show a beneficial although not a rapid action when the heart is excited, and especially when an uncompensated affection of the heart is the cause of the hæmoptysis.

The sovereign remedy against hæmoptysis is ergotine, which, as is well known, excites the vasoconstrictors. A solution in glycerine (1.10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the

patient is much excited or has much cough the author is accustomed to precede the ergotine injection with one of morphia, or to give them both at once but in different places. In this way, the patient becomes quiet in mind and body, and the ergotine has a better chance to act.—*Boston Med. and Surgical Journal.*

### SURGICAL TREATMENT OF STONE IN THE BLADDER.

Sir Henry Thompson's paper at the last meeting of the Royal Medical and Chirurgical Society, in which he gave the pith and marrow of his experience derived from the treatment of five hundred cases of stone in the bladder of the male adult, is unique in the history of surgery. The profession has never before been presented by one man with such extensive, exact, and laboriously acquired information on the subject of stone in the bladder. With but few exceptions, the author showed to the Fellows on Tuesday night every stone he has removed, either by lithotripsy or lithotomy. On the table was placed a schedule containing all the essential particulars of each case, with numbers corresponding to the specimens. Such an arrangement must have required immense care and attention to detail, and would have been almost impossible had not the author, as he told his audience, methodically made written records of each case on the same principle from the commencement. So anxious was he to be authentic, that he attached to each case the name of the medical man who had original charge of the patient, or, none such existing, he mentioned the name of any medical man who happened to be present at the operation.

Sir Henry's five hundred cases represent his entire and unselected work from the commencement of his career up to January, 1877—a period of nineteen years. These five hundred cases occurred in four hundred and twenty individuals of twenty years old and upwards, the mean age being sixty-one years and a half; no women are included in the series. Four hundred and twenty-two were cases of lithotripsy with a mortality of one in thirteen, and seventy-eight were cases of lithotomy with a mortality of one in two and three-quarters. The mortality of the whole five hundred was one in eight and a half. So low a rate is a very enviable result, and shows how much can be done by a judicious selection of the two operations. And perhaps no fact was more important than this, upon which the author laid stress, viz., that lithotomy and lithotripsy are not to be regarded as antagonistic, but as complementary the one to the other; and, so far from being opposed to each other, that they are really inseparable companions. Sir Henry Thompson

has long taught this close relationship. Yet even now, in many minds, the two procedures present conflicting claims; and it is observable that this belief seemed to characterise the remarks of some of the speakers who followed in the discussion. This feeling has to some extent originated in the enthusiasm with which the celebrated father of lithotripsy, Civiale, very naturally advocated the operation. He, indeed, endeavored almost to supplant lithotomy, and moreover claimed an immunity from all risk to life for his favorite innovation.

Sir Henry Thompson, at the conclusion of his paper strongly urged the prudence of restricting the application of lithotripsy to narrow limits; and stated, as the result of our experience, that he should rarely attempt to crush a hard stone over one inch and a quarter in its largest diameter, or any stone that could not be crushed by a flat-bladed lithotrite, utterly condemning the use of the fenestrated variety. As lithotripsy, confined within due limits, is unquestionably a safer operation than lithotomy, it naturally results that the early detection of stone in the bladder should be the constant aim of the practical surgeon. The author adverted to the occasionally distressing after results of lithotripsy, and agreed with Mr. Cadge that there are some who neither die nor recover, but continue to suffer with painful symptoms. But he thought these cases would be much more frequent, if lithotripsy were confined to the limits laid down. And he pointed out that they were cases in which the bladder, ureters, and kidneys were diseased previously to operation, and in which lithotomy was almost necessarily fatal; whilst the occasional introduction of the lithotrite afterwards was the price paid for life. And he inferred, therefore, that, when the patient ultimately succumbed, it was unfair to attribute his death to lithotripsy, when it might more fairly be said that the last few years of his life had really been gained by it.

It is worth remarking that this report comprises all the author's cases; and it therefore, includes his period of inexperience as well as the results of his ripe and mature knowledge. It is, therefore, possible that the surgeons of the future, recognising the proper relations between lithotomy and lithotripsy, and the importance of the early detection of calculus, may even obtain a lower rate of mortality, than Sir Henry Thompson's result of one in eight and a half; and so contribute, still further to render surgery (to use the felicitous language of Sir James Paget) "a most happy profession."—*British Med. Journal*, March 23rd, 1878.

**BORAX AND NITRATE OF POTASSIUM IN SUDDEN HOARSENESS.**—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold

("La France Medicale"). The remedy is recommended to singers and orators whose voices suddenly become lost, but which by this means can be recovered almost instantly. A little piece of borax the size of a pea is to be slowly dissolved in the mouth ten minutes before singing or speaking; the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of borax should be aided by an equal dose of nitrate of potassium, taken in a warm solution before going to bed.—*Philadelphia Times*.

### THE PESSARY CATHETER IN THE TREATMENT OF BLADDER AFFECTIONS;

BY REGINALD HARRISON, F.R.C.S., Surgeon to the Liverpool Royal Infirmary.

I have recently been using in the local treatment of the bladder soluble pessaries, introduced by means of a special instrument manufactured for me by Messrs. Krohne and Sesemann, and which I have designated a pessary-catheter.

The instrument consists of a metallic catheter, open at the end, into which is received a cocoanut-butter pessary, containing the requisite drug. After the urine has been allowed to run off, by pressing the stylet the pessary is projected into the bladder, when the instrument is at once removed. The pessaries have been specially prepared for me by Messrs. Symes, of Hardman-street, Liverpool, and contain various agencies, including morphia, opium, bismuth, nitrate of silver, perchloride of iron, and belladonna. The pessaries are so shaped as to form an end for the catheter; and their exposed surface is hardened by a layer of spermaceti, so as to prevent their becoming dissolved in their passage down the urethra. The instrument has been made for me in two sizes; in one the end corresponds with a No. 12 bougie, in the other with No. 8. Pessaries to fit each have been made for me by Messrs. Symes.

In several cases of irritable bladder arising from various causes I have used this instrument with great advantage; in some cases as an adjunct to other local treatment, such as washing out the bladder, catheterism, &c. The treatment of many bladder affections is only to be effectually carried out by local measures, and, in addition to those we are already provided with, I believe the instrument I have now described will be of service. I have certainly found it so, as it enables the surgeon by one operation, first of all, to empty the bladder, and, secondly, to apply what is required, directly to its mucous surface. In this way, I have frequently given a patient a good night by a morphia pessary, where rectum suppositories and other means have failed.—*The Lancet*, Feb. 9th, 1878.

### A UNIQUE CASE.

BY DONALD MACLEAN, M.D., PROFESSOR OF SURGERY IN THE UNIVERSITY OF MICHIGAN.

Mr. and Mrs. W. D. called upon me on the 19th June last and handed me a letter from Dr. Allen, of Charlotte, asking my attention to the case of their son, *æt. three years*, who was suffering from a painful swelling of the right upper jaw. The doctor's diagnosis, as stated in his letter, was *abscess of the antrum*.

On examination I found the face much swollen on the affected side, the lachrymal duct seriously obstructed, and the skin irritated somewhat by the flow of tears. On looking into the mouth, which was done under chloroform, pus was observed exuding from the middle of the alveolar process in right side. The introduction of a small probe into this little sinus at once revealed the presence of a minute scale-like exfoliation, which was easily removed by means of a small dissecting forceps. This done, I at first supposed that there was nothing more to do, and as the parents were extremely nervous about the anæsthetic I was not unwilling to believe that the time had come to permit a restoration to consciousness, and so relieve their apprehensions.

A moment's reflection, however, induced me to suspect that the exfoliation, which had just been removed, was insufficient to account for all the conditions present, and I therefore insisted upon a more prolonged exploration. On passing the probe into the opening in the alveolar margin, it at length appeared to touch something in the antrum, which appeared to be unattached. Accordingly I used a pair of pointed dressing forceps to increase the calibre and the little sinuous channel in the alveola, and then I had no difficulty in seizing, and by the exercise of some force withdrawing the *perfectly developed crown of a permanent molar tooth*, with a little mass of glandular structure, which reposed in the concave surface from which the fang should naturally have projected.

No other treatment was advised, and some months afterwards I saw the little patient in good health and much improved as regards the facial deformity.

The specimens derived from this case are now in the possession of Prof. Taft of the Dental College of this University, by whom they were recently presented at the meeting of the State Dental Association, the members of which were unanimous in the opinion that the case is an unprecedented one. *Michigan Medical News*.

TREATMENT OF GANGLION.—Bidder, of Mannheim (*Chir. f. Chr.*, 1877, No. 52), recommends the injection of carbolic acid as a safe and successful method of treating these annoying growths. The proper procedure is as follows. An ordinary hypo-

dermic syringe, having a sharp needle with a cutting edge near the point, is filled with a two or three per cent. solution of carbolic acid. A fold of the skin being pinched up, the needle of the syringe is thrust under it until the point reaches the capsule of the ganglion. A little slit is made through this with the sharp-edged point of the needle, and then, the latter being slightly withdrawn, the contents of the ganglion are expressed into the surrounding tissues. The point of the needle is then once more inserted into the now emptied ganglion and a few drops of the carbolic-acid solution are injected. A simple water-dressing is afterwards applied. Bidder has been very successful in the treatment of ganglion by this method.—*Med. Times.*

A SUBSTITUTE FOR COD-LIVER OIL.—It is well known that the "cake" which remains after the expression of linseed oil, is largely used by farmers and horse fanciers to fatten their cattle and horses, and to improve the appearances of their coats. This cake contains the principal nutrient albuminoid elements of the ground flaxseed, together with a varying proportion of oil.

Having had of late a number of cases of cutaneous disease, in which marasmus from defective assimilation of the hydrocarbons was a prominent feature, and in which cod-liver oil was not well borne, it occurred to the writer that the oil of the flaxseed might prove an efficient substitute.

In its ordinary commercial condition, linseed is not a very palatable article diet, but as met with in its natural combination in the fresh seed, is by no means unpleasant to the taste. Believing that the same effects might be expected in the human subject as are known to follow the use of linseed in the lower animals, I have made it a portion of the diet of a number of patients who were unable to take cod-liver oil in the ordinary manner.

The better qualities of flaxseed contain about thirty per cent. of oil, so that by the use of the unpressed seed, a very considerable quantity of oleaginous matter can be incorporated in the daily diet. The seed may be used in several ways: First, the freshly ground seed may be taken in the mouth, and thoroughly masticated before swallowing; second, it may be given suspended in milk; and third, the unbroken seed itself may be used. This last method is the one I prefer. To carry this out, I commonly direct the patient to carry in his pocket or other receptacle a quantity of the seed, and from time to time take a little of it in his mouth, and to chew it thoroughly before swallowing, in order to secure complete insalivation. In this way some patients will consume several ounces a day, the amount varying greatly in different cases.

Thus far this use of the seed has not been attended with any disagreeable accompaniments. The stools are rendered easy and natural, without

any tendency to diarrhoea, or other unpleasant complications.

The cases of pemphigus foliaceus, pityriasis rubra, lichen planus, and lichen ruber, which were some time since exhibited at the Society, have been taking the seed in the manner indicated with very decided benefit. It will be remembered that they were all in a more or less marasmic condition when first shown. During the use of the seed, however, they have greatly improved in general nutrition and in the condition of their skin.

The ordinary seed of the drug-stores is not the best that can be obtained for this purpose. A much better article being that known as Calcutta seed. Care should be taken that it is free from admixture with other seeds, chaff, dirt, etc.

As a substitute, in many cases, for cod liver oil, we believe that it will be found, on further trial, to fully justify our earlier expectations concerning it.

In view of the fact that there is so much sophisticated cod-oil in the market, and that an inferior article can be readily disguised under the form of an "emulsion," a substitute that cannot be readily adulterated would seem to merit the consideration of the profession, and more especially that of dermatologists, in view of what I must consider its specific determination.—SAMUEL SHERWELL, M. D., in *Medical Record*.

HYPODERMIC INJECTION OF DIALYSED IRON IN CHLOROSIS.—In a typical case of chlorosis occurring in a young woman 21 years of age, Prof. DaCosta reports the results from hypodermic injection of dialysed iron. The girl improved vastly under the treatment. Her rapid improvement was altogether due to the new remedy employed in this very novel manner. The reason why iron has not thus been used heretofore is because it was impossible to obtain a non-irritative for hypodermic use. The tartrate of iron, although one of the mildest forms, is entirely too liable to cause irritation and abscesses. Lately a new preparation of iron, the dialysed iron, appeared in the market, which, it is claimed, is neutral and non-irritating. Dr. DaCosta has used this preparation hypodermically for some time and it has come fully up to its reputation. In no case has there been the usual after-effects of iron, such as costiveness and disordered digestion; all these are done away with. Daily injections of fifteen minims of pure dialysed iron were made. The iron was diluted at first, but experiencing no unpleasant after-effects, the undiluted solution was afterward used. The scars where the needle had been introduced showed no sign whatsoever of inflammatory action. After continuing for some days at the fifteen minim dose, the injection was increased to twenty, twenty-five and thirty minims daily. At the expiration of two weeks the patient showed wonderful improvement; her digestion was admirable, and her menses which

had been suppressed, returned. The color gradually came to her lips, gums and tongue and she felt well; her appetite was good, her bowels regular, and her headache all gone. She was considered practically cured, although it was thought best to continue the administration of twenty drops of the chloride of iron, in water, thrice daily, discontinuing the hypodermic injections of the dialysed solution.—*Philadelphia Medical Times*.

**MURIATE OF CALCIUM IN TUBERCULOSIS.**—This remedy possesses a most wonderful power in controlling, if not actually curing, many forms of tubercular disease. In my experience I have found no remedy on which so much reliance can be placed in tuberculosis as on this salt; more especially, however, this remark applies to the wasting diseases of children. It has been most extensively used by me during the past four years, and with the most gratifying results—having prescribed it in every form of tubercular disease that has come before me during this period.—ROBERT BELL, F. R. C. P., in *London Lancet*.

Dr. Bell has used it successfully in pulmonary consumption and in glandular and bone scrofula, as well as in tabes mesenterica and in tubercular peritonitis. Dose for adults, 20 grs., more or less, after meals. It requires to be perseveringly used, and Dr. Bell advises nutrition in conjunction with it; the inunction of olive oil is also recommended.—*Louisville Med. News*.

**CHURCHILL'S TINCTURE OF IODINE.**—By *Theophilus Parvin, M.D.*—Churchill's tincture of iodine is so valuable in uterine therapeutics, that it is to be regretted druggists are not more generally familiar with its preparation. It has happened to me within a few weeks to have two prescriptions for this tincture filled, in one case, with the ordinary tincture, in the other with the so-called colorless tincture. Even when an eminent teacher in a college of pharmacy was applied to by an Indianapolis druggist for the formula for Churchill's tincture, he gave one for a compound of iodine and chloral in alcohol, and also referred to the solution of iodine in glycerine advised by Thomas!

The following is Churchill's formula as given in the fifth edition of his *Diseases of Women*: he stated then, 1864, that he had been using it for twenty years:

R̄ Iodin. pur.,	℥ iiss.
Iodid. potassi,	ʒ ss.
Spt. rectificat.,	f ʒ xii.
Alcoholi,	f ʒ iv. Solve.

After employing this tincture for thirteen years, I know no single agent in the local treatment of uterine disorders at all equal to it. It may be used as a stimulant, alterative, counter-irritant, caustic, and as a hemostatic, and for the purpose of exciting absorption of hypertrophied tissue. Its hemostatic

properties are of especial utility in the treatment of hemorrhagic endometritis, and after the use of the curette or forceps in the removal of smaller intra-uterine growths, hypertrophies of the glandular and vascular elements of the lining membrane.—*American Practitioner*.

**INJURIES OF THE HAND.**—Professor Verneuil, (*Courrier Médical*) says, when you have to treat a patient suffering from a hand crushed in any way whatever, take as an absolute rule to cut away nothing, to regulate nothing with the bistoury. He gives the reasons for this, first, that parts which it would appear necessary to cut away, at first regain their shape and usefulness; and secondly, that operations performed two or three months after, when the parts are in a state of absolute calm, give much better results.

**MALIGNANT SCARLATINA TREATED BY SALICYLIC ACID.**—A recent number of the *Berliner Klinische Wochenschrift* contains an account of a severe case of malignant scarlatina, in the treatment of which salicylic acid, given internally and injected into the nose produced the happiest results. The patient was a boy, thirteen years of age, who had been suffering for some weeks from symptoms of gastroenteritis. On the second day of the scarlatinal eruption, diphtheritic patches appeared on the pharynx and nasal cavities, and on the integument of the nose and lips. These were accompanied by ulceration, and a copious discharge from the nose, with a peculiar fetid odor. The pulse was 150; the temperature 105.8°. A grain of salicylic acid was administered every hour, and a solution, containing one grain to the ounce, was injected into the nasal cavities every two hours. Soup, wine, and eggs were freely given, and the patient's body was ordered to be frequently sponged with cold water. Under this treatment the symptoms gradually subsided. After the first injection the fetid odor began to disappear. Altogether the boy took about ninety grains of the acid. He was convalescent in three weeks. Symptoms of intestinal catarrh, apparently caused by the acid, yielded readily to treatment.—*Med. Times*.

**MAKING COLD DRINKS.**—A convenient apparatus for the sick-room where cold drinks are wanted is recommended by "Les Mondes." It is made by placing two vessels (presumably of glass), one within the other, and filling the inner vessel with a solution of nitrate of ammonia. The outer vessel may be a goblet, and the inner one is formed in the shape of an inverted-truncated cone, and has a cover that is large enough to cover the goblet. For a goblet of water 150 grammes of the nitrate of ammonia are placed in the inner vessel, and water is added till it is filled. To hasten the action, the solution should be stirred as the water

is put in. The water in the goblet is soon reduced about 22 degrees Fahr., when the inner vessel may be removed. To use the solution again it is only necessary to spread it in the sun till the water evaporates and the nitrate recrystallizes.—*Scribner for Feb.*

**UNEQUAL LENGTH OF LOWER LIMBS.**—The equality in length of the opposite limbs has hitherto been but little questioned; but Dr. Jarvis Wight of Brooklyn, made a series of sixty observations, which show that inequality of the lower limb is not only common, but the rule. Dr. Hamilton questioned the accuracy of these observations in one of his clinical lectures, and called forth in reply a paper read by Dr. Wight before the Kings County Medical Society. In this paper forty-two additional cases were recorded, giving results very similar to the first series. Some interesting measurements were given, which tended to show that differences existed both in the femora and the tibiae, and also in the humeri, but no extended number of observations have as yet been made in this direction. Combining these two series of cases, Dr. Wight found inequality in more than three-quarters of the number, varying from one-eighth inch to one inch, averaging one-quarter inch. This explains the great variation in the amount of shortening occurring after fracture of the femur, for, if the longer femur be broken, the "natural inequality" must be subtracted from the actual shortening; or, if the shorter femur be affected, the "natural inequality" must be added to the actual shortening to give the "accidental inequality" of the limbs. This would also explain those rare cases in which the fractured femur is longer than its fellow. The fact that these latter cases are not more common than they are, Dr. Wight explains in the following manner: The average shortening after fracture is probably not affected by the natural inequality, for the shorter limb is presumably broken as frequently as the longer; the average shortening he places at five-eighths inch, and, of course, the natural inequality must be greater than this to give lengthening to the fractured femur, and this great inequality is so exceptional that he estimates the changes of lengthening as one in two hundred cases. The article concludes with a letter just received from Dr. Hamilton, from which the following is an extract: I have done you and science an injustice, and I make haste to repair the wrong. Yesterday I, for the first, found time to verify, by actual observation, the correctness of your statement and that of Dr. W. C. Cox, of Philadelphia, that the femora of most adults are unequal in length. In a dozen or more measurements, made with great care by my house-surgeon and myself, a large majority were found of unequal length, and the left limb was generally the longest. I propose to extend my observations and to give them more

precision, but I have made enough to satisfy me that you are correct."—*Proceedings of the Medical Society of the County of Kings.*

**A NEW OPERATION FOR FRACTURE OF THE PATELLA.**—In a case of fracture of the patella at King's College Hospital, Mr. Lister cut down on the fragment, opening the knee joint, cleansed the surfaces of the fragments, and having established an independent drain of horsehair for the knee-joint, drilled the two portions of the patella and tied the fragments together with silver wire, and then closed the wound, which was also drained with horsehair. This operation was performed six weeks ago; the wound, as exposed to-day, was seen to be completely healed, the ends of the silver wire projecting through the scar. The highest temperature that had occurred was 100° Fahr. on the morning after the operation. There has been no disturbance, constitutional or local, and both the wounds healed in about a fortnight. The limb will be kept at rest for another fortnight, when, if union have taken place, the wires will be withdrawn.—*British Med. Four.*

**IODIDE OF ETHYL IN ASTHMA.**—Professor Sée has employed inhalations of this substance in five cases of asthma, and the paroxysm was arrested in all very rapidly. In three cases of cardiac dyspnoea it also acted favorably; and in two cases of chronic bronchitis accompanied by dyspnoea the effect, although much less prompt, was advantageous. Quite recently, in a case of oedematous laryngitis, inhalations repeated ten or twelve times a day effected a cure. Like the iodide of potassium, the iodide of ethyl increases the bronchial secretion, and by this hyper-secretion renders it more fluid, and thus favors the admission of air into the pulmonary alveoli. The iodine stimulates the action of the respiratory centre, and, by reason of the greater quantity of blood this is brought into contact with, respiration becomes more easy, being still further aided by the ether in combination with the iodine.

The general conclusions to be drawn from the paper are: 1. Iodide of potassium constitutes the most certain means of curing asthma, whatever its origin may be. 2. The iodide of ethyl relieves the paroxysms of asthmatic dyspnoea with great rapidity. It also appears to act advantageously in cardiac and even in laryngeal dyspnoea.—*London Medical Times and Gazette.*

**NEW MODE OF TREATING VARICOCELE.**—I find the following simple procedure an efficient method of treating varicocele. Pass a long and strong hair-pin between the veins and the scrotal walls, bringing the point of the pin close beneath, but not through, the scrotum; then make the point retrace its course, but passing now behind the veins,



until it emerges near the puncture through which it entered. In a word, by employing that form of acupressure known in the Aberdeen School as the method of retroclusion, a varicocele may be effectually compressed and the veins obliterated. — Dr. BRADLEY, in *Brit. Med. Journal*.

**OPERATIVE TREATMENT OF INTERNAL PILES.**—Mr. Annandale discusses the comparative advantages of the clamp and cautery, and the ligature in the operation for internal piles, in the *Edinburgh Medical Journal* for June, 1877. He claims for the former the following advantages :

1. By means of the clamp and cautery the piles are at once removed, and do not remain in the rectum as dead and putrid masses.
2. The irritation and pain are not so severe or so prolonged as in the operation by ligature.
3. The patient's confinement to bed and to the house is much shorter.
4. The resulting sores heal more quickly, and are attended with less risk of suppuration, and its attendant local and general dangers.—*Medical Record*.

**SAW-DUST PADS IN SURGERY.**—Dr. Callender, surgeon to St. Bartholomew's (*London Lancet*), September, 1877, has used pads made of pine sawdust, in wounds, amputation, etc., where there is a discharge of pus. Sawdust from hard woods does not answer, because it absorbs too slowly. He first applies carbolized lint, then the pad. He gives a number of cases to illustrate its successful application, and pronounces it "simple, inexpensive, and efficacious."—*Pacific Med. Journal*.

**BROWN-SEQUARD'S TREATMENT OF EPILEPSY.**

℞ Sodii bromidi.....	}	aa ʒ iiij ;
Potassii bromidi.....		
Ammonii bromidi.....		
Potassii iodidi.....	}	aa ʒ jss ;
Ammoniā iodidi.....		
Ammoniā sesquicarb.....		
Tinct. calumbæ.....		ʒ jss ;
Aquā destilat., ad.....		ʒ viij. M.

Full dose— One and a half drachms before every meal, and three drachms at bed-time.

**HEATING A CITY BY STEAM.**—The experiment of heating Lockport, N. Y., by steam has proved, it is claimed, highly successful. Three miles of pipe properly covered with non-conducting material laid under ground through some of the principal streets radiate from a central boiler house, and fifty different dwellings and other edifices, including one large public school building, have been thoroughly warmed all winter. Dwellings more than a mile distant from the steam generator are heated as readily as those next door. Steam meters

are provided, so that each consumer pays for what he consumes. It is claimed that the system can be developed so as to furnish steam at fifty pounds pressure transmitted through twenty miles of pipe.

**TREATMENT OF EFFUSION INTO THE KNEE-JOINT BY ASPIRATION.**—M. Dieulafoy, after studying the history of 150 cases, expresses these conclusions: The evacuation of effusions into the knee joint, by puncture with the aspirator-needle, is entirely safe, if the operation is properly performed—i. e., if the diameter of the instrument does not exceed that of the No. 2 needle (1<sup>mm</sup>.02). In fact, a needle of this size does no harm. The introduction of air is impossible, since the fluid passes from one closed cavity, the joint, into another, the aspirator, in which a vacuum exists. If accidents follow, they are to be attributed to the employment of an instrument of larger size, to unnecessary manipulation of the joint, or to use of the limb too soon after the puncture. Effusions due to external causes, whether bloody or not, disappear generally after one or two aspirations. Fibro-serous effusions necessitate a more prolonged treatment and from one to six punctures. It is desirable to apply an elastic bandage to the joint before operating, leaving exposed the place of puncture. This point is on the outer side of the patella, two-thirds of an inch from its border, and on a level with its upper surface. After removal of the fluid, compression should be made by means of a bandage over a layer of cotton. In but one of 150 cases has any accident supervened.—*Gaz. Hebdomadaire*, 1878, No. 8.—*N. Y. Med. Journal*.

**INOCULABILITY OF MALIGNANT GROWTHS.**—Novinski (Inaug. Diss., St., Petersburg 1877) states the following conclusions as the result of many experiments on dogs and horses : 1. There is no doubt as to the possibility of inoculating medullary carcinoma and myxo-sarcoma. It is accomplished by means of the smallest possible incision in the skin (5<sup>mm</sup> long), and the insertion of fresh portions of the tumor. 2. The piece to be inserted should not exceed two or three millimetres in circumference. 3. The elements of carcinomatous tumors act probably as infecting agents when thus placed in the healthy tissues. 4. The conditions essential to the success of the experiment are the selection of animals of the same species, and tissues of the same sort as those in which the growths exist. 5. Fatty degeneration is more active in the inoculated growths than in the "mother-tumors." 6. In all successful inoculations the wound healed by first intention, but suppuration ensued on the degeneration of the inoculated portion.—*Centralblatt für Chirurgie*, No. 12, 1877. W. T. B.

It is intended to hold a public celebration of the completion of the fortieth year of professorship of Dr. Schwann, at Liège, in the end of June.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science  
Issued Promptly on the First of each Month.

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancer," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERS, TINDALL & Cox, 20 King William street, Strand, London, England.

TORONTO, JUNE 1, 1878.

## BRITISH MEDICAL COUNCIL.

The meeting of the British Medical Council, was held this year earlier than usual, in order to discuss the Bill to amend the Medical Act of 1858, now before the House of Lords. The session lasted seven days. The principal topic was the amendment bill, and especially that part of it relating to conjoint examining boards. Dr. Humphrey, representative for the University of Cambridge, moved a resolution in favour of the establishment of such boards. In this he was supported by the English, and opposed by all the Scottish members of the council. The objections urged were, that uniformity of examination was not attainable and not desirable, as it would tend to lower the standard of professional education; that the holding of examinations in different parts of the kingdom by a single board would be attended with great difficulty, and that the revenue of the Scottish Universities, the greater part of which is applied to the improvement of the means of teaching, would be seriously impaired. The resolution was carried by a majority of 14 to 10. The clause relating to the recognition of Colonial degrees and diplomas was carried after some discussion as to the time of probation, some objecting to ten years, as proposed in the bill as too long. It was finally decided, to omit all reference to the time during which a person had been in practice in a British possession after the conferring of his diploma.

The clause relating to the licensing of mid-wives, was discussed and generally approved, except that the fee £5. was thought to be too high, and that locally conducted examinations and local registers would be sufficient.

In regard to female practitioners of medicine, it was the opinion of the council that education and

examination of females should be separate from that of males; the remaining portions of the Bill were generally approved.

## INJURIES TO THE BRAIN.

Delicate as is the organization of the brain it is surprising often, from what extent of injury it will recover; and in some cases not only without permanent injury, but with permanent advantage.

A case of injury to the brain occurred some years ago, in which a boy in splitting wood, carelessly drove the blade of an axe quite through the back of the skull, laying open the occipital and part of the parietal bones and causing a deep incised wound of the brain substance. A quantity of brain substance escaped, but nevertheless the sufferer, above fifty years of age, made a good recovery and was as bright intellectually as ever before.

Another case is on record of a man who lost half his brain through suppuration of the skull, but who preserved his intellectual faculties until death. Bullets have been lodged in the brain for years without much apparent inconvenience, and operations for the extraction of foreign bodies have been undertaken without injury or loss of brain power. At the present time there is in the Montreal General Hospital, a young man with a pistol bullet in his brain, from which he is slowly recovering without any apparent damage. There is no suffering, and his case promises to result favourably.

It is difficult to presume how great an injury the brain may sustain, and yet recover from, in view of some of the cases recorded. It is narrated of a stable boy of dull capacity, that his recovery from a kick of a horse which necessitated the removal of a portion of the cranium was attended with entire relief from fits to which he had been subject, and a general sharpening of his mental faculties. It is stated of Pope Clement VI, that he owed an improvement in his memory to a slight concussion of the brain; and a child born an idiot was said to have gained his senses after a severe blow upon his head, and lived to become a clever barrister. Another instance is recorded in which a youth became most active in intellectual capacity, after a concussion of the brain received by a fall from a horse, and became an able scientist and physician.

We note these recoveries not as the rule, but as

exceptions, to show how great an injury the brain may sustain without permanent damage, and yet no organ is more sensitive or requires more delicate care and treatment. The surgeon's motto in treating brain injuries may safely be *nil desperandum*, while in view of the relief to idiocy recently reported in this journal, as the result of relief of pressure by the operation of trephining, we may wisely wait the development of events, to show what surgical skill or human device can accomplish, for the improvement of defective brain conditions and the relief of brain injuries, before asking the question, what next?

#### NEW INSTRUMENTS AND APPLIANCES.

We have received the quarterly report of Messrs. Burgoyne, Burbidge & Co., London, Eng. Of a list of novelties and specialties, among the most prominently useful for country practitioners, we notice a new pocket Magneto-electric machine, enclosed in a small mahogany case, five inches long by three inches wide, admirably adapted for carrying in the pocket. In intensity it is equal to machines four times its size, and in working, noiseless. Price 21 shillings. A new speculum vaginae, the novelty of which is in the economy of space, by arranging for the supply of a number of instruments, in constant request by the obstetrician, without any increase in the bulk of the speculum. The speculum consists of two tapered metal tubes, highly polished for reflection, fitting the one within the other, and capable of being used independently, thus forming two specula of consecutive sizes. Both have a lateral opening; the inner one may by rotation close that of the other wholly or in part, so that any desired surface of the vaginal walls can be exposed for inspection or operation. The plug fits accurately the inner speculum, and has its end coned to facilitate introduction. It is closed at its larger extremity by a movable metal cap, which serves as a reflector for a candle lamp. The complete speculum is enclosed in a leather case, and occupies with the following instruments no more space than an ordinary Ferguson's speculum, viz.; Simpson's sound, united by a screw or hinge joint to a fenestrated elevator; port caustique; lancet, and sponge holder, each fitting into a porcupine quill handle of suitable length; candle lamp and re-

flector; sponge and laminaria tents. Another new and useful instrument is a portable subcutaneous syringe, set in aluminium with caps and bottles. Dr. Batten's urinary test case, supplied by this firm for thirty shillings, is thus noticed in the *London Lancet*, for December, 1877.

"We have no hesitation in bringing Dr. Batten's, very ingenious invention before our readers. It seems to fulfil a real want; and an actual inspection of the apparatus has shown us how large an amount of care and thought has been bestowed both by the inventor and manufacturers, on the perfection of this addition to the armamentarium, which the busy practitioner finds it necessary to stow in his pockets or in his carriage. Dr. Batten's improvement consists in an aluminium case about four inches long and half an inch in diameter, resembling in appearance the ordinary pocket caustic holder, and similarly divided into two compartments. The smaller compartment has within it, three vulcanite specific gravity beads, marking the extreme and mean specific gravity of urine. The larger compartment contains a test tube, within which are three or four capillary tubes, hermetically sealed, charged with nitric acid, and a bottle for Fehling's test solution. This bottle is closed with an india rubber stopper, upon which the alkali has no action, and hence the copper solution will keep good and clear in it, as long as may be required. The screw junction uniting the two parts of the case is itself hollow, and holds excluded from the air the red and blue litmus paper. A wine glass and a candle or lamp which can always be obtained are all that can be further required. The specific gravity beads will be found to tell the specific gravity accurately, whilst they have the advantage over the urinometer, that a very small quantity of urine will be sufficient for the purpose."

#### POST MORTEM EXAMINATIONS.

A case lately occurred in this city, in which, owing to the perfunctory manner in which the post mortem examination was conducted, and which we fear is too often the case, almost led to the casting of an unmerited slur, upon, so far as we know, a respectable young man. We allude to the case of Mr. Shea, who fell down a flight of unprotected stairs in a dark night, and was afterwards

picked up in what was supposed to be a state of intoxication, and conveyed to the nearest police station, where, after vomiting several times he died, apparently from suffocation. An inquest and *post mortem* followed. It was shown in the evidence, that the young man was not addicted to drinking, although he had taken some that evening. The medical gentlemen who performed the *post mortem*, found the trachea and larynx completely filled with vomited matters, which they considered sufficient cause of death without examining further.

The theory therefore was, that the young man had been intoxicated, and that in vomiting suffocation had taken place from the passage of the vomited matters into the larynx and trachea, and a verdict was rendered in accordance with this theory. The undertaker in placing the body in the coffin, however, discovered that the neck was less rigid than usual, and said that he thought the man's neck was broken. This was communicated to the coroner, who, immediately ordered the body to be exhumed and another autopsy to be made, when it was discovered that there was dislocation and fracture of three of the cervical vertebræ.

We do not allude to this case with any desire to throw blame on the gentlemen who performed the autopsy; they only did what is too commonly done in *post mortem* examinations, rested satisfied when they had found, what under the circumstances seemed, a sufficient cause of death. The lesson which this case teaches, however, will we hope, not soon be lost, and if it has the effect of making medical men more careful and thorough in their examination into the cause of death, both the profession and the public will be the gainers.

#### TORONTO MEDICAL SOCIETY.

The first regular meeting was held on the 16th ult. Dr. Workman, as president opened the proceedings with an admirable inaugural address. To those who know him, and there are but few members of the profession in the Dominion who do not, a complimentary mention would appear unnecessary, as there are few if any, who in a very long series of years have distinguished themselves more honourably by zeal for the advancement of medical science, and also, for the interests of the profession. The address was most creditable, alike to the head and

heart of the author, and gave unbounded satisfaction to the body to whom it was addressed as worthy of his reputation as an accomplished writer. The doctor alluded to the gratifying fact of the Society including in its ranks, many young members of the profession who gave earnest of a successful future; who were not converts to the doctrine, that a man's success as a practitioner is often in an inverse ratio to his scientific attainments, that scientific knowledge is not incompatible with practical skill, and the speedy acquirement of a lucrative practice, not the only aim of those entering the profession.

### Reports of Societies.

#### TORONTO MEDICAL SOCIETY.

An adjourned meeting of the above society was held in the Canadian Institute on the 4th ult., Dr. Joseph Workman in the chair, and Dr. J. E. Graham, secretary, *pro tem*. After the disposal of some routine business the proposed "Constitution and By-laws" were read and approved of, subject to one or two amendments. The constitution shows that the objects of the Society are as follows:—For the discussion of purely scientific subjects connected with the profession; for the reading and discussion of papers; for the relation of cases in practice, and for the exhibition of pathological specimens. Under the By-laws it is shown *inter alia*: (1) that seven members shall form a quorum; (2) that the annual subscription shall be \$3.00; (3) that the Society shall have power to expel any member found guilty of unprofessional conduct; (4) that the Society meet every alternate Thursday. The Secretary intimated that between forty and fifty gentlemen had already joined. The meeting then proceeded to the election of officers, when the following were elected by ballot:—President, Dr. Workman; 1st Vice-President, Dr. Canniff; 2nd Vice-President, Dr. Covernton; Recording Secretary, Dr. J. E. Graham; Corresponding Secretary, Dr. Cameron; Treasurer, Dr. Macfarlane; Councilors, Dr. George Wright, Dr. Fulton, and Dr. Burns.

#### FIRST REGULAR MEETING.

#### THE PRESIDENT'S INAUGURAL ADDRESS.

*Gentlemen*;—That youth has its many embarrassments and difficulties to struggle against is, or has

been. I doubt not, the disciplinary experience of all whom I now have the honour of addressing; but that old age brings to its subject its own peculiar heavy penalties, is a stern fact of the reality of which very few who have, like myself, considerably exceeded the scriptural allotment of human life, are permitted to be ignorant. Among the many perplexities, incident to senile decadence, few can be more distracting than that which is too often devolved upon it, by the diffidence, or the ill-considered deference of vigorous juvenility.

Whilst, gentlemen, not only fully sensible of the honour conferred upon me, by your nomination of me to the office of First-President of your Society, but also heartily grateful for this manifestation of your kind regard, I cannot evade the conviction that you have placed me in a position which would have been more fitly, and more efficiently occupied by some one of less advanced years, possessing, as I know many of you do, superior scientific and literary qualifications; but, as I have already said, old age brings to its subject its allotted penalties, which it may be better to bear with submissive equanimity, than bootlessly strive to escape; I therefore have deemed it my prudent duty, humbly to bow to the decision of your high court, and to accept, with all becoming diffidence, the hazardous responsibilities involved in the umpirage of your future proceedings, anxiously, at the same time, hoping that you will all make generous and charitable allowance for those errors or mistakes into which, as a member of the medical profession, for so many years monastically isolated from the general faculty, and devoted to a specialty, the duties and study of which left me very little time for other mental work, I must inevitably too often fall. Of one encouraging fact, however, I feel abundantly assured, and that is, that whatever may be my shortcomings, you will do me the justice of ascribing them, never to my heart, but always to the infirmities, or, if you so please, to the vanities of my head.

Never, in my long professional career, have I hailed any event with more heartfelt pleasure, than the announcement made to me, a few weeks ago, by an esteemed professional brother, that a number of energetic and talented young practitioners had resolved upon the endeavour of organizing a Medical Society in this city, which I may very safely designate the literary Athens of Canada, and, perhaps not unjustly, the metropolis of medical education.

It had very long been to me a matter of deep regret, if not of mortifying astonishment, that a city so large and wealthy as Toronto, and embracing in its energetic and intelligent population, an array of medical practitioners and professors, possessing qualifications not surpassed by those of any similar body in Canada, or perhaps on this continent, should yet be unable to pride itself on the ex-

istence of a thriving and useful Medical Society. It is very true, "and pity 'tis, 'tis true," that in days long past, as well as in the days less remote, ineffectual efforts were made by a few zealous gentlemen of the profession to organize and perpetuate societies similar to that which we now venture to launch into existence. I had the privilege of being a pecuniary subscriber for several years to the oldest one. Though it lived but a few years, it died literally and unequivocally from old age, for it numbered in its membership but a very meagre percentage of young men. Of the last defunct conception I know almost nothing. We have, however, been informed by Dr. Riddell that it died of starvation, and we are bound to accept as canonical the dictum of the coroner, yet I wish he had told us whether he held an inquest on the defunct, so as to be able to inform us of the verdict of the jury, based on the *post-mortem* revelations of the organs of alimentation. I have a strong suspicion that the gall bladder was in a very abnormal state, and that the poor thing fell a victim to slop-milk and colloquial diarrhoea; and therefore would I most earnestly urge upon our present infant organization the vital expediency of shunning these fearful factors of mortality. Give your new-born creature good pure milk, save it from windy-colic, and keep it out of the arms of old wizened crones, whose low temperature and senile foul breath, would be sure to poison and freeze its young blood, and sooner or later (not, indeed, it should be hoped, very late, for marasmus is a most pitiable malady), send it to its grave.

You, gentlemen, must depend mainly on your own youthful vigorous efforts, for the successful working of your society. If through timidity, over-weening modesty, or, pardon the soft impeachment, cultivated indolence, you stand back from the work, trusting to the contributions of your older brethren, you will be doomed to weep over the demise of your neglected darling.

Let none hold back because he thinks he has but little to offer, or thinks his little too insignificant to deserve attention. The mite of the poor widow, who cast into the treasury all that she had, even all her living, was valued in Heaven's chancery as greater than all that was paid in by the rich. It must be a very poor fact indeed, in medical science, that will be held as of no value by enlightened and honourable members of our profession. Nothing is, to great and penetrating minds, so little as to prove unsuggestive of great inferences. To the mind of a Newton, a Harvey, a Jenner, a Huntley, or a Tyndal, no fact, however trivial or commonplace, was ever so mean, as not to evoke serious and prolific reflection. Sneering was an indulgence far too extravagant for these hard-working, deep-seeing men.

Many of our long experienced friends, whose co-operation would be most welcome, and might be-

most profitable, have really no spare time to bestow on matters outside their heavy daily routine; and some of them may be suffering under that golden Plethora, which so often narcotizes the mental powers even of those who once gave promise of high public usefulness.

A few, possibly, lack inclination to identify themselves with any enterprise in which their juniors are to be active co-partners. There may be others who already sit on so lofty a perch, that even an occasional descent into fellowship with the combleless ledgings of the barn yard, would be a compromise of dignity nothing short of professional suicide.

You must neither feel angry with such outsiders, nor weep over their misfortune. Perhaps some of them may in time repent, and when they see that you are a real, live, strong and full-blooded thing, they may not feel ashamed to recognize you. There is an old and very significant proverb, which says:—"When you are able to swim, many will offer to hold you up by the chin." Swim clear of such benefactors in dangerous waters, for some of them may need your aid more than you do theirs.

Do I address any one who has come through over so little of life without having learned the meaning of those chilling words, "a cold shoulder?" If any such angel is now within hearing, I would like immensely that he would step to the front and let us all have a square look at his smooth forehead and smile-clad face, for he must be something more than mortal, and not much less than devil. Never yet was there ushered into life any enterprise, great or small, however successful it ultimately proved, but had to encounter many a cold shoulder. What of that? The cold shoulder of Dr. Lardner, and a thousand of his admirers, did not kill ocean steam navigation. The Atlantic cable is to-day a mighty living fact, despite the croakings of the birds of ill omen. Many a cold shoulder had Hamilton Merritt to meet before the first sod of the Welland canal was cut; and which of you has not read of the tribulation of that greatest of earthly benefactors to humanity—the immortal Dr. Jenner?

A strong shoulder, governed by a strong will and a fixed purpose, will overpower a regiment of cold shoulders. Have *you* courage to exert *yours*? Then say them to the wheel and Jupiter will help you; Jupiter always helps those who help themselves, but he will not move a finger to help those who expect *him* to do all the dragging.

I am sure it is quite unnecessary that I should have to remind you, that the declared object and the sole legitimate purpose of your organization is the discussion of scientific subjects, and that your earnest desire is to advance your own mutual improvement in the healing art. All matters or questions, foreign to these noble ends, must ever be excluded from your proceedings; and all unpleasant feelings arising from professional misunder-

standings or difficulties must be left outside the door of your assembly room. Each of you may love his Cæsar or his Pompey as ardently as he likes, but here he must love Rome more. Here let all know and feel that we stand on a brotherly, catholic platform, and that we are resolved to ignore all the lines and limits of sectionality.

And, finally, gentlemen, if you earnestly and honourably carry out your initiatory resolution, and devote to your meetings as much time as your professional exigencies will permit, I now, on the threshold of your existence, predict that your Society will live to do honour to its founders, to the profession of medicine, and to the classic city by whose name you have most appropriately called it.

Dr. Grasset exhibited a very interesting pathological preparation of a perforating ulcer of the stomach, giving at the same time a graphic history of the case dating back many years. Dr. Cameron presented a specimen of uterine fibroid extruded after long continued administration of *secale cornutum*. Dr. Alt read a long and able paper on a successful operation for endothelial tumor of the orbit, attended with epileptic convulsions, the convulsions ceasing after the removal of the globe. Dr. Zimmerman, Canniff and other members promised papers for the next meeting.

ERIE AND NIAGARA ELECTORAL DIVISION MEDICAL ASSOCIATION.—A Medical Association for this division was formed at Caledonia on 22 inst. The following are the officers elected.

President, Dr. Henwood, Brantford.

Vice-Presidents.—For Haldimand, Dr. Hillyer, Caledonia; for Brant, Dr. Dee, Tuscarora; for Lincoln, Dr. Jukes, St. Catharines; for Monk, Dr. McCallum, Dunnville; for Welland, Dr. Schooley, Welland. Secretary-Treasurer, Dr. William T. Harris, Brantford.

Amongst other matters attended to at the first meeting was the examination and approval of tariffs and fees which were presented from Brant, and Haldimand, which tariffs the secretary was requested to have submitted to the medical council at its next meeting. The question of the desirability of forming a Provincial Medical Association for Ontario with city and country branches, was brought before the society by Dr. Griffin of Brantford, and a resolution was passed approving of this step. The President, Drs. Baxter, and Griffin, were appointed a committee to communicate with

existing societies on this point, and take such other action as they may deem expedient to that end.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following gentlemen have received the Diploma and License of this body :—

J. Adair, J. Algie, T. H. Ashby, A. M. Baines, H. Bennett, Wm. H. Bentley, J. D. Bonnar, F. Burt, J. D. Cameron, A. D. Campbell, C. V. Clark, G. Clinton, S. A. Cornell, W. Cornell, H. A. Craig, W. A. Dafoe, H. A. deLom, W. A. Doupe, F. J. Duggan, J. Dunfield, H. A. Evans, D. W. Faulkner, J. M. Forbes, J. B. Fraser, S. H. Glasgow, W. F. G. Grant, M. F. Gilmour, J. H. Gardiner, J. W. Groves, E. A. Gravely, F. V. S. Greenwood, V. D. Graham, J. C. Hartman, F. M. Howe, J. B. Howell, T. C. St. V. Hutchinson, J. R. Jones, D. Jamieson, G. A. Kennedy, W. B. Kennedy, P. C. Kidd, G. B. Kirke, O. Langlois, M. C. Langstaff, W. Lehman, J. H. Lowe, P. Lynch, F. W. Lewis, J. MacArthur, H. Meek, J. Morrison, T. Millman, F. M. Mills, D. C. McCarthy, M. McCrimmon, J. M. McCort, G. R. McDonagh, J. McGrath, W. McKay, A. McKelvey, J. McLellan, J. M. Neilson, A. Ogg, J. R. Pomeroy, R. A. Pyne, J. P. Rankin, G. Riddall, J. W. Ross, W. T. Robson, A. Robinson, R. Reddick, C. Shupe, C. Sheard, M. Stalker, U. M. Stanley, D. F. Smith, J. Vanderberg, A. Wilson, D. H. Wilson—Total 79. Of these 33 were from Trinity Medical School, 22 from the Toronto School of Medicine, and the balance from Montreal and Kingston. Of the 33 from Trinity Medical School, 30 passed without an oral examination. The exclamation of Abernethy to his class, is not inappropriate here :—“ God bless you, gentlemen ! What is to become of you all ? ” There were 320 students up before the Board, for examination in the different years. We do not envy the examiners, but rather sympathize with them ; their task is anything but light. The Registrar, Dr. Pyne, has also been overworked during the past month. He has, however, we are happy to say, discharged his most onerous duties to the satisfaction of all concerned.

TRINITY MEDICAL SCHOOL.—The annual meeting for the conferring of diplomas, etc. and the awarding of medals, scholarships and certificates of honor, took place in the college buildings Spruce st.

on the 4th ult. Prof. Bethune presided. The scholarships in the first year were presented by Prof. Kirkland. Mr. Hatton received the 1st, first year's scholarship (\$50), and Mr. Beatty the 2nd, (\$30). The candidates in the 2nd year were presented by Prof. Robertson. The honor men were, Messrs McDiarmid, Chappel, Duck, Parke, Thuresson, and Welford. Prof. Kennedy presented the scholarship in this year to McDiarmid (\$60) and certificates of honor to the other gentlemen above mentioned.

Prof. Fulton presented the following gentlemen for the diploma and fellowship degree, viz., Messrs Ashby, Baines, Bonnar, Dafoe, DeLom, Dunfield, Groves, Rankin, Sheard, Stanley, and D. H. Wilson. The gentlemen subscribed to their profession and received their diplomas. Certificates of honor were presented to Messrs Dunfield, Groves, Rankin, and Stanley, by Prof. Temple. The “ medical faculty ” gold medal, was presented to Mr. Sheard by Dr. Canniff; and the “ medical faculty ” silver medal to Mr. D. H. Wilson, by Prof. Coventon. Prof. Geikie presented the “ Trinity ” gold medal to Mr. Dafoe, and Prof. Bethune the “ Trinity ” silver medal, to Mr. Bonnar. These medals are the highest honors in the school, and were given to the two students standing first and second respectively in all the branches, primary and final.

UNIVERSITY OF TORONTO MEDICAL EXAMINATIONS.—Honors.—The following are the names of the honor men—

Starr gold medal, J. D. Bonnar, Trinity Medical School. First Starr silver medal, H. Meek, Trinity Medical School. Second Starr silver medal, Griffin, Toronto Medical School.

University gold medal, Griffin, Toronto Medical School. First University silver medal, Meek, Trinity Medical School. Second University silver medal, Bonnar, Trinity Medical School. Third University silver medal, Kennedy, Toronto Medical School. Fourth University silver medal, Gardner, Toronto Medical School.

SCHOLARSHIPS.—3rd year, Burt; 2nd year, Cross, 1st year, Duncan & Hamill. Third year's examination; Messrs Burt and Sheard. Second year; Messrs Anderson, Cross, Chappell, Fisher, Hoig, Meldrum, McDiarmid, Spencer and Welford. First year; Messrs Aikins, Bingham, J. C. Burt, Duncan, Ferguson, Hamill, Howitt, Haken, Milne, Sweetman, Simpson, Thompson, Tracey, and Wilcox.

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PRIMARY EXAMINATION;—Messrs Ames, Anderson, Armstrong, Black, Bosonko, Bowman, Boyce, Buchner, Caughlin, Charlton, Chisholm, Clapp, Colton, Dickson, Duck, Glendining, Gould, Green, Hamilton, Head, Hyde, Kidd, Leslie, Lindsay, Lowry, Macklin, Mackid, Martin, Montgomery, McCarroll, MacFadden, McKinnon, MacLean, McNamara, Nelles, Nicholson, O'Rielly, Park, Prouse, Radford, Rowe, Shaw, Shepperd, Smith, Stevenson, Sullivan, Sutherland, Teller, Thuresson, Todd, Van Norman, Wallace, White, and Wilson.

Of those who presented themselves for the primary examination, *fourteen* were rejected, *ten* of whom were from the Toronto school of medicine and *four* from Trinity medical school.

FOR THE DEGREE OF M.B.—Messrs Adair, Algie, Ashby, Bonnar, Baines, Bentley, Burton, Clarke, W. Cornell, S. A. Cornell, Dafoe, DeLom, Duggan, Doupe, Gardiner, Glasgow, Griffin, Groves, Hartman, Jamieson, Jones, Kennedy, Langstaff, McCarthy, McGrath, Meek, McKay, Ogg, Pomeroy, Pyne, Rankin, Robson, Robinson, Ross, Stanley, Stalker, A. Wilson, H. Wilson, Vanderburg.—39.

Nineteen were from Trinity medical school, and twenty from the Toronto school of medicine, six were rejected in this examination, *three* from each school.

FOR THE DEGREE OF M.D.;—R. H. Robinson M.B.

UNIVERSITY OF TRINITY COLLEGE CONVOCATION.—The following gentlemen received their degrees, and standing in Trinity College, on the 20th ult:—

M.D.—R. J. McKinnon, D. A. Stewart, A. H. Miller, F. M. Strangways, D. W. Mitchell, S. McArton.

M.B.—H. Meek, J. D. Bonnar, W. A. Dafoe, J. Hartman, W. McKay, W. Cornell, W. H. Doupe, J. W. Groves, D. H. Wilson, J. McGrath, J. Henderson, C. Sheard, U. M. Stanley, J. Rankin, J. Algie, J. Forbes, J. Dunfield, D. Brook, S. A. Cornell, A. Wilson, T. H. Ashby, A. McKelvey, H. A. DeLom, D. L. McCort, A. Baines, J. E. Morrison, M. Stalker, A. Davidson.

PRIMARIES.—G. S. Armstrong, W. W. Boyce, W. B. Duck, T. A. Kidd, C. M. Thuresson, E. S. Wilson, T. J. Park, E. Prouse.

HONOR LIST.—University gold medal, H. Meek; silver do., J. D. Bonnar; certificate of honour, W.

A. Dafoe. These honors are awarded to those highest in all the branches. Certificates in final branches—W. McKay, W. Cornell, W. R. Doupe, J. W. Groves, D. H. Wilson, J. McGrath, J. Henderson, C. Sheard, U. M. Stanley, J. Rankin, J. Algie. Certificates in primary branches—G. S. Armstrong, W. W. Boyce, W. B. Duck.

PERSONALS.—Dr. Reginald Harrison, F.R.C.S. Eng. surgeon to the Liverpool Royal Infirmary, paid a short visit to Toronto, a few weeks ago. He visited the Toronto General Hospital, and paid a high compliment to the management of that institution, and expressed some surprise to find such a well appointed hospital in Canada. He also visited Montreal and other places in Canada. An article by him on the pessary-catheter, copied from the *London Lancet*, will be found in another page.

Dr. Cameron, formerly house surgeon Montreal Hospital, has returned from an extended visit to the hospitals of the old world, and intends commencing practice in Montreal.

PRIMARY EXAMINATION ROYAL COLLEGE OF SURGEONS, ENG.—W. C. Winskeli, M.B. and A. Davidson, M.B. graduates of Trinity College, have successfully passed the primary examination of the Royal College of surgeons, Eng.

MONTREAL MEDICAL LICENSE CASE.—It appears we were in error, in stating in our last issue that the Medical License case was settled. From the report of the president of the College of Physicians and Surgeons of Quebec, delivered to the Board of Governors, at their recent meeting in Montreal, on the 9th ult., we find that "the case came before the Grand Jury in due course, but the crown prosecutor having failed to summon the necessary witnesses, the Grand Jury made a presentment to the court of 'ignoramus'. This presentment leaves the case precisely where it was after the action of the police magistrate, and unless your president is otherwise instructed at this meeting it will be again submitted to the Grand Jury at the next term of Queen's Bench, when measures will be taken to ensure the attendance of the requisite witnesses." The President's report shows that the case is still in abeyance.

TALKING MACHINE.—Mr. Edison is at present exhibiting his wonderful invention, the phonograph



in this city. It is very simple in its construction, consisting of a vibrating plate, a sheet of tin foil, and a crank. This machine which is as simple as a coffee-mill hears a speech or a song, while the crank is turned in one direction, and by reversing it the machine talks, sings, laughs, whistles or coughs so naturally that one can hardly escape the suspicion that there is some ventriloquist hocus-pocus about it, or some one concealed near by, giving utterance to the sounds. The sounds are fixed on the tin foil by the vibrating plate and are stored up until the instrument is reversed, when they are given out with surprising fidelity.

**THE CALEDONIA SPRINGS.**—This favorite resort for invalids and pleasure seekers is again about to be opened for the season. These sulphur springs of the Lower Ottawa, have been long and favorably known for their efficacy in the treatment of cutaneous, rheumatic and other chronic affections. The large hotel in connection with the springs will be open from June to October. The accomodation is all that can be desired, and many who have been benefited by a short residence here will be glad of the opportunity to again avail themselves of its advantages.

**MICHIGAN STATE MEDICAL SOCIETY.**—The following resolution to amend the constitution, which has been before this medical society since 1876 and has been the occasion of much angry discussion, was defeated by a vote of 42 to 61, at the meeting at Lansing on the 16th ult., viz; "That no person shall be admitted to membership who practices or professes to practice in accordance with any so-called pathy or sectarian school of medicine, or who has recently graduated from a medical school whose professors teach, or assist in teaching, those who propose to graduate in or practice irregular medicine." The amendment consists in the addition of the last clause, commencing with the words "or who has," etc., and was chiefly intended as an indirect censure upon the medical faculty of the Ann Arbor University for its relations with homoeopathy.

**RESIGNATIONS.**—Dr. Trenholme, has resigned his position as professor of obstetrics in Bishops College, Montreal; and Dr. Fuller, who is about to remove to Grand Rapids, has resigned the Chair of anatomy. We have not yet heard who their successors are.

**REMEDY FOR SUMMER COMPLAINT IN CHILDREN.**—Dr. W. M. Gross, writes to the *Medical Brief*, that in his opinion the best remedy for cholera infantum, or summer complaint in children, is calcined radix rhei. He gives it in doses of 5 grains. It is prepared by putting the root in an iron vessel, and burning it until easily pulverized.

**AMERICAN MEDICAL ASSOCIATION.**—The annual meeting of the American Medical Association will be held in Buffalo N. Y., on the 4th of June. A large attendance is expected; we trust many of our medical friends will avail themselves of the opportunity thus afforded of attending this meeting.

**CHLORAL HYDRATE FOR REMOVAL OF WARTS.**—Dr. Craig of Montreal recommends a twenty grain solution of chloral hydrate for the painless removal of warts.

**FIELD FOR MILITARY SURGERY.**—Montreal would seem to be a most excellent field for military surgery, as there have been so many cases of shooting in the streets at night.

**MEDICAL COUNCIL OF ONTARIO.**—The annual meeting of the Ontario medical council will commence on Tuesday the 11th inst.

**APPOINTMENT.**—The professors of the College of France have recommended Dr. Brown-Sequard for the chair of Physiology made vacant by the death of Claude Bernard.

**MR. ERASMUS WILSON, F.R.S.**, has resigned the Professorship of Dermatology which he so generously founded at the College of Surgeons. It is probable that Mr. Jonathan Hutchinson will succeed him in the chair.

**CORONER;**—J. Adams, M.D., of Thorold, to be an associate coroner for the Co. Welland.

### Births, Marriages, Deaths.

In Toronto on the 25th of April, Geo. M. Farewell, M.D., C.M., of Queensville, Ont., to Hannah B., daughter of the late Joseph Wilson, Esq., Duffin's Creek.

In Toronto, on the 4th ult., Dr. Thomas Henry, aged 70 years.

In Streetsville on the 19th ult., Chas. A. Paterson, M.D., in the 29th year of his age.