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CANADA

MEDICAL JOURNAL

ORIGINAL COMMUNICATIONS.

Valedictory Address to the Graduation class in Medicine and Surgery McGill University. Delivered on behalf of the Medical Faculty, at the Annual Convocation held in the William Molson Hall of the University, on the 2nd May, 1868. By WILLIAM WRIGHT, M.D., L.R.C.S., Edin., Professor of Materia Medica, &c.

GENTLEMEN GRADUATES :

Allow me to rejoice with you at having obtained the "*summos honores*" in medicine this University can grant. After years of patient husbandry, the seed has sprung up, and this day these *honores*, as its flowers, bloom upon your brows. May they long charm you—may the beautiful wreath ever sit lightly upon your conscience,—and may their fragrance be breathed into your heart to enlist at all times your most active sympathies. If it be your happy life to experience these good wishes,—then the object for which these *honores* have been awarded will be attained, and useful fruit succeed the flowers,—then you will be constrained to love your profession, to practice it so as to have a conscience void of offence, and to afford the calls of disease or accident the best aid the present state of art can afford.

To develop this fruit, the cells of the "*Mens Medica*" must be thoroughly furnished with stores of adequate knowledge. Hold a review from time to time of your past acquirements, inspect the forces under your command, keep the whole in proper discipline, and watch the gates of the garrison, that none desert. Without some such care, learning will disappear, and your past labour be in vain. It is true, your books are at home open to perusal,—but the practitioner must needs be a ready man. By no one else is a retentive available memory more required. Called upon in emergencies most urgent, where no delay can be brooked,

—he cannot leave his patient, nor say, “I must first return to my library and look up Reynolds’ System or Holmes’ before I can tell you what to do,”—no! be his competency what it may, he must fall back on the resources he then has and at once do all in his power. The bleeding wound will not staunch its flow till he leaves to find out how the severed artery should be tied, nor will the deadly poison stop its destructive work till he consults his notes to be sure of the proper antidote to exhibit.

Be not content with living in the past. Medicine is progressive, and unless pace be kept with its rapid strides, those who halt or lag behind will be soon outstripped. The charge that medicine is a venerable fossil, consolidated in the stillness of by-gone ages, is contradicted by the experience of every year. Take up any of the periodical abstracts or retrospects, which I advise each of you to procure regularly, and there in the new things brought to light, abundant evidence will be found to rebut the aspersion. Turn over the leaves of comparatively modern volumes and note the improvements, many and important, that have been introduced. Note the deeper insight into the construction of the organism afforded by Histology. Note the increasing facilities for diagnosis in the invention of ingenious instruments, as the Laryngoscope. Note the contributions to the Therapeutical staff, as Chloroform or Carbolic acid. Note in treatment the tendency rather to conserve and recuperate than to pull down and impoverish. Note the operative procedures that have made familiar as household words, the names of Graeffe, Syme, Bellingham, Simpson, Teale, Sims, Bowman, Holt and others. Note these alone, and surely they are sufficient to disprove the stagnancy of our art; surely as earnest of further advances, they are sufficient to impel onward whoever would be thoroughly proficient.

Another work lies before you, different to any hitherto considered. Heretofore you have been under the nurture of professors who have directed you through the proper course of study, and in regular order spread before you repasts of the necessary subjects. Henceforth you will have to forage and cull and elaborate for yourselves. While in apron-strings you have been feeding upon the mental capital of others, but now the strings are cut you will not only have to instruct yourselves, but what is much harder you will have to learn how to apply your knowledge. Knowledge to be practically serviceable must be transmuted into power; and when employed so as to yield profitable results, implies skill or tact. That this may be shewn in the cases committed to your care, investigate rigorously their intrinsic phenomena;—by well balanced comparisons, separate their probable fallacies;—and frame exact combinations of their lead-

ing circumstances. Shrink not from the spectres this may call up of toil and trouble and uneasiness,—but persevere. “*Perge et prospera.*” The requirements of skill are the essentials of correct judgment. In its exercise, celerity will increase with every trial, and time will bring experience, One is the secret of the other, experience of celerity. As patient after patient troops before a skilled practitioner, and in a few minutes, it may be in the twinkling of an eye, he can sometimes tell the disease of each, and has the remedy on the tip of his tongue;—imagine not that this is merely guess work, or the play of the empiric, or a sleight of magic, much less intuition. Well earned experience has won the victory of this celerity and resolved the work of hours into the work of seconds.

Furthermore, as you labour, think not all around is beaten ground. If, as was said, Medicine be progressive, it must be incomplete. Though there is much ascertained—yet to the paths over which you may walk, there are limits. Much you can observe, comprehend and define; much you can infer, predict and be sure of;—but there is also beyond, a wilderness that waits to be cleared and made to blossom. Would you contribute to lend a helping hand to aid in achieving so desirable an object as this, as the perfection of our science;—the distinction is open to you, in common with others, and if the task be addressed with untiring energy and indomitable perseverance, you will at least be worthy to emulate the fame your predecessors have attained in their career, and to be gathered in the role of those who have enlarged the boundaries of Medicine, or reclaimed its unexplored wilderness of hidden truth.

In thus seeking to be the “wise Physician skilled to heal,” and to be “more than armies to the public weal,” neither refrain to cultivate whatever else may ennoble humanity, nor neglect the things needful to elevate refined taste,—to inform aright the mind,—and to sublime the heart’s affections. The wisest, the most skilful of our Profession, are likewise examples of men of general information, deep learning, and high accomplishments. To the peculiar nature of a Physician’s life these are most agreeable. Introduced into the lordly mansion as well as the humblest hut,—holding intercourse with very gifted minds, reaching the ear of the most polished,—side by side with some whose talk is of the most lofty themes,—his patient, it may be, a scholar, a statesman, or a poet—thus favourably circumstanced in his round of daily calls—the Physician who can contribute most to the mutual entertainment, in being adapted to respond by congenial disposition, or requirements, or manners, is but affording, in return, a measure for the culture by which he is welcomed and addressed. Thus it was with Darwin by his poetic charms, with Gregory by his classic scholarship, with Abercrombie by his profound philosophy, and

with hosts of others, all of whom while stars in the Medical firmament, were fitted to be of other spheres as well—ornaments most brilliant.

And while you are gathering the fruit of your labors, I entreat you to be distinguished by regarding yourselves as under Physicians of the great Physician, entrusted with the talent of healing, that for him you may banish pain, reinstate health, and allay the ills to which flesh is heir. By the light that streams from the pure fountain of Him, who is great and good, reflect the image of the great and good. In every visit paid, in every advice given, in every office rendered, let nothing arise to blur or stain that image. Preserve unbroken the oath to act "*caute, caste et probe.*" Be true to your solemn vow by rendering your services cautiously, virtuously and honestly, with prudence, chastity and integrity; wisely, soberly and honourably. Pursue a straight course through life; a crooked wily policy is so deceitful that it must involve enmity to others: let your course be fair, open, above board; one in the grass may be very plausible, overlaid with fair surface leaves of pretension, but the snake's head cannot be always concealed, and whenever it shoots up will be hated: let your course be one that defrauds not another, run parallel to what is just and fraternal: parallel lines never cross each others path, nor trespass on pre-occupied ground: let your course be as narrow as truth; never widen your line of action by burrowing or undermining, never slander nor depreciate nor steal another's name or fame: and let your course be adorned by modesty; a line of self assertion, pedantic or quack-like, strongly marked by the letter I, is too puffed up, too full of vaunting to be one of charity.

Before you bid adieu to your Alma Mater, let me ask you to remember her when it is well with you. Remember whatever the sacrifice or exertion has been on behalf of her graduates, it is because of her solicitude for their character or efficiency. Because of this, the requirements, exacted of applicants for her degrees, are dictated and enforced. For this, they must reach her standard, who go forth from her halls as duly qualified Physicians; and on account of this, she cherishes her offspring to supply communities with Practitioners, in whom, while discharging their responsible duties, she can have full confidence. As identified with her, as her exponents, it should be your care to preserve that proficiency, to maintain that standard, and not weaken or outrage that confidence. It has never been the endeavour of this school to lower the scale of medical excellence, nor to procure students by unworthy artifices, nor to set forth pretensions that could never be made good, nor to facilitate the passing of utterly incompetent candidates; instead of such sordid, selfish motives, principles have been built upon another foundation,—compact, enduring

and unexceptionable,—to ensure, when carried out, a character for her graduates of such lustre of eminence, that they may win the esteem, merit brings its own reward. As her representatives, loose not that merit;—and when scattered broadcast, throughout the provinces of this great Dominion, may neither you nor any of her graduates fail to be worthy scions of this University;—may none tarnish her great principles of general usefulness and special proficiency;—and may none fail to attain to the joy, outspread before them, in gleaning harvests of justly earned prosperity.

Finally my friends, I commend you to the Great Physician. May you grow up by his side as His peculiar delight;—may the light that fell upon His path, as He went about doing good, guide your feet;—and may your secure defence be the feathers of His Almighty wings.

Case of Poisoning by Stramonium Datura,—Recovery. By D. MCGILLIVRAY, M.D., Attending Physician to the Ottawa General Protestant Hospital.

On the 17th Oct. last I was summoned in haste to visit a child named Denmark. I instantly obeyed the call, and upon entering the house found the little sufferer lying prostrate and helpless on his mother's knees. He was a fat, stout child, two years and three months old, and had always enjoyed good health. I at once suspected poisoning from the symptoms present, and having made enquiries about what he had taken, I was handed a portion of the pod or fruit of the Thorn Apple which he had found in the garden, and of which he had eaten freely about an hour before. This at once revealed the cause of the mischief. The following symptoms were clearly noticeable: Pulse 85, very weak; eyes open, pupils dilated to the utmost; face and neck flushed and greatly swelled; head moderately warm; lower extremities flushed and very warm; this redness was more marked in the anterior region of the thighs; he appeared very restless and agitated, stretching himself at full length, throwing his arms and legs about, and sometimes seizing his neck with both hands; would not answer questions; vision imperfect; voice weak; could swallow water, but with great difficulty, tongue and fauces dry and slightly swelled; perspiration copious; nausea and retching.

Treatment:—I immediately administered tartar emetic and vin ipecac which induced free emesis in about a quarter of an hour. I may here mention that in the matters vomited I counted seventy-six seeds, with

portions of the fruit of the Thorn Apple. As soon as the vomiting ceased ordered brandy and water—a teaspoonful of each every half hour, and as the child appeared to be very thirsty, I ordered a strong decoction of green tea to be made and given as a drink every two hours, or oftener if required. This treatment was continued for five hours, when the symptoms began to abate. Pulse fuller and stronger, no alteration in its frequency; face less flushed and swelled; lower extremities warm; less redness of skin below the knees; voice louder; swallows better; less nervous agitation; skin of body moist and warm. It being at this time 11 o'clock at night, I told the mother to pursue the same treatment, to give the brandy and tea at longer intervals, and give three teaspoonfuls of castor oil.

18th. I found him decidedly better, very easy and quiet, and strongly inclined to sleep; will answer questions; voice stronger; swelling and redness of neck and face entirely disappeared; no redness of lower extremities; is able to walk; pupils partially dilated; complained of headache; during the night had little sleep; bowels relaxed; passes urine freely; pulse 80, no inclination to eat any food; still thirsty; ordered the brandy to be discontinued and to give the tea as often as required.

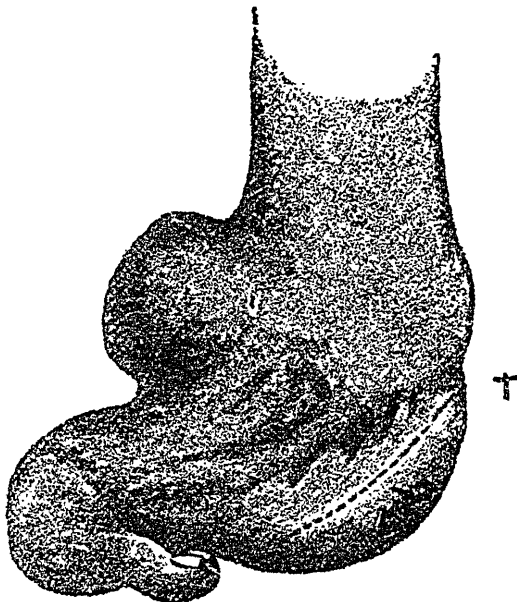
19th. Is convalescent and doing well; slept well during the night; appetite good; bowels regular; pulse regular, 80; pupils not over-dilated. Evening—Appears quite well and walking about.

Ottawa, March 23rd, 1868.

Talipes Equinus acquisitus; patient 25 years of age; Division of Tendo-achillis and aponeurosis plantaris. By J. A. GRANT, M.D., M.P., F.R.C.S., Edinburgh, &c.

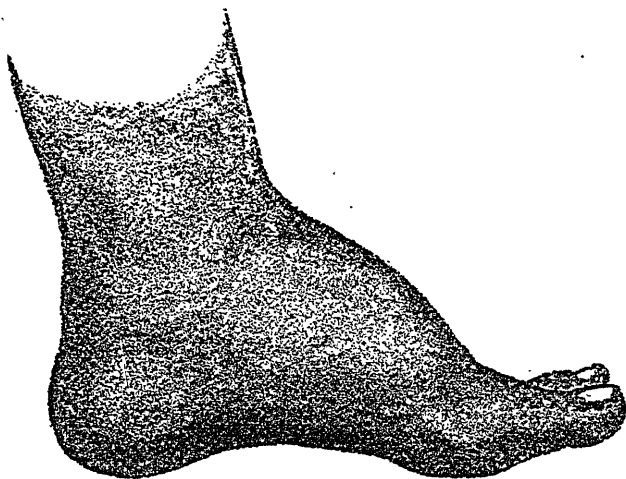
G. S. Boulton, aged 25 years, entered the General Protestant Hospital, May 10th, 1867, with a deformed foot. On examination, various sinuses were observed on the dorsum, from which there was a puriform discharge, and attended by more or less pain on pressure. This state of the parts existed for a period of fully twelve years, and gradually resulted in increased deformity of the foot, atrophy of the limb with a well marked disposition to general constitutional debility. The periosteum of the tarsus was not denuded at any point, but the surrounding structures yielded readily to the probe. Pressure being removed and the parts subjected to treatment, the sinuses closed and the skin and subjacent cellular tissue in a few weeks resumed a healthy tone. This condition being established, the deformity of the foot was subjected to treatment.

The subjoined wood cuts give a better idea of the abnormal and the normal, than any description could convey. The bones of the foot, not even those of the toes excepted, were almost immovable in this position, and the patient had not the slightest control over any joint of the foot. He touched the ground partly on the side, but principally on the dorsum of the foot; however, owing to pain on pressure, and the profuse and continuous discharge, he was obliged to dispense with his heavy boot, and have recourse to crutches. To walk without such support was out of the question, and so troublesome had the foot become, that the patient desired amputation of the limb.



June 4th, 1867.—On consultation with the Hospital Staff, the tendo-achillis and aponeurosis plantaris were divided. On the sixth day afterwards, the external wounds having closed perfectly, extension was commenced and gradually increased. In order to facilitate extension, a splint 18 inches in length and 3 in breadth was placed on the sole of the foot and retained in position by a bandage, leaving one end of the splint to project several inches beyond the ball of the toe. A second splint two and a half feet in length, was used as a lever, the one end being held in position by a strap passed around the projecting portion of the splint attached to the sole. A good thick pad placed on the dorsum of the

foot was used as a fulcrum, and thus extension was gradually continued until the various fibrous bands gave way, and the foot after twelve weeks recovered the normal position, not even requiring the division of the numerous fibrous bands, which contrary to expectation yielded to exten-



sion alone. The patient was discharged, and the limb gradually recovered its power, and the foot its strength, so much so, that in three months afterwards he could walk three miles without difficulty, only using a small stick. At present he enjoys excellent health, wears a regularly made boot, and walks perfectly free from any apparent abnormality whatever.

Case of Tumour of the Uterus. Removal with the Ligature. By
THOS. SIMPSON, M. D., Manitowaning.

In looking over my notes lately, it occurred to me that a brief report of this case might interest some of the readers of this Journal, as showing the straits to which surgeons practising in remote and isolated parts of the country, are sometimes driven—as well as from its value as a specimen of disease.

Nov. 27th, 1862. Called to see Mrs. C——— a halfbreed, aged 54, the mother of eleven children—the youngest 11 years of age. Found her in bed, emaciated, anæmic, restless and feverish, with quick, small pulse; pain in the abdomen increased by pressure; bearing down and a sense of dragging. Complains of great pain in the vagina. Upon examina-

tion, found a part of a large tumour protruding, at once suggesting inversion; a closer inspection soon determined its character. In shape irregularly ovate; of a dark purplish colour; elastic and firm; covered by a smooth, thin membrane; without sensation, and attached to the uterus, at a short distance above the os, by a peduncle of about an inch in diameter. The os was flaccid and dilatable—resembling the state of that part immediately after the expulsion of the child in natural labour—and was dragged down some distance into the vagina.

Mrs. C—has suffered for over four years, from constant floodings and occasional bearing-down pains, which she ascribed to falling of the womb. Throughout the past month she has been confined to bed, owing to weakness and frequent pains resembling severe labour pains. It was during one of these pains, this morning, that the greater part of the tumour was expelled.

28th. The opium, warm fermentations, &c., ordered yesterday, have afforded material relief; there is still a considerable amount of pain and restlessness. Proceeded to remove the tumour by means of the ligature. Having none of the ordinary appliances, the wooden stem of a meerscham pipe, a common trowser's button, and a piece of whipcord, supplied the place of a silver canula, or other recognized instrument. The two ends of the cord were passed through the tube, leaving a double noose, which was slipped around the neck of the tumour; the ends of the cord were then firmly tied, first passing through the button. The ligature was tightened daily, and the tumour separated on the sixth day. There was no hæmorrhage. Mrs. C—recovered rapidly. The menses appeared at the end of the month; and she reported one year afterwards—at which time I lost sight of her—that she had menstruated regularly since, and was in perfect health. The tumour was fibrous, dense and elastic, and weighed five pounds.

On Disorders of the Functions of the Stomach, from Sympathy with the Uterine Organs. BY ALEX. MCMASTER, M.D., Ontario.

In the so called functional diseases of the stomach, chemistry has done much to elucidate that which was obscure, and no doubt will do much yet to clear up those pathological changes which take place as a result of disease, whether functional or organic; yet there can be no doubt but we must look to the investigations of the physiologist for an explanation of the various morbid phenomena which take place, in consequence of the sympathetic connection of the semilunar ganglia with the sympathetic nerve.

That there is a very great sympathy between the various organs is sufficiently obvious to the commonest observer, but to what extent it is capable of being diffused, still remains a matter of conjecture. We have ample evidence of this in the action of vomiting, which takes place during the passage of renal calculi, and under various other disturbances, and disorders of the genito-urinary organs, pointing directly to the relation between the special ganglia of the stomach, and those of the later organs. The extraordinary variations of the heart under the influence of gastric causes—the intermissions of pulse and the palpitations which a little flatus at the cardia will produce, the intense sedative influence on the circulation by the application of cold to the stomach, illustrate in a special manner the diffusion of sympathy from the abdominal to the thoracic ganglia. The stomach and uterus manifest the most intimate nervous relations, as we see daily exemplified in the disturbance of the functions of the stomach during the period of utero-gestation. The same is equally true when taken in connection with the numerous morbid conditions of the uterus; especially those which affect the interior structure and interfere with the proper performance of its peculiar functions, and when such pathological conditions have existed for a length of time, they produce various painful affections of the stomach, often demanding for their relief special treatment. These disorders are not confined to any particular time of life, affecting equally young females with those whose period of uterine activity is drawing to a close; persons of a nervous temperament would seem to be more frequently subjects of these affections than those of a more lupo-pneumatic; they come on gradually, commencing often with a slight tenderness in the epigastric region, to which is added occasional attacks of severe pain, which last, at first, but for a moment, leaving the patient with a feeling of sinking and depression, which passes away after a time, to return again after an indefinite period. Sometimes there is vomiting during the paroxysm, consisting of the ordinary mucous of the stomach and fauces; when the disease has been of long standing, the paroxysms recur more frequently and are of a more severe character; the matters vomited often contain unmistakable evidence of hæmorrhage, generally from follicular congestion of the mucous membrane, and probably sometimes from erosion—the pain in the epigastrium being much more severe and of longer duration; the bowels are generally constipated; the tongue is large and flabby, and frequently covered with a thin, white fur; there is great tenderness over the epigastric region, the pain produced often shooting up into the precordial; the skin assumes a dirty mottled hue; sometimes the attack is preceded by a sensation of chilliness and depression; the urine becomes dark coloured and frothy, emitting an

odour not unlike stale fish, and after standing some time, throws down an abundant phosphatic deposit, which condition is mainly due to a loss of nerve power in the bladder, with irritation reflected from the uterus, both organs being largely supplied from the nerves of organic life.

These morbid phenomena are primarily produced by reflex action from the uterus to the stomach and other organs, and that after continuing for some time, produce congestion and, it may be, ulceration of the mucous membranes investing them, analogous to that which takes place in severe cases of neuralgia, which after having continued for an indefinite period, produces extreme sensibility of the parts, and more or less tumefaction, resulting from effusion into the cellular tissue; occasionally these cases become so far the predominating difficulty, that the uterine becomes lost, and hence their frequent recurrence after medical treatment, which will be made sufficiently obvious by stating the following case.

Mrs. Murray, æt 45. tall, muscular woman, and mother of ten children; has had good health until these last 7 years, when she had a miscarriage at the third month of utero-gestation. It would appear that she had an attack of metritis at this time, from which she never (to use her own phrase) got over, some time after this she began to experience severe pains and soreness in the region of the stomach, which finally became so distressing that she applied for advice, from which, however, she derived very little benefit. She continued to get worse until the 4th of March, 1868, when she was suddenly seized with violent pain in the epigastrium, extending to the precordial region and up into the left shoulder; also vomiting of a dark grumous fluid at intervals; extreme tenderness on pressure over the stomach and also over the dorsal region; complains, also, of pain in the back, across the hips and down the thighs, with a frequent desire to micturate; pulse full and soft. She was ordered to take five grains of ox. cerium every four hours, and region of the stomach to be rubbed with ol. tigii morning and evening, until a copious eruption was produced. 5th. Vomiting and pain have been much relieved, no effect from the ol. tig. tenderness still remains; bowels have not acted for four days; ordered an injection of warm soap and water, with ol Ricini ζ ij ol Terebinth ζ i; a large quantity of dark hardened fœces came away, giving considerable relief to the feeling of distention experienced in the abdomen; to continue the cerium. 6th. Vomiting and pain have ceased; considerable prostration; tongue large and flabby, and covered with a slimy mucus; countenance haggard, and the skin of a dingy hue; the ol. tig has produced a copious eruption, with a marked diminution of the tenderness; ordered to take beef tea and new milk, with the addition of a little wine; learn to day that the function of menstruation has been very irregular and scanty since her previous illness; has only menstruated twice during the last six months.

9th March. Improved since last visit, countenance more cheerful ; feels no uneasiness about the stomach ; has some desire for food ; still complains of weakness and languor ; ordered to take Ferri ammon cit grs iij in \bar{s} ss liq. cinch. three times a day. 14th. Expresses herself better than she has been for a long time. So far as I know the ox cerium is the remedy from which the greatest amount of benefit is to be derived in these cases, the intense pain being sometimes relieved as if by magic ; the local application of croton oil seems to produce less irritation than blistering, the only objection to its use is its propensity to spread.

REVIEWS AND NOTICES OF BOOKS.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M. D., Professor of Obstetrics in the College of Physicians, New York: Philadelphia, Henry C. Lea. Montreal, Dawson Brothers. 1868

The increased attention which has within the past ten years been given to diseases peculiar to the female sex, has been the means of largely increasing our literature on the subject. The work now before us is the last addition we have had, and although its author's name has not been widely known—and this is his first effort—we venture to assert that he has produced a volume of exceeding merit. It is not faultless we admit, yet taking everything into consideration it is a fair exposition of the science of medicine as applicable to diseases peculiar to the female. The first chapter is devoted to an historical sketch of uterine pathology, and although not lengthy it gives an interesting outline of the part occupied by the ancients, in founding specialities, but of course more particularly that speciality which the author writes upon. He names Hippocrates as the founder of literature on gynecology, having written three volumes on female diseases ; also that Galen and Celsus, devoted some of their writings to the same subject. With the exception of a jump from the second to the sixth century, the history is carefully brought down to the present day. The second chapter refers to the etiology of uterine diseases in America. Dr. Thomas cleverly evades asserting directly the fearful prevalence of uterine diseases in the United States, assigning as a reason, his inability to make a comparison owing to the absence of statistical information. He refers, however, to the deterioration of the female sex in America, which he believes to be due to a variety of causes, such as, want of fresh air and exercise, imprudence during menstruation, prevention of conception and induction of abortion and excessive develop-

ment of the nervous system. This portion of the chapter contains much sound sense, and we believe also much truth, but we can hardly agree with him when he says, "if properly developed and placed beyond causes which militate against her physical well being, the human female would be in no great degree the inferior of the male." While we firmly believe that many of the customs of fashionable life, do much to deteriorate the female (and in some degree the male also) we believe that Providence always intended her to be the weaker vessel, and in physical endurance to be much below the male. Dr. Thomas' remarks on abortion gives us something of an insight into the appalling iniquity of New York. Chapter six is on the peculiar hyperasthetic condition of the mucus membrane of the vagina, which Dr. Marion Sims, has called vaginismus, and our author considers it to be a much more prevalent affection, than most practitioners think. In the matter of treatment he offers nothing new, simply giving that recommended by Dr. Sims, and by Dr. Burns of Glasgow, who was by the way the first person who drew attention to this peculiar condition of the vagina: chapter twelve on inflammation of the uterus, contains very much that is valuable in a remarkably concise manner, and the same may be said of several of the following chapters on metritis, endo-metritis &c. The chapter on ovariectomy, has an illustration of Dr. Storrer's clamp shield, similar to one which appeared recently in this *Journal*. The style of Dr. Thomas commends itself at once to the reader, as being peculiarly clear and practical. We consider the volume does its author much credit.

Hufelands Art of Prolonging Life. Edited by ERASMUS WILSON, F.R.S., from the last London Edition. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers. 1868.

This little work although written nearly seventy years ago, contains truths which are quite as applicable now as then. Its author was a philosopher as well as a Physician, and occupied the post of Professor of Medicine in the University of Jena. On its publication it seems to have met with much success throughout Germany, and a translation into English was issued in London, but the Edition, which was a small one, was soon exhausted. Dr. Erasmus Wilson, a name familiar to all, feeling convinced that such a volume was calculated to do much good, has edited the present issue. Dr. Wilson in his preface remarks "that he has been struck with the little real progress made during more than half a century in the science of living." The work opens by a brief history of the means which the ancients, especially the Egyptians, Greeks

and Romans, used to prolong life. The Egyptians believed in Emetics twice a month; hence among them it was common as a Salutation to say "how do you perspire." Chapter five is on the duration of Human life, and contains a variety of valuable information. In this section Professor Hufeland has grouped together the most remarkable instances among mankind of the highest ages attained. The work is written for general circulation, and we believe that could it get a large distribution much good would ensue, for who does not wish to prolong life.

Lectures on Orthopedic Surgery. Delivered at the Brooklyn Medical and Surgical Institute. By LOUIS BAUER, M.D., M.R.C.S., Eng. Professor of anatomy and clinical surgery, &c., &c., Second Edition revised and augmented with eighty-four illustrations, 8vo., pp. 336. New York: William Wood & Co Publishers, 61 Walker Street. 1868.

This handsome volume has just reached us, through the courtesy of the publishers.

The very fact that Wm. Wood & Co., have undertaken the publication of this work, is in itself a strong recommendation of its literary value, for this firm is known to be rather fastidious in the choice of authors. However, there was no necessity for this additional prop, inasmuch as the author's literary reputation is fully established and professionally appreciated.

Most of our readers are familiar with the first edition of this work and it is not necessary to offer any detailed criticism on the new edition. Suffice it to say that the latter is a decided improvement on the former, not only in appearance and size, but in its professional merits.

The subjects of Rachitis, Joint Diseases, with its incidental deformities, essential paralysis, and Progressive Muscular Atrophy, have been super-added, and the work has thus been enlarged to 336 pages.

Most of the old wood cuts have been replaced by new and superior ones, and others are introduced to exemplify the pathology and treatment of joint diseases.

It is impossible for us to pronounce a more appropriate eulogy on this work, than has lately been done by Lewis A. Sayre, Professor of Orthopedic Surgery, at Bellevue Medical College, in his late introductory lecture to his class.*

“ Professor Louis Bauer, of Brooklyn, a German Surgeon of very scientific attainments, with an energy that knows no limit, has devoted himself almost exclusively to this department of surgery. In fact the professional mind of this country has been attracted to this particular branch of surgery, through the various articles of this able author in the different medical periodicals, more than from any other source, and his lectures on this subject, are a very valuable contribution to Orthopedic literature.

PERISCOPIC DEPARTMENT.

Surgery.

ILLUSTRATIONS OF THE ANTISEPTIC PRINCIPLE OF TREATMENT IN SURGERY.

By JAMES SYME, F. R. S. E., Surgeon to the Queen in Scotland; Prof. of Clin. Surgery Univ. Edinb.; etc.

[*British Medical Journal*, January 4, 1868.]

The following cases of wounds, compound fractures, and abscesses, selected from those that have been treated under my care in the clinical surgical wards of the Royal Infirmary, will, I hope, tend to illustrate and recommend the antiseptic principles of practice introduced by Mr. Lister, which although of the greatest value, there is reason to fear are not yet generally understood or adopted. In the old days of surgery all the steps of a healing process were attributed to the effects of so-called “mundifying,” “incarnating,” and “cicatrising” applications. In more recent times, lotions, simple, astringent, or stimulating, have generally been deemed sufficient; while still more lately, since M. Pasteur ascertained that the decomposition of animal substances is mainly owing to atmospheric influence through the agency of its organic molecules, carbolic acid, with other antiseptics, have been variously employed to lessen the discharge and factor of suppurating surfaces. But it was left for Mr. Lister to conceive the fruitful idea of excluding entirely the noxious elements of air so as to protect completely from disturbance the natural restorative action, to which he attributed greater potency than had ever previously been suspected. Thus, while others had used the means just mentioned as correctives, he employed them as preventives, attributing no beneficial effect to their own action on the living tissues, and regarding them merely as a defense from the external source of disturbance. I am

told that in one of the London medical journals there has lately appeared a doleful list of bad results from the treatment in question; but I would beg to suggest that, since it has proved so eminently successful in the Royal Infirmaries of Glasgow and Edinburgh, such testimony tends to reflect rather on the practitioner than on the practice. The truth is, that the antiseptic system, in order to be employed with advantage, must be carefully studied and fully understood, theoretically as well as practically. The preparations employed by Mr. Lister, which have been adopted here, may be denominated carbolic oil, carbolic lotion, and carbolic paste. The composition of the first is carbolic acid and boiled junseed or other fixed oil, in the proportion of one to five: that of the second, carbolic acid and water, in the proportion of one to thirty; and that of the third, carbolic oil with whitening, in the proportions requisite for the consistence of soft putty.

CASE I. *Parotid Tumor*.—Mrs. T., aged 32, from Aberdeen, recommended to my care by Dr. Kerr, one of the surgeons to the Royal Infirmary of that city, was admitted on the 20th of November last for the removal of a tumor occupying the whole of the parotid region. It was of ten years' duration, firm consistence, and nodulated form, hardly admitting of motion, but very distinctly defined. On the 26th I performed the operation without any difficulty or injury of the *portio dura*, twisted the vessels, sponged the wound with carbolic lotion, stitched the edges together by silver sutures, and applied a plaster of carbolic paste. On the third day the wound was found to be quite healed; on the fourth the stitches were taken out, and on the eighth the patient went home.

There are few wounds less apt to heal by the first intention than that which results from the excision of a parotid tumor. The depth and irregular form of the cavity, together with the oozing of blood from the glandular texture, which must be cut more or less during the operation, sufficiently account for the difficulty thus experienced; and the perfect union without a drop of matter, which has just been related, may therefore be regarded as very satisfactory testimony in favour of the antiseptic treatment combined with torsion.

CASE II. *Wound of the Knee-joint*.—On the morning of August 10, J. D., a farm servant, aged 53, while going out to cut grass in the neighbourhood of Carnwath, about thirty miles from Edinburgh, fell upon his scythe, which inflicted a severe wound on the right knee. He was put into a cart and conveyed to the nearest railway station, whence he travelled to Edinburgh, and was taken in a cab to the hospital. It then appeared that a wound, about four inches in length, extended

obliquely across the knee, dividing the quadriceps extensor tendon, and affording free access to the joint. Carbolic oil was freely applied, by sponging the cavity; the cut edges, which had been widely separated, were brought together by sutures; a pledget of carbolic oil was placed over the wound; and a splint was applied to keep the limb straight. Not the slightest constitutional or local disturbance followed, the pulse never being beyond sixty-three; and on the fourth day, the wound being quite healed, the stitches were removed. On the 13th of September the patient left the hospital with the limb strong and flexible.

There are few more serious injuries than wounds of the knee-joint, even under the most favourable circumstances; and when aggravated by their large extent, rudeness of the weapon that caused them, or roughness of the treatment to which they are exposed, they still more endanger the patient's limb and life. The very satisfactory result of a case in which all the adverse conditions were so conspicuously present, must therefore be considered a very remarkable, if not unprecedented, occurrence.

CASE III. *Compound Fracture.*—J. P., a boy, aged 5, was admitted on the 30th of September with his leg so seriously injured by having been caught between the spokes of a cart wheel, that it seemed at first sight to admit only of amputation. There was a compound fracture of both bones, and, in addition to this, a wound of the integuments and muscles almost completely surrounding the limb at a higher part. The bones were much displaced, and the soft parts severely bruised. Chloroform having been administered, the carbolic lotion was freely injected between the broken ends, and lint soaked in it was applied over the wound. The bones were then carefully adjusted, and retained in their proper position by lateral splints. There was not the slightest constitutional disturbance, or any discharge of matter from the cavity to the orifice of which carbolic paste had been regularly applied, and the limb is now perfectly straight and strong.

MORBUS COXARIUS. EXSECTION.

Dr. Sayre presented a second specimen, consisting of the head, neck, trochanter, and about four inches of the femur, removed by operation, from a boy fourteen years of age, in Mount Holyoke, N. J. The operation was performed the Sunday previous, assisted by Drs. Bragg, Rockwell, and Allen. In September last the patient was struck with a bat while at play. The pain occasioned by the stroke was so intense, and the shock to the system so considerable, that fainting ensued. He, how-

ever, soon recovered from its immediate effects. The next day he was exposed to a very hard storm while riding in an open wagon, and without cover, for two hours. The following day he was engaged in digging potatoes for several hours. In the afternoon of that day he went fishing, and, according to his statement, was constantly out and in the water while watching for a bite. That night he had a severe pain in his hip, accompanied by a chill, and from that time until the operation, was forced to keep his bed. Three weeks from that time an abscess appeared on the upper and anterior portion of the thigh, just in front of the trochanter major, which pointed and opened itself. This opening was afterward enlarged by Dr. Rockwell. It continued to discharge, but there was not full drainage. Matter formed there, and various other openings had occurred, so that at the time Dr. Sayre saw the case, there were nine of these sinuses running in various directions around the hip-joint and femur, but through none of them could bare bone be detected. This latter circumstance occasioned no little difficulty in diagnosis, so that the attending physicians were unable to decide between hip disease and lumbar abscess.

When Dr. Sayre saw the patient he was confined to his bed with a weigh and pulley attached to his feet. The measurement from the anterior superior spinous process of the well leg was thirty-three and three quarter inches; from the same point the right leg measured thirty-two inches. The size of his left leg at the largest part was nine inches in circumference, while the calf was only six inches in circumference. The knee was over nine and a half inches in circumference. He was, in fact, reduced to a mere skeleton. His body was twisted, as is usual in that deformity.

It was recommended to make an explorative operation. The diagnosis given at the time was, that the disease had commenced as periosteal inflammation, and had subsequently involved the joint, producing a luxation of the head of the femur upon the dorsum of the ilium. The determination was, in case the head of the bone was found diseased, to excise the joint. The ordinary incision was made over the protuberance, but not quite so far back as he would have liked to have had it, on account of the various sinuses in the neighbourhood. The head of the bone was found entirely without the acetabulum, the only case, by the by, that the operator had seen in which the disease was of such short duration. The acetabulum was perfectly healthy, except a bare inch of diseased surface at the upper and outer portion of the rim. The bone was, however, very rough and very much enlarged, as the result of ossific deposit from periosteal inflammation, and the disease had

extended some three inches down the femur, where it ended abruptly in healthy bone. At that point the saw was applied. On making the incision the knife was passed half way round the bone, and the section of the bone made at right angles. The periosteum was completely peeled off, except a small portion attached to the digital fossa, which required the knife.

In conclusion, he stated that he had that afternoon received a telegram to the effect that the patient was doing splendidly. *Med. Record.*

EXTIRPATION OF THE SCAPULA.

Dr. Rogers exhibited a scapula which he had extirpated from a girl seven years of age, for malignant disease. About the beginning of this year the patient was said to have received an injury of the scapula. Dr. Rogers saw her a few months after, for injury of the elbow, when the mother called his attention to a bunch on the scapula, in the infraspinatus fossa. He watched it for a few months, and regarded it as probably cartilaginous in character. With that view it was afterward extirpated. The bone below it was roughened at the point of attachment. The mass, however, on being afterward examined by Dr. Jacobi and himself, proved to be malignant in character. The wound healed quickly, and the child was apparently in perfect health. The return of the tumour was, however, anxiously looked for. Finally, at the end of two or three months, a nodule made its appearance under the spine of the scapula. It grew with moderation for two months, when a New Jersey cancer doctor was consulted. He applied some of his cure-all ointment, which was of a very irritating character, the result being a frightfully rapid increase of the morbid growth. This disposition to enlarge was very marked until the afternoon of the 11th of December, when the mass was removed, which was simply an extirpation of the entire scapula. The bone was found exceedingly rotten, and saturated with disease.

The dissection was of course in a measure explorative. The clavicle was found entirely free from disease. The coronoid process was loose, and in raising up the mass the acromion process of the scapula left its attachment to the spine of the scapula, and adhered by ligament to the clavicle. The ligaments of the clavicle were not diseased.

"The child," said he, "is not quite eight years of age, and, considering the size of the tumour, I am afraid I have been performing one of the most frightful operations on the scapula on record. The largest tumor reported weighed a twentieth part of the individual; this is a tenth part of the entire child!"

Although there were four inches of skin taken away with the tumour, there was no difficulty in bringing the ends of the wound nicely together.

The end of the humerus was brought up against the end of the clavicle, and kept in that condition by confining the arm diagonally across the chest. There was less hæmorrhage than was anticipated. Four hours after the operation reaction was perfectly established, and a good night's rest was enjoyed. At the end of thirty hours the child had some irritative fever, and was suffering from some nausea, which the doctor did not feel quite certain was not caused by ether.

The dissection exposed the axillary artery throughout a considerable portion of its course. The arteries of import that were ligated were the supra-scapular and subscapularis.—*New York Pathological Society, from Medical Record.*

ON A CASE OF EXTREME IRRITABILITY OF THE BLADDER.

Under the care of SIR H. THOMPSON, at the University College Hospital.

A patient (a case of supposed stone in the bladder) came under Mr. Thompson's care some time ago, with a bladder so irritable that he could not retain his urine even for a few minutes at a time, passing it as often as twenty-four times in the daytime, sometimes two or three times in the course of a meal. Mental influences had considerable effect on it; if the patient became at all excited, it came oftener. Yet there was no pain in the penis, no blood in the urine, and seldom any pain in the back. When sounded no stone could be felt, and with all this the urine was perfectly natural and healthy in every respect—in fact, no cause could be assigned for the complaint. The remedy, however, was more apparent, for belladonna, exhibited as suppository and given by the mouth, speedily improved his condition amazingly, but he is not yet well. A hint *apropos* of this case may not come amiss to some of our readers, who have, doubtless, been troubled with cases of unhealthy urine containing much mucus mixed, it may be, with pus—consequently apt to decompose, become ammoniacal, deposit its phosphates, and irritate still more the already irritated bladder. They may have tried all the recognised and time-honoured remedies, including Br. die's favourite, Pareira, and yet have done no good. Under such circumstances, let them not forget a remedy sometimes ordered by Mr. Thompson—a common field plant, *Alchemilla arvensis*, or parsley-pot; an infusion of which (one ounce to one pint) will often succeed where more pretentious remedies have failed.—*Medical Times and Gazette, July 27, 1867, p. 92.*

LANCING THE GUMS IN CHILDREN.—Dr. F. H. Thompson, believing that the irritation of teething is caused by the engorgement of vessels supplying their circulation, advises the practitioner to cut low down at the reflected junction between the lip and the gum, instead of upon the summit of the gum itself.—*Med. Record.*

ERGOT IN PARALYSIS OF THE BLADDER.

Dr. Leon Serret was called to a patient, aged 66 years, who had been suffering from incontinence of urine for fifteen years. On the day of the visit the patient had complete retention. There was no constriction of the urethra, marked sensibility, or obstacle to the passage of water, except a slight enlargement of the prostate. At the end of eight days the patient had still no power over the bladder. The case being considered as one of paralysis, owing to over distension, it was concluded to try the ergot of rye in powder; thirty grains during the day. This produced no effect beyond slight pains in the hypogastric region, and the water still required to be drawn with the catheter. At the end of ten days the ergot was administered in fifteen-grain doses, four times daily, at twenty minutes interval before and after a hip-bath given in the morning. From this time the patient could urinate, and the incontinence disappeared. This treatment was continued for fifteen days, at the end of which time the patient was cured.—*Med. Gazette, N. Y.*

Medicine.

AN ESSAY ON THE THERAPEUTIC VALUE OF CERTAIN ARTICLES OF THE MATERIA MEDICA OF RECENT INTRODUCTION.

Read before the New York State Medical Society, February 4th 1868. By JOHN H. GRISCOM, M. D., of New York.

SULPHITE OF SODA.

In view of the serious responsibility imposed upon all practitioners of medicine, I solicit the favour of a few minutes attention for the presentation of the results of an extended and successful experience, with the employment of the *sulphite salts of soda.*

The chemical composition of this material is as simple as that of any other salt—its two ingredients, *sulphurous acid and soda*, being well known. The acid constituent, in its separate form, has been long appreciated as one of the most effective antiseptics and deodorizers when used externally. In fact, it is one of the most ancient disinfectants, having

been originally employed in its gaseous form, generated by the simple combustion of sulphur. As an antiseptic, a preventor of decomposition and of fermentation, and as a sustainer of the natural composition of nearly all vegetable and animal materials, it appears as useful in the interior, as in the exterior of the organization. On this principle, its efficacy as a remedial agent is chiefly founded, but I have been led to the conclusion that it has an additional value as a promoter of digestion, in cases in which the gastric juice may be deficient in some of its acidulous ingredients.

My experience with the remedy referred to in the treatment of diarrhoea, dysentery, cholera morbus, as well as dyspepsia, has been most decidedly beneficial. From five to twenty, forty, or sixty grains, according to the age of the patient and the severity of the symptoms, administered two, four, or six times a day, have, in almost every instance, had the effect of speedily arresting the discharges, and relieving the nausea and the colicky irritation. I could cite several cases in which its efficacy has proven as prompt as any other remedy before tried, and in not one have I seen any bad effect or failure. As to its *modus operandi* in these complaints, it seems to act in the double capacity of an antiseptic and astringent. On the latter principle, its influence appears sometimes almost as speedy and efficacious as opium. In cases of constipation derived from torpor of the liver, or deficient peristaltic power of the intestinal tube, its corrective influence over almost all functions aids to restore a healthy action of the muscles of the bowels.

In dyspepsia its efficacy has been most marked, especially when the disorder is accompanied with flatulence and eructations of food. These symptoms are doubtless the result of the decomposition and fermentation of the foreign material in the stomach itself, from one or more of the causes before mentioned. In such cases the sulphite salt operates, in the first place, as a direct and powerful arrestor and preventive of the decomposition of the food, in the same manner as it does on the outside of the body; and, in the second place, its acid constituent, either in its original sulphurous form, or by its advancement to the sulphuric form, doubtless compensates for some of the deficiency of the gastric juice, and in this way completes the digestive process as far as the gastric function is concerned. The form of administration which I have found most useful and successful in dyspepsia and its attendant circumstances, is in combination with tonics and emminatives, avoiding alcoholic stimulants on all occasions. My chief combination is tincts of cinchonæ comp., and cardamoms, and syr. aurantii, with the sulphite in separate solution, combining the two at the time of administration.

It speedily arrests the fermenting process which the contents of the alimentary canal so frequently undergo, eliminating gases, producing symptoms of flatulence, and which doubtless in many cases is the cause of the diarrhœa, nausea, colic, and other attendant symptoms.

In the diseased condition known as *Scorbutus*, there is a most direct demand for proper alimentary material, and therein we find the sulphites valuable, not only as a means of suspending the fermenting process, but also, by the agency of both its acid and alkaline constituents, promoting digestion itself.

But it is not alone upon the contents of the stomach and bowels with which the salt comes in direct and immediate intercourse, that its antiseptic and antizymotic influence is exerted. This, as before suggested, is probably due to the action of the sulphurous acid derived from the decomposition of the salt. But there are many diseases of a zymotic character, derived from cases wholly independent of the digestive function, upon which this agent has been found to exert a curative influence as rapid and efficacious as in those already referred to.

We have several reports in medical journals, of its efficacy in intermittent and typhus fevers, in scarlatina, small-pox and measles, the theory of its action in which is, that the acid is absorbed into the blood itself, and therein exerts its antiseptic properties directly upon the materies morbi which give rise to the disorders.

Its value in erysipelas I have had the gratification of testing in several cases. In one case in the New York Hospital, found on the face of a delirium tremens patient, a few doses of the salt wholly relieved that symptom in twenty-four hours. In this peculiar disorder there would seem to be a very plain reason for its usefulness, it being a disease whose source is most plainly derived from internal derangement of the blood, producing obstructions of the functions of the capillary circulation of the skin, thus giving rise to congestion and inflammation. That it is derived from some chemico-pathologic alteration of the blood, there can be no doubt, although we know not the true nature of the change.

In several cases of bronchial and pharyngeal catarrh, I have also observed singularly beneficial results from its administration in connection with local treatment; this disorder being considered as based upon the same foundation as cutaneous erysipelas.

In that peculiar pathological condition of the blood and cutaneous organization which is manifested by the production of numerous furuncles, commonly known as boils, the administration of sodæ sulphis, in combination with the carminative tonics, has proved, under my observation, a very perfect and rapid remedy. The same remark is applicable

to another cutaneous disorder, dependent wholly upon gastric derangement. I refer to *urticaria*.

During the preparation of this essay, the most extensive and violent case of this disease that ever fell under my observation, came under my care. It was a lady age 17, who had suffered greatly for several days with nausea, sleeplessness, an eruption covering almost the entire cutaneous surface, and accompanied with excessively violent itching. In twenty-four hours, a few doses of forty grains each, of sodæ sulphis, combined with carminative tonics, and a local external application of a solution of the salt, relieved all the symptoms to a great extent, and in forty-eight hours, they all wholly disappeared, leaving the patient in good health.

Another application of this salt, which I have found both highly interesting and valuable, is, in the case of infants, by whom their natural food, the mother's breast milk, is frequently rejected.

A dose of two to five grains in combination with a few drops of the tinct. card. c., sweetened with a little syr. aurantii, has in many instances proved directly successful in causing a retention and assimilation of the stomach's contents, when administered soon after imbibition, thus greatly promoting the health and strength of the juvenile.

There are three forms of this salt, viz., the sulphite, the hyposulphite and the bi-sulphite—the first of which has been my principal dependence, though the others, when employed in proportionate for the supply of the acid constituent, are equally useful. The only objection to the bi-sulphite is its being somewhat uncertain as to the proportions of acid contained in it, unless kept in solution, as a portion of the gas is liable to escape when exposed to the air in the crystalline form.

ON THE TREATMENT OF HYPOCHONDRIASIS.

By DR. C. HANDFIELD JONES, F. R. S., Physician to St. Mary's Hospital.

[We all know how difficult cases of hypochondriasis are to treat—how almost impossible it is to persuade the patient that the alarming apprehensions with which he is haunted have no basis in reality. It does not become a truth-loving and earnest physician to treat such a malady in a superficial manner.]

The following instances illustrate the importance of searching for physical causes which may give rise to the complaint. Romberg (vol ii., p. 6) says. "The hypochondriasis of students frequently produces palpitation; and an instance of its occurrence from the same cause in advanced life is presented to us in P. Frank himself, who, while devoting special attention to the subject of heart disease in Paris when preparing his lectures, was attacked with such severe palpitations, accompanied by

an intermittent pulse, that he felt assured he was affected with an aneurism. The symptoms only ceased after the completion of his labours and after he had enjoyed the relaxation and diversion of a journey." I am well acquainted with the case of a gentleman who, while studying medicine, became haunted by the idea that his abdominal aorta was aneurismally dilated, and was pressing on the bodies of some of the lumbar vertebræ. He was quite aware of the delusive nature of this idea, and very sensibly endeavoured to shake it off by a trip into the country. This, however, entirely failed, and the morbid imagination prevailed to such an extent that his life for some time was rendered very miserable. A man of great mental capacity and attainment assured me that at one time, after much hard work, he became so unnerved that he did not like to drive to the city in his brougham unless his wife went with him. In all these instances the mind was clear and free in itself, and its actings were only impaired by reason of the cerebral machinery in one part being out of gear. To say that these persons were affected with insanity as the term is currently employed, would no doubt be incorrect; but I cannot avoid believing that such aberrations from the normal acting of nervous centres are minor shades and degrees of the same morbid process which, in its higher developments, deranges the intellectual faculties more or less completely. One cause of exhaustion of nervous power, which often induces hypochondriasis to a most pitiful extent, is spermatorrhœa, or, as it might be better termed, "chronic prostatitis," the result of sexual excesses or abuse. The reality of this cause is admitted by Romberg, Copland, Albers, Trousseau and Erichsen, although it has been denied by a late writer. I hardly think that any one who reads the cases recorded by Lallemand, and compares them with those occurring in his own experience, can doubt the pernicious effect of such deep-seated urethral irritation on the superior nervous centres, or the advantage which may result from appropriate local treatment.

The subject of the following history, J. J., a carpenter, aged 37, married, applied to me as an out patient at St. Mary's, Aug. 6, 1863. He continued under treatment till Nov. 17, 1864, when he was discharged fairly well, having improved almost continuously since the beginning of June. He was a rather pallid, pusillanimous-looking individual, tall and spare, who addressed you in a rather anxious fussy manner, with a low voice. His complaints were of pain in the lower lumbar and sacral regions, extending from the top of the sacrum forward to a spot near the umbilicus, with weakness of the calves of the legs. At one time he had a sense of rising and suffocation in the throat, or a feeling of weakness in the part, attended with copious expectoration (?) of mucus. A

nocturnal urticarious eruption was another of his troubles, but did not last long. His chief affliction, however, was a sense of scalding felt along the urethra after micturition, which lasted about half an hour. With this there was said to be a slight gleet discharge, but of which I could rarely discover any traces. It seemed, however, to dwell much on his mind, and he was constantly referring to it. He attributed it to a previous gonorrhoea, and affirmed that he had never been right since. I tested at one time the effect of a belladonna injection into the urethra, in the hope that it might allay the scalding dysæsthesia, and arrest the discharge. This it might be expected to do, on the view maintained by several eminent authorities, that the drug acts as a tonic to the vaso-motor nerves. In this respect, however, it failed entirely—indeed, it acted in a contrary way, increasing the discharge considerably, and rendering it more yellow, though the scalding appeared to be relieved. The strength of the injection was fifteen to thirty grains of extract of belladonna, to four ounces of mucilage mixture. I may remark, by the way, that Mr. Jabez Hogg has seen a very weak solution of atropine produce in a healthy eye a very large amount of congestion (*vide* "Ophthalmic Surgery," p. 98). That belladonna acts as a sedative to the sensory nerves of an irritable bladder, or of irritable bronchi, and that in large doses it paralyses the vaso-motor nerves of the head and face, appear to me tolerably well established facts, and by no means consonant with the views above referred to. I should, however, mention that I have found the drug to act very beneficially in cases of cynanche tonsillaris, and perhaps—as in this instance, the reduction of the inflammatory tumefaction depends probably on arterial constriction—the truth may be that in large doses it acts paralytically, in smaller tonically, just, indeed, as alcohol does. Whether a drug can act in one way on one region of the body, and in an opposite way on another, is at present extremely doubtful. But to return to our case. The remedy which appeared to effect a cure was strychnia, which he took in doses of a sixteenth to a twelfth of a grain, together with sulphate of iron and cod-liver oil, during most of the time, for ten months continuously. In another very similar case the same remedy appeared of decided efficacy, but the patient did not attend so perseveringly as the one whose history I have related. In him I think there can be no question that the urethral disorder was slight, and was not the real cause of the depression of nervous power. Had it been otherwise—had the cerebral paresis depended on genito-urinary irritation acting in an inhibitory manner upon the brain, local remedies would in all probability have been required. As it was—as

the hypochondriasis was primary, and not of reflex origin, the steady tonic action, of a nervine, aided, doubtless, importantly by the cod-liver oil, sufficed to restore the nervous centres to a fairly normal condition.

The following history may, I think, be compared instructively in some respects with the above. A gentleman, aged 28, who had been long exposed to the enfeebling influences of a tropical climate, and had suffered several severe attacks of tracheitis, consulted me at first for the latter, but subsequently complained of a good deal of what he called a gleetey discharge. I found that this was not constant. There was no trace of discharge when I examined the penis. He stated that it came on after any exertion; often occurred quite irregularly, and without any erection taken place. It was evidently more of the nature of an emission than a running, and caused, when it happened, a great sense of debility. He felt it an inconvenience and a deterioration of his health, but did not complain about it more than a reasonably might. He showed no sign of hypochondriasis. He acknowledged that his venereal appetite had always been strong, and that he had committed a good deal of excess in this way. I prescribed for him a pill composed of six grains of lupuline a grain and a half of camphor, and a quarter of a grain of extract of belladonna, two to be taken twice a day; and a short time the annoyance entirely ceased. Now I will ask the reader to observe—(1) That in this case there was quite as much, if not more, genito-urinary disorder than in the first, yet there was no hypochondriasis, which was so marked a symptom in J. J. (2) That the experience of the best authorities is quite decisive as to the production of even actual insanity by genito-urinary irritation. Brown-Séguard mentions having obtained the cure of a case of insanity with general paralysis, in a male who suffered from inflammation of the prepuce and glans with phimosis, by having circumcision performed (*vide* the *Lancet*, 1861, July 27th). (3) That therefore we must admit that the vital condition of the nervous centres determines very much the effect which shall be produced by a peripheral irritation. A slight one may cause severe symptoms; a greater none at all; according to the amount of resisting capacity possessed by the patient. Lastly, and as the general lesson from the whole, I will remark that it is evidently of the first importance to distinguish primary hypochondriasis *attended* with genito-urinary dysæsthesia from secondary hypochondriasis *depending* on genito-urinary irritation; and that while it would be a great mistake to employ local measures, such as cauterisation, in cases of the first kind, they may be quite necessary in severe cases of the second.—*Lancet*,

THE TREATMENT OF OBSTRUCTION OF THE BOWELS.

By DR. THOMAS HEAD, Carlisle.

In cases of obstruction resulting from the lodgment of undigested articles of food, observation has led me to regard the lower portion of the ileum or the ileo-cæcal valve as the locality of the disease, and having seen such frequent instances of disappointment in the use of enemata of the ordinary quantity, I have been led to place my chief reliance in those of large volume. For constipation limited to a loaded state of the colon, injections possessing stimulating properties will generally prove successful; but in cases similar to that described, they will most frequently be found inefficacious. A pint enema, with a few drops of laudanum, may indeed with advantage be injected, and upon it the oil in the quantity described; the oil ascends through the watery fluid and is thereby more certain to reach the seat of the disease.

On consultation with Dr. Todd, in the case of a young man who had eaten a large quantity of unripe fruit, followed with great abdominal pain and with obstinate constipation, the bowels not having been relieved by any treatment adopted, I suggested the use of an enema of three pints of warmed oil, which was reluctantly acceded to in consequence of previous small enemata being still retained, and Dr. Todd made it a condition that I should superintend its administration, to which I readily consented; the whole of the oil was slowly and carefully thrown up into the bowels; the abdomen became enormously distended and the stomach rejected every thing taken—even the smallest quantity of fluid of any kind was rejected. The oil was retained in the bowels by means of pressure over the anus by a soft napkin, continued for more than an hour. In less than three hours part of the oil returned with slight appearances of feculent matter; but, within ten hours after the warm oil had been injected, four or five copious evacuations were passed containing enormous quantities of scybalous feces. During the operations upon the bowels anodynes and champagne were given, and some refreshing sleep ensued. This young gentleman's health remained for some time in a precarious state, but was eventually completely restored. Some weeks after this attack a thickened condition of the ileo-cæcal valve, which, however, disappeared in course of time, could be distinctly felt by a manual examination. The bowels remained rather torpid, but in other respects his health was gradually and eventually completely reinstated.

Obstruction of the Bowels.—Failure of Small Injections.—Successful Effects of Copious Injections of Oil.—Recovery.—A poor woman, a patient in the Carlisle Dispensary, married, aged 34 years, became the subject of obstruction of the bowels. The physician under whose care she

came had not seen her for two days, but had ordered a small treacle and water enema to be administered with the old pipe and bladder apparatus. In consequence of his absence I was asked to see the case. All the symptoms of obstruction of the bowels in a severe form were present: the internal medicines which had been prescribed had proved unavailing and had caused much vomiting. I ordered hot fomentations with turpentine to be applied to the abdomen, and a large oleaginous enema to be administered with the syringe and O'Beirne tube; in the course of a few hours the bowels acted freely with great relief to her sufferings; the symptoms of peritonitis, the result of intestinal distension, rapidly abated, and she made a speedy recovery.

The next case presents points of much professional interest.

Obstruction of the Bowels of ten day's duration.—Recovery.—A gentleman, aged 56, extensively engaged in the corn trade, who had been in the habit of biting wheat and other grain to ascertain their quality, and to swallow the particles thus introduced into his mouth, was attacked with great pain in the bowels (especially on the right side, in the situation of the ileocæcal valve), accompanied with vomiting; the pulse was rapid and feeble. The treatment consisted at first of hot fomentations and turpentine to the abdomen, an enema of oil saponified with liquor potassæ and turpentine; moderate doses of calomel opium and creosote were given at short intervals. From these remedies no relief was procured. The pain having increased in the right side of the abdomen, ten or twelve leeches were applied; no improvement in the symptoms took place; large enemata of oxgall and warm water were repeatedly administered; no satisfactory results followed. Three pints of warmed oil was now administered as an enema, and retained by firm external pressure to the anus. The sickness became most distressing, followed, by severe vomiting, and a large quantity of the clear oil that had been injected in to the bowels was thrown off the stomach; this took place repeatedly for the next few days, with, however, an apparent diminution of the pain and other distressing symptoms. No evacuation from the bowels took place. Pills of concentrated oxgall, with creosote, were now repeatedly given, and a free evacuation of fæcal matter speedily followed, mixed with immense quantities of comminuted grain; the motions appeared devoid of bile. The stomach became less irritable and the vomiting gradually subsided. A tablespoonful of recent oxgall was given every morning with a few drops of chloric æther, and was happily retained, and the bowels by these means were brought into free daily action. The obstruction of the bowels was of ten days' duration. The patient

gradually recovered his health, and, with the occasional use of artificial and natural Harrowgate water, the bowels have been restored to a much more healthy state than they have been in for a long time previously.

Obstruction of the Bowels of twenty-one day's duration.—Recovery.—It must not be supposed that all cases of intestinal obstruction are characterized with the urgent symptoms detailed in the preceding cases; on the contrary, it may be safely affirmed that in persons of advanced age, the system acquires under every form of obstruction a power of endurance much greater than in younger persons suffering from the disease. The following is a good example of this condition :

A Lady living in the vicinity of Edinburgh, aged 74, became the subject of intestinal obstruction, and, notwithstanding that all the ordinary remedies were unremittingly used for a period of three weeks, no fæcal evacuation was procured. At this date the late Dr. Allison saw the case, in consultation with Mr. Sanderson of Musselburgh, and, as a last resource, small and repeated doses of calomel and opium were prescribed; in three days ptyalism ensued, and on the day following free fæcal evacuations took place; the bowels now became so very much relaxed as to threaten fatal exhaustion; by the use of stimulants and mild nourishment a slow recovery was made and the life of the old lady was prolonged for several years.

The practical conclusions to which these cases would lead us are—that in the intussusception of infancy inflammatory action which occurs in the middle periods of life is not excited in the serous membrane; that the straining and the evacuations of pure mucus streaked with blood are points of the highest diagnostic value. In such cases the peristaltic action of the small intestines ought to be allayed rather than excited by medicines given by the stomach; and oleaginous enemata and quicksilver are means of the most probable efficacy for restoring the displaced intestines to their healthy relations. Where obstructions depend on the presence of undigested aliment, the lodgment most frequently occurs at the commencement of the large or near the termination of the small intestines. After the lower portion of the colon has been cleaned out by the use of a strong enema of oil, saponified with a little liquor potassæ, combined with about an ounce of turpentine, without the general peristaltic functions of the bowels being restored, it becomes desirable to use large enemata of warmed oil, the lower portion of the colon having been previously filled with a small ordinary enema of warm water, to which a few drops of laudanum may be added to secure its retention. Experience has appeared to justify me in believing that this mode of treatment is calculated to accomplish relief more speedily and certainly than the kind of treatment ordinarily adopted.

In the obstruction of aged persons the tendency to inflammatory complications becomes lessened, and the treatment may, on that account, be both of a less energetic character and be longer persevered in before either relief to the obstruction or a fatal issue occur. It may here be also noticed as a point of diagnostic value, that in obstruction of the bowels, the seat of the disease being near the small intestine, the symptoms more nearly resemble those present in strangulated hernia, while, when the large bowels are obstructed by scybalous accumulations, there is much less irritability of the stomach, although in both great abdominal pain may be produced—*St. Bartholomews' Hospital Reports.*

ON THE USE OF IODIDE OF LEAD IN CUTANEOUS DISEASES.

By Dr. T. W. BELCHER, M. A., Physician to the Dublin Dispensary for Diseases of the Skin.

[The use of iodide of lead in the treatment of porrigo was introduced to the profession in Ireland by Dr. Neligan, in an article published in the Dublin Quarterly Journal for August, 1848].

I have lately had under my care several private cases, in which I have used iodide of lead externally with great advantage; as neither in the last edition of *Pereira's Materia Medica*, nor in the exhaustive *Traité de Thérapeutique et de Matière Médicale*, by Trousseau and Pidoux; nor even in Professor Macnamara's last edition of *Dr. Neligan's Materia Medica* is much to be found about this medicine, which has been more or less in use for thirty-six years, it may perhaps be useful to give an abstract of a few cases in which it was used externally.

Case 1. In April last, Dr. Owens, of Kildare-street, asked me to see with him a patient of his, a gentleman advanced in life, who had long been tormented with what proved on inspection to be chronic eczema. The disease was apparent on various parts of the body, but particularly on the legs and thighs; the itching was intense, and many preparations had been tried with little benefit. At first I suggested that an ointment of subacetate of lead containing glycerine and chloroform should be applied to the disease; and I had great hopes that this would produce immediate relief, as I had known it to do in other cases which I had treated shortly before that date. However, it produced little, if any, relief in this case; and accordingly, on my suggestion, Dr. Owens agreed to try the iodide of lead, which was applied in the form of ointment, twelve grains to the ounce, with one drachm of glycerine, and forty minims of chloroform. This procured immediate relief from the intense and aggravating itching; and the patient, having the advantage of frequent supervision from Dr.

Owens, gave the remedy fair play, so that shortly after, on my seeing him again in consultation, I was agreeably surprised at the result. The disease had in a great part disappeared; we agreed to continue the treatment, adding to the ointment as much chloroform as the preparation would take up. A few days ago I was gratified to learn, from Dr. Owens, that the patient was quite well.

Of course he took constitutional remedies as well as using local ones. It is doubtful whether in this case the iodide of lead, *per se*, would have cured the disease; chloroform certainly would not; but the conjoined use of the two was most beneficial; and I have no hesitation in recommending a preparation, such as I have above described, to the general use of my professional brethren.

Case 2.—I was called in to see a young lady who was subject to erythematous eruptions on the face, amounting frequently to erysipelas. At this time the attack was of the latter nature; the face was red and swollen; not painful and itching. Besides giving a purgative, I ordered an ointment of about the same strength as that above mentioned. Its good effect was almost immediate. In two or three days I saw her without a trace of the affection for which I had visited her. This was always before that time constant to a greater or less degree; and had been more or less benefited by various local and constitutional medicines; but now it wholly disappeared, and has not since returned, so far as I know.

Case 3.—A young gentleman, an undergraduate of one of the colleges in Oxford, of excellent general health, given to open-air sports, and without any evidence of personal or hereditary syphilitic taint, consulted me a few months since for psoriasis, which he had on most parts of his body, save his face. I directed him to take Neligan's ioduretted solution of the iodide of potassium and arsenic, described on page 268 of my edition of his work on Diseases of the Skin; and to use locally Hebra's tincture, which I have described on page 114 of the same work and also in a paper in the number of this Journal for May, 1865. He was further directed to take vapour and tepid baths, and physical exercise. I have seen him several times since his first visit; and always with the evidences of marked improvement in his case. At length I stopped Hebra's tincture, and a similar preparation of rectified spirit, soft soap, oil of cade, and oil of lavender, which for a short time previously I had substituted for the former; and prescribed for him instead of them the following ointment:—"Iodide of lead, twenty grains; simple ointment, seven drachms; glycerine, one drachm."

He was directed to continue the constitutional treatment as before. In about a fortnight I perceived the disease to be greatly improved; in

fact, the psoriasis may be said to have disappeared, so far as external appearances went; and the skin had quite regained, in most places, its natural colour and texture. I know the amelioration must be largely due to the use of the constitutional means above noted: but in no case treated throughout as this was at the outset (see above) have I seen the same speedy repair of the skin and its function as was so very remarkable in this instance.

I might mention several other private cases in which I tried it with quite as much benefit as in the above, but they would inconveniently extend the length of these observations. The ointment of the iodide of lead of the present *Pharmacopœia* (1867) I conceive to be very much too strong for such cases as I have noticed. It contains sixty-two grains to the ounce; whereas from a fifth to a fourth of that quantity is quite sufficient, and more useful than the pharmacopœial strength. In the case of *porrigo*, in which Dr. Neligan first used it, he put thirty grains to the ounce; and therefore we read with little surprise that in some cases "iodide of lead ointment excites a certain degree of inflammation." No such result follows the use of the weaker preparation; but the stronger is nevertheless useful in other conditions of the skin than those I have described.—*Dublin Quarterly Review*.

ON DROPSY OF THE PERITONEUM: ASCITES.

By Dr. S. O. HABERSHON, Physician to Guy's Hospital.

The habit of designating disease by the name of one of its symptoms is fraught with many disadvantages; but this is, unfortunately, a practice too frequently adopted. Jaundice is merely a *symptom*; but it is the name given to a *class* of diseases, although produced by a variety of conditions. Albuminuria and Bright's disease are terms of general significance; so of others in ordinary use. Thus, also, dropsy of the peritoneum, or *acites*, is often designated *dropsy*; and we admit that there is some excuse for applying such an appellation to this effusion into the largest of the serous membranes. Ascites is often associated with anasarca, and it thence constitutes a part of the general dropsy. But the varieties of peritoneal effusion are worthy of especial consideration; and it is to this local dropsy, in its several aspects, that I invite attention.

We distinguish several forms of peritoneal effusion---

1. From *atrophy*: as in senile wasting; in exhaustive cachexiæ; and in simple anæmia.

2. *Ascites from obstruction*: as in cirrhosis; in heart disease; in chronic bronchitis; in any obstruction in the vena-portæ or vena cava.

3. *Ascites from renal disease*.

4. From *glandular disease*, whether affecting the spleen or lymphatic glands, &c.

5. *Inflammatory ascites*.

6. *Strumous ascites*.

7. *Cancerous ascites*.

And although in each of these forms of peritoneal effusion the malady may be produced by some general ailment affecting the whole system, in the last three we have a more especial *local* manifestation of disease; and I have found these varieties overlooked or imperfectly understood.

1. *Atrophic ascites* is often present at the close of wasting disease. We find in the feebleness of old age; in exhaustive cachexiæ; and in simple anæmia. The effusion is of a passive kind; but it is sometimes sufficient to call for notice. The circulation in these cases is retarded, or has almost ceased, from failing power, or from fibrinous coagulation in the veins; and slow extravasation then takes place into the serous cavity and areolar tissue. It is a kind of exosmosis, and closely resembles the passage of serum into dependent parts of the body after the circulation has stopped.

2. A second form of ascites may be correctly designated *dropsy from obstruction*. Any mechanical impediment to the passage of blood from the portal system of vessels produces this variety of ascites. In several instances I have seen cancerous disease extending directly into the inferior cava, and reaching to the right ventricle, thus preventing the exit of blood from the liver, and causing engorgement of the portal circulation; and in another instance this extension took place into the vena portæ itself, so that the whole structure of the liver was injected with cancerous product. In these rare cases ascites was present from mechanical hindrance to the course of the blood. More frequently we find obstructive ascites caused by chronic disease of the liver, or of the heart or of the lungs and bronchi. In the latter varieties the legs become anasarcaous, and so also in many cases of hepatic disease, as cirrhosis; for the obstruction affects the whole inferior cava, and in cirrhosis it will be found that contraction at the lobulus Spigelii hinders the free passage of blood from the inferior cava close to the heart. This form of effusion may be merely serous in its character, but, from the long-continued congestion of the capillary vessels of the peritoneum, the nutrition of the serous membrane is generally more or less interfered with;

the membrane becomes thickened, granular, and in colour opaque; and, what is of still greater importance to remember (especially in the consideration of operative relief by paracentesis), acute inflammatory changes are very easily induced, and fibro-albuminous product is quickly poured out. I would *en passant*, refer to a rare form of passive ascites from obstruction which I have witnessed on two occasions, in which the effusion had a milky aspect, and was in part of a chylous character. In one of these cases the pressure involved the thoracic duct; and in the other the mesenteric lacteal vessels were very much distended, from obstruction in the mesenteric glands.

3. A third form of ascites is that connected with *renal* disease. Acute albuminuria, whether following scarlet fever or from other cause, is often accompanied by serious effusions into the peritoneum, as one of its symptoms, in common with general anasarca; and there is a great tendency to serous inflammation in this disease, apparently from the presence of urera in the serum. The peritoneum shares in this disposition; so that in an analysis of instances of peritonitis I have found that, out of 500 fatal cases, 63 were in connexion with renal disease. These instances of ascites with general anasarca do not call for special treatment. As the renal affection subsides the fluid becomes absorbed and the best mode of treatment is that directed to the relief of the original malady. But there are conditions in which we find renal disease with ascites without general anasarca; I refer to renal with hepatic disease, whether it be chronic contraction of the liver and kidney, as cirrhosis, or lardaceous disease. The ailment is of a chronic kind, and the improvement very slow; whilst the ultimate recovery depends on the state of the constitution.

4. A *fourth* variety of ascites might justly be called *glandular*. The peritoneal effusion is secondary to disease of important glands, by which the composition of the blood is changed. The ascites may be only part of a general dropsy. These instances arise from affections of the spleen and of the lymphatic glands, whether the change be one of congestion, of inflammation, of lardaceous, or other disease. The effusion is of a passive kind, and the treatment wholly of a constitutional character.

In other instances the ascites may be regarded as more especially of peritoneal origin, although the constitution is also at fault. The local treatment is of greater value than in the preceding forms of disease, for it is in the serous membrane that we have the manifestation of morbid action.—*Lancet*.

ON NEURALGIA.

BY PROF. TROUSSEAU.

In his lecture on neuralgia, Professor Trousseau brings forward his important observation that in all cases of this disease there is more or less acute pain on pressure over the spinous processes of those vertebræ which correspond to the origin or point of exit of the affected nerves; and to this *spinous* point he justly attaches very considerable diagnostic value. He draws attention to another peculiarity, concerning which, he thinks, writers have not been sufficiently explicit—the existence, namely, of cutaneous hyperæsthesia at the points of exit of the nerve-trunks. This he terms the *spot of peripheral expansion*. He denies the statement of Valleix regarding the *superficial tender spots* to be found in intercostal neuralgia, but admits the existence (amongst others) of those which he indicated in cases where the cranial nerves are affected. Where the neuralgia is superficial, Trousseau finds that the local application of atropine or belladonna is sufficient to relieve pain in the majority of cases. He generally employs a compress steeped in a solution of sulphate of atropine (five grains of sulphate of atropine in three ounces of distilled water), and covered with a piece of oiled silk to prevent evaporation. This application is continued for an hour at a time, and is frequently renewed, provided no disagreeable constitutional effects are produced. When the neuralgia is more deep-seated or severe, he has recourse to the endermic use of morphia, or the subcutaneous injection of morphia or atropine; and in obstinate cases he makes an incision through the skin, and places in the wound one or two medicated boluses. When he adopts the endermic method, he removes the cuticle by means of ammonia, as it can be done in this way much more neatly and expeditiously than by means of cantharides. He also advocates the inhalation of chloroform during the attacks.—*Lancet*.

EXCRETION OF UREA.

The *American Journal of the Medical Sciences* for October, publishes a very clever inaugural thesis by Dr. T. R. Noyes, containing a record of experiments on four persons, to determine the effect of food, sleep and exercise in the excretion of urea. The first week the parties experimented on used a mixed diet; the second week they lived exclusively on animal food, the third on purely vegetable food with the exception of a little milk in their bread, their tea and their coffee, while during the fourth week, the diet was the same as the third, but the subjects of the experiment took an unusual amount of exercise.

The first point noticed is that there is no immediate change in the excretion of urea after an alteration of diet, but that it requires three days to exhibit the full effect. Another fact made known in these experiments is that the old rule for estimating the proportional quantity of urea excreted, by the specific gravity of the urine, is by no means of universal application. As for diet, it was found that animal food increased the excretion of urea 169 per cent. but diminished the weight of the body. Free *uric acid* was detected, showing that the nitrogenous matter had not been all oxidated to urea. On changing to a vegetable diet the urea was diminished 75 per cent. Exercise slightly increased the quantity of urea, but marked increase was observed only as the result of fatigue.

Coffee increased the urea 14 per cent. To determine the influence of *sleep*, our author lay abed all day for a week, during which time, he found that he eliminated 31 per cent. more urea during the day than at night. The effect of mental occupation is not so distinctly shown, but there appeared to be somewhat less urea excreted during active mental work than when the mind was at rest. The author discharged 2.41 per cent. more urea upon light reading than upon arithmetical calculations.

LACTATE OF ZINC IN EPILEPSY.—Dr. Hart (*Chicago Med. Jour.*) has tried this remedy in combination with belladonna, on 240 patients in the Western Lunatic Asylum of Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it “without effectually controlling the paroxysm in from 24 to 48 hours.” His formula was: \mathcal{R} Zinci lactatis, gr. xxx.; Ext. Belladonnæ, gr. viii. M. ft. pil. x. Sig. One before each meal.

Midwifery and Diseases of Women and Children.

MORNING SICKNESS OF PREGNANCY.

This affection, which is so common as to be usually almost disregarded, becomes occasionally a source of great discomfort or even danger to the pregnant woman. The phenomenon, sometimes termed “sympathetic,” would frequently appear to depend upon reflex secretion by the stomach of a large quantity of unduly acid gastric juice. The source of centripetal irritation being one which, in the ordinary course of things, we cannot remove or influence, it might naturally be expected that most benefit would be derivable from remedies which diminish the reflex

faculty of the central nervous system : and it will be noticed that, in the experience of the authorities whom we quote, sedative remedies are those which apparently met with most approval. Of all drugs, belladonna probably possesses the most power in diminishing reflex excitability. It might, perhaps, be well to try, in very troublesome cases, the subcutaneous injection of atropine in exceedingly minute doses.

ST. BARTHOLOMEW'S HOSPITAL.

Dr. Greenhalgh states that vomiting during pregnancy may arise from a great variety of causes, but there is one form which comparatively few women escape, characterized by its early morning recurrence; the appetite being unimpaired; attended with little or no pain: in which glairy mucus, sometimes tinged with bile, is ejected, after much retching, and in which there are no evidences of disorder of the digestive functions. This form occurs more frequently and severely in those of a nervous or hysterical temperament; in those who have suffered from dysmenorrhœa and other uterine ailments; in those in whom the mammary sympathies are well marked; in primiparæ; in twin gestation; and more frequently among the rich than the poor, owing probably to the more highly attuned state of the nervous system, and less active occupation of mind in the former. It usually commences about the sixth week, and terminates before the commencement of the fourth month (sympathetic); and it may again recur or commence near the end of pregnancy, owing to pressure of the uterus against the stomach (mechanical). It rarely occasions much inconvenience, but in some cases it is extremely severe, and, in exceptional cases, threatens and has led to the destruction of life; in which latter cases nearly and even the whole of the ingesta are vomited, giving rise to great emaciation, debility, and eventually to exhaustion. In the great majority of cases the opinion of the physician is not sought, but where the symptom is sufficiently severe and distressing to demand treatment, it is of the utmost importance that a correct diagnosis as to its cause be made. Much of the ill success is due to the empirical way in which this symptom is treated, and many failures are doubtless attributable to neglect on the part of the patient, who, under the impression that it is a necessary part of the pregnant state, and must consequently be borne, does not apply for relief until the stomach has become so irritable as to resist the best assorted means. In four very severe cases, threatening life, which have come under Dr. Greenhalgh's care, two were due to highly congestive and irritable conditions of the uterus, one to retroversion, and one to dropsy of the amnion and twin gestation.

The plan of treatment which Dr. Greenhalgh has found most successful consists of rest in the semi-recumbent position, especially after meals,

which should consist of bland, nutritious, and unstimulating food, frequently administered, and in small quantities. The patient should take a little coffee about a quarter of an hour before rising, and should guard against long fasts. Great attention must be paid to the state of the bowels. In some cases a slight bandage round the lower ribs, and under this a strong sedative application over the epigastrium, appear to have done good. Effervescent, with hydrocyanic acid, belladonna, or nuxvomica, ice, and in some cases lemon juice, have proved useful. Bismuth and charcoal, where there have been large secretions of acrid mucus, accompanied with flatulent eructations, have appeared serviceable. But of all remedies Dr. Greenhalgh places most reliance upon the introduction into the vagina of morphia suppositories, more especially in severe cases, and where an irritable condition, with or without abrasion of the cervix uteri, is found to exist. In such cases he believes little or no reliance can be placed upon remedies taken by the mouth, which he has found rather to aggravate than relieve the vomiting. In the four cases especially alluded to, the first two were immediately relieved, and ultimately cured, by the suppositories; in the third the sickness abated shortly after the replacement of the uterus; while in the fourth, artificial premature labour at seven and a half months was successfully had recourse to. Dr. Greenhalgh recommends from one and a half to two grains of morphia as the usual strength of the suppository; but in cases where there is abrasion, with little secretion, care should be taken against an overdose. Dr. Greenhalgh states that he has seen some remarkable cases illustrating the influence of the mind on the vomiting of pregnancy. A lady, reduced to a most alarming state of prostration by this symptom, was suddenly informed that her favourite child was dangerously ill with scarlatina. She at once, and against the most urgent remonstrances, left her bed; the sickness ceased, and she tended her child unremittingly night and day for many days without even one recurrence of vomiting. Some years ago he attended a milliner who suffered most severely from vomiting. She was pregnant, and for the first time, and with twins. No matter how severely she might be suffering, if summoned to see a customer, the vomiting immediately ceased and did not recur on that day.

UNIVERSITY COLLEGE HOSPITAL.

The "morning sickness" of pregnancy, when limited to the morning or early part of the day, rarely calls for energetic or complicated medication. Under such circumstances Dr. Graily Hewitt generally finds benefit derivable from giving the patient some nourishing article of diet

such as a teacupful of beef-tea, a small sandwich of meat, a cup of milk, etc., before raising the head from the pillow. The change of posture from the recumbent to the upright position appears to excite the attack when the stomach is empty, but not so much so when the attention of the organ is, so to speak, otherwise occupied. The patient should remain a few minutes or longer in bed after this early meal before attempting to rise. That the sickness will occur in spite of this in some cases is undeniable; but in very many instances Dr. Graily Hewitt finds notable relief given by the simple treatment just mentioned.

KING'S COLLEGE HOSPITAL.

Dr. Playfair is not in the habit of treating cases of "morning sickness" much, unless it is unusually severe, beyond carefully regulating the diet, and removing any obvious source of irritation to be met with in the primæ viæ themselves. He is of opinion that there is much truth in the old belief, that pregnancies without morning sickness are not, as a rule, favourable. He has so frequently noticed that when sickness is entirely absent other and more distressing reflex phenomena, such as syncope, exist to an unusual degree, that he is disposed to look upon the entire absence of nausea as unfavourable.

When morning sickness is excessive he has frequently verified the opinion of Dr. Clay and others, that there is some morbid condition of the uterus itself, and has found local treatment, such as the occasional application of leeches to the vulva, or of iodine paint to erosions of the cervix uteri, to be of great service. With regard to actual medicines he is disposed to place most reliance on the oxalate of cerium, in doses of two grains three times a day. Next to this, effervescing draughts, with hydrocyanic acid, ice for suction *ad libitum*, and the subcutaneous injection of morphia, seem to have answered best. The pyroxylic spirit, strongly recommended in a late volume of the "Obstetrical Transactions," has not been found to answer so well as was expected.

Dr. Playfair has not met with any of those aggravated cases in which the patient has been reduced to death's door from the exhaustion of constant vomiting. But in the event of the induction of labour being considered necessary for the safety of the patient, he would urge the performance of the operation before things had gone so far as to render recovery almost hopeless. He believes that failure of the operation in such instances may generally be traced to excessive delay.

BRITISH LYING-IN HOSPITAL.

The vomiting of pregnancy, purely resulting from sympathetic irritation, and not due to ulceration or some morbid condition of the uterus

during gestation, has been treated by Dr. Murray in the following way. In the sickness occurring in the morning, and even before rising from bed, one teaspoonful of salvolatile in water has proved useful. When nausea occurs several times during the day, he recommends the use of sinapisms to the epigastric region, with a pill containing the oxalate of cerium and camphor, to be taken twice or thrice daily. In one or two cases he has found the morning nausea and vomiting stayed by getting the patient to eat either a biscuit or sandwich some time during the night, or very early in the morning. Salicine is a drug which he has used with success. Opium and ice are the other agents of much value in certain cases. In the cardialgia of pregnancy great attention must be paid to the diet, which should be light and nutritious, and a small quantity of food taken at a time, and at short intervals. He recommends lime-water, in preference to soda water; to be taken with almost every drink; and has found nitro-muriatic acid, with some bitter infusion, very useful.

HOSPITAL FOR WOMEN, SOHO-SQUARE.

Dr. Meadows has found the greatest success from medicines which exercise a decidedly sedative action upon the nerves of the stomach. Regarding the sickness of pregnancy as a purely reflex effect of uterine irritation upon the pneumogastric nerves and solar plexus, Dr. Meadows places most reliance on drugs which diminish the sensibility of those nerves in their peripheral distribution. The tincture of aconite in five to ten minim doses, the tincture of belladonna in ten-minim doses, the liquid extract of opium in five-minim doses, of the dilute hydrocyanic acid in five-minim doses: one or other of these is the remedy which he most commonly and most successfully prescribes. He has also observed marked effects from the oxalate of cerium, or the citrate of bismuth, in five-grain doses. In very intractable cases he has sometimes tried with good effect a small blister, about the size of a florin, over the epigastric region, the blistered surface being afterwards dressed with some diluted ointment containing one grain of morphine in a drachm.—*Lancet*.

SPONGE TENTS.—*Carbolized.*—Sponge tents may be rendered incapable of putrefaction by introducing into the core of the tent several threads of cotton wick steeped in carbolic acid; and after the sponge is rolled into its proper shape, by immersing it into cocoa butter to which a certain quantity of glacial carbolic acid is added. The disinfectant properties of this agent completely protect the tents, and they are withdrawn in an inodorous state even after a stay of eighteen or twenty hours in the cervical canal.—*Braithwaites Retrospect*.

Canada Medical Journal.

MONTREAL, MAY, 1868.

We beg to intimate to our readers that we have secured the services of William Canniff M.D., M. R. C. S., England, who has kindly consented to act as corresponding Editor for the Province of Ontario. We are desirous of obtaining the co-operation of gentlemen from each of the Provinces in the Dominion so as to give to this work a national character and with that end in view have written to members of the profession in the Provinces of New Brunswick and Nova Scotia. Corresponding Editors are requested to secure from members of the profession in their immediate vicinity papers on practical subjects for publication in the pages of this journal. These papers should be forwarded to us before the 15th day of each month, to insure their appearances in the ensuing number. All manuscript sent addressed to the Editors Canada Medical Journal with a wrapper and having marked thereon "manuscript for the printer" will be transmitted by post, if pre-paid, at the same rate as that charged for news papers. Dr. Canniff's residence is at Belleville, Ontario.

THE NOTMAN ABORTION CASE.

Abortion is a crime, we believe of comparative rare occurrence in Canada, yet the discovery of a case now and again, proves that we are not entirely exempt. It is true our population has a horror of the crime, still it is a little surprising that with the United States so near to us, where the facilities afforded for its perpetration are so well known, that we have so little of it. Unfortunately our neighbors—the mass of them—do not look with that detestation upon abortion that we do, and it consequently has taken such deep root, as to have become a matter of grave concern to the Medical profession there. A volume on the diseases of women, by Professor Thomas of New York, issued this month, contains the somewhat startling announcement, that one of the most respectable newspapers of that city, one which finds its way into the first circles of society—contained in a recent issue no less than fifteen advertisements of well known professional abortionists—men and

women who make a business of infantile murder. The proprietors of these dens of infamy, also distribute broadcast over the country, circulars promising to communicate for a consideration the means whereby this crime can be accomplished safely. Under these circumstances we may congratulate ourselves, that thus far we have escaped being drawn completely into the current. But signs have not been wanting within the past year to shew that there were victims ready to submit if the operator could only be found, and it is with feelings of deep regret that we have to admit that at last, in Montreal, one of our profession was found willing to undertake the abominable business.

On the 21st of April, Mr. Robert Notman, a person of some social position, was placed in the dock at the Court of Queen's Bench in this city charged with having "counselled, commanded and procured one Dr. Alfred Patton, to administer to one Margaret Galbraith, on the 15th day of December, 1867, a certain noxious thing known as the Ergot of Rye," for the purpose of procuring abortion. The evidence as given by a number of witnesses was remarkably clear. The principal witness was the unfortunate Miss Galbraith, who gave her evidence, we believe honestly, although with much reluctance. She was a pupil in attendance at the Normal School, and had been seduced by Notman. Believing herself pregnant, Notman arranged with Dr. Alfred Patton to see her at his, Notman's, office. This interview between Dr. Patton and Miss Galbraith, took place on the 15th December, 1867, Notman being at that time in Toronto. Dr. Patton informed her she was pregnant, and gave her a bottle of medicine to take—which bottle was subsequently found in her trunk and was examined by Dr. Girdwood, who, on the trial gave it as his opinion from a microscopic examination of small particles taken from it, that it had contained Ergot of Rye. Several letters from Notman were read in which brief allusions were made to the treatment she was undergoing. To shew the intent of the prisoner, evidence not pertaining to the indictment upon which he was being tried (there were four other indictments against him) was admitted by Judge Drummond who presided. This evidence showed that finding the Ergot did not answer the purpose, other medicines were tried, all of which failed; that as a last resort sponges were used, and that on the evening of Saturday the 22nd February last, she was taken to the St. Lawrence Hall, where Dr. Patton shortly after arrived. He remained with her all night, and early on the Sunday morning she was delivered of a fœtus. What became of it Miss Galbraith did not know. Dr. Patton continued to attend her and saw her for the last time about midnight on the 26th of February. On the morning of the 27th Dr. Patton was found dead in his bed. An inquest was held, and a che-

mical analysis of the contents of the stomach made by Drs. Craik and Howard, revealed the fact that Prussic Acid was the cause of death. Dr. F. W. Campbell, who was called to attend Miss Galbraith on the 27th February, testified to finding her very ill, and on examination signs were present sufficiently well marked to warrant him in believing she had been recently delivered. Other witnesses gave evidence which completed the chain around the unfortunate prisoner. Notwithstanding most pathetic appeals to the jury, by two of the ablest criminal lawyers which Montreal possesses he was found guilty, and sentenced to ten years confinement in the Provincial Penitentiary. The case excited the greatest public interest, from the social position of the accused and the sad end of the unfortunate principal in the crime. Being fully cognizant of the facts we can but endorse the verdict of the jury, yet for all that we must add that we consider Judge Drummond has erred on the side of severity in the terrible sentence which he pronounced against the unfortunate prisoner. We are no apologists for the seducer, or the aider and abettor in the abominable crime of abortion, yet we know it for a fact that more than one person in Montreal occupying a position equal to that of Notman's would have been to-day in a position similar to his had it not been for the warning given them of the crime they intended to commit, by the persons they sought to make the principal offenders. It is a fact we believe that there are few medical men, in Montreal at all events, who have not been at least once in their lives solicited to procure an abortion, the person so soliciting having no idea that he ran any risk worth speaking about it. A medical man does however, know not only the risk he runs, should he consent, but likewise is in a position to know the danger which he who "counsels and procures" is liable; not only is it his duty therefore to refuse to become a party to any such crime but likewise to warn those soliciting him to desist. While therefore a fearful responsibility rests upon the shoulders of the prisoner, Robert Notman, which we would by no means attempt to lighten, we yet think that the majesty of the law would have been satisfied with a sentence of from five to seven years. Dr. Patton whom we allude to above was a native of Ireland, and only began practice in Montreal early last fall. He had previously been for some time in the employ of the Montreal Ocean Steamship Company. We cannot close these remarks without one reflection. It is the regret we feel that the law of our country does not give us the power to prosecute mothers who in the crime of abortion, attempt to hide their shame. We trust that we shall not much longer have to complain of such a strange omission. May the publicity given to this trial have the effect of banishing from our country this moral cancer which was slowly eating its way into this and other cities of the Dominion.

CONVOCAATION OF M'GILL UNIVERSITY.

The annual convocation of McGill College was held in the William Molson Hall of the University on Friday the 1st May, for the conferring of degrees and honours in the faculty of Arts: and on Saturday the 2nd May for conferring degrees in the faculties of Medicine and Law. On both occasions the room was graced by the presence of a number of ladies. Professor G. W. Campbell A.M., M.D. Dean, of the Medical Faculty made the following announcement of the steady progress of the Medical Faculty and also of honours and prizes awarded at the close of the past session—as follows.

The total number of Students in the past Session was 150—of these there were from Quebec, 64, Ontario, 74; Newfoundland, 2; Nova Scotia, 3; New Brunswick, 2; Prince Edward Island, 1; Bermuda, 1; United States, 3.

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

Thomas J. Alloway, Montreal, Que; Johnson Ardagh, Orillia, Ont; Thomas Archer, Montreal, Que; George A. Baynes, Montreal, Que; William Bradley, Fenagh Vale, Ont; John M. C. Buckle, Ottawa, Ont; George J. Bull, Montreal, Que; John Campbell, Farquhar, Ont; William Cherry, Lennoxville, Ont; Victor A. Clement, St. Guillaume, Que; Sidney P. Cooke, Ottawa, Ont; Charles Dansereau, Vercheres, Que; William G. Farewell, Oshawa, Ont; John T. Finnic, Montreal, Que; William S. Freleigh, Picton, Ont; Donald M. Fraser, London, Ont; Robert Gordon, Osnabrock, Ont; Charles S. Hamilton, Roslin, Ont; James H. Hammond, Montreal, Que; Andrew Harkness, Matilda, Ont; William M. Keefer, Galt, Ont; John G. Kittson, Minnesota, U. S.; Thomas D. Lucas, Wellington, Ont; D. A. MacCrimmon, Lagan, Ont; James Macfie, Clarenceville, Que; Peter MacLaren, New Perth, P. E. I.; John Mackay, South Finch, Ont; Alexander McTaggart, East Williams, Ont; William H. Mondelet, Montreal, Que; D. A. Morrison, Montreal, Que; Alexander Proudfoot, South Hampton, Ont; John Reid London, Ont; Ferdinand Rinfret, Quebec, Que; Thomas A. Rodgers, Montreal, Que; David T. Scholfield, Ponthill, Ont; Norman A. Smith, Frelighsburg, Que; James Stewart, Ottawa, Ont; Silas E. Tabb, Montreal, Que; Joseph A. Whyte, Charleston, S. C.

The following are the names of Students presented for the Degree of M. D., C. M., their residences, and the subjects of their Theses.

Edwin D. Ault, Aultsville, Ont, Hysteria.; D. S. E., Bain, Staff Surgeon Major, Quebec, Yellow Fever; John A. Burgess, Chatsworth,

Ont, Emphysema.; Clarence J. H. Chipman, B. A., Montreal, Que, Infantile Cholera.; Guy D. F. Daly, St. Paul Min., U. S. Aneurism.; T. B. DeGrosbois, Chambly, Que, Cataract.; William G. Farewell, Oshawa, Ont, Induction of Premature Labor.; Donald Fraser, Montreal, Que, Small pox.; Angus Gilhous, Granby, Que, Physiological Chemistry of Urine; Robert Gordon, Osnabruck, Ont, Pyogenic Fever; Dan. M. J. Hagarty Bornholm, Ont, Scarlatina; Charles S. Hamilton, Roslin, Ont, Pneumonia; F. W. Harding, Windsor, N. S. Tobacco; John Hollwell, Quebec, Que, Gunshot Wounds; Reginald, H. A. King, St, Silvestre, Que, Physiological relations of the Blood.; D. W. C. Law, Newton Robinson, Ont.; Amemorrhæa.; Daniel Legault, Isle Perrault, Que. Dyspepsia; Walter Moffatt, Hickory, Pennsylvania, Jaundice; Wm. H. Mondelet, Montreal, Que, Principal Causes of the Mortality of Montreal and Modes of Prevention; James A. Nesbitt, Hemmingford, Que. Pneumonia; Charles Williams F'adfield, Burford, Ont., Physiology, and Pathology of the Blood; John Perrier, Halifax, N. S., Dysentery; John S. Proudfoot, Chatsworth, Ont, Acute Pneumonia; James J. Quarry, Lucan, Ont, Dysentery; Ferdinand R. Rinfret, Quebec, Que, Scarlatina; Thomas G. Roddick, Harbor Grace Nfld, Fractures of the Femur; John R. Smallwood, Montreal, Que, Traumatic Tetanus; Daniel D. Smith, Cornwall, Ont, Disease of the Valves of the Heart; George Stanton, Simcoe, Ont, Acute Peritonitis; Alfred O. Stimpson, St. Pie, Que, Relations of Chemistry to Medicine; Marshall B. Willcox, Whitby, Ont, Stricture of the Urethra, John A. Wye Brantford, Rubeola.,

PRIZES.

The Medical Faculty Prizes consist first of the Holmes Gold Medal, founded by the Faculty in honour of their late Dean, and two prizes in Books for the best Primary and best Final Graduation Examination.

The Holmes Medal was gained by Thomas George Roddick of Newfoundland, after a close competition with Guy D. F. Daly of St. Pauls Minnesota, and Clarence Chipman, B. A. of Montreal.

The Prize for the best examination in the Final Branches, was awarded to Thomas George Roddick; and in the Primary Branch to Andrew Harkness of Matilda, Ont.

The gentlemen whose Theses and Examinations were considered sufficiently meritorious to entitle them to compete for the Medal, were Messrs. Daly, Willcox, Chipman, Burgess, Ault, Stanton, Quarry, Perrier, and Gilmour.

The gentlemen who deserve Honourable Mention in the Primary examinations were Messrs. Lucas, Cherry, Reid, Stewart, Bull, MacLaren,

and Kittson; the names in the above list are arranged in the order of merit.

The Prizes in Natural History were awarded as follows:

BOTANY—Austin T. Pegg, Prize; G. H. DeWolfe, F. W. Faulkner, W. Youker, Certificates of very creditable answering.

ZOOLOGY—T. M. Clunn, Prize; Sidney P. Cook, Prize for Collection of Shells.

IN PRACTICAL ANATOMY.—DEMONSTRATORS' PRIZE,

Senior Class.—For general excellence as a practical anatomist, prize awarded to William Sutherland.

Junior Class.—Prize divided between A. J. Cattnach and R. A. Clarke.

STUDENTS WHO HAVE PASSED THEIR EXAMINATION IN NATURAL HISTORY.

Class First.—**BOTANY.**—Austin J. Pegg, G. H. DeWolfe, G. W. Faulkner, Wm. Youker, H. P. Wright, R. A. Clarke, R. T. Rooney, John McKay, A. J. Cattnach.

Class 2nd.—G. W. Whelan, F. R. Clunn, A. J. Abott, F. McEwen, N. H. Sutcliffe, J. C. Barclay, James Fraser, J. S. Webb, F. H. Mitchell, F. F. D'Avignon, A. A. Clarke, Thos. F. Johnson, James Cherry, John Duncan, T. J. Alloway.

Class 3rd.—J. M. Macdonald., T. D. Schofield, W. D. E. Nelson, D. Cluness, Robert Moore.

Zoology.—F. R. Clunn, Alfred Brosnau, G. H. DeWolfe, W. D. E. Nelson.

The Chancellor, the Hon. Charles Ducey Day, LL.D., then presented the Holmes gold medal to Mr. Roddick, and to the other students the prizes as detailed in the above list. The solemn vow having been administered to the graduating class by Professor William Wright M.D. the degree of Doctor of Medicine and Master of Surgery, was thereupon conferred by Principal Dawson.

Dr. Thomas G. Roddick then read an excellent valedictory address on behalf of the graduating class.

Professor Wright then addressed the graduates on behalf of the Medical Faculty; this able address will be found elsewhere. After the proceedings of the Law Faculty and an address from the Chancellor, the benediction was pronounced by Professor Cornish and the proceedings terminated.

DR. DIEHL OF TORONTO.

Dr. Diehl, formerly a practitioner in Toronto, and the oldest man in that city, died on the 6th of March at the age of 82 years.

He was born in Quebec in 1786, and studied medicine with Dr. Blake in Montreal, and in 1813 was attached to the medical staff of a Canadian regiment, and served during the war. From 1818 to 1828 he practised with the late Dr. Arnoldi in Montreal, when he removed to Toronto, where he entered into partnership with the late Dr. Widner, remaining till 1835, when on account of ill-health he gave up practice. He was afterwards appointed Deputy-Inspector of Militia Hospitals in Toronto, and surgeon of the 4th Battalion of Militia. He was very active, mentally and physically, until a few weeks previous to his decease, when he received some internal injury by a fall which eventually caused his death.

CHEMISTS ASSOCIATION MONTREAL.

We congratulate the Chemists and Druggists of Montreal, upon the vitality they have given their Association, formed last fall,—during the past winter, their meetings have been well attended, and interesting essays have been read. At the meeting held on the 5th of March, Mr. T. D. Reed, read a very interesting paper on Glycerine, which was an all, but an exhaustive treatise. We shall be happy at all times to briefly chronicle the doings of this association.

CANADIAN GRADUATES AT HOME.

By the *Lancet* we notice that the undermentioned Canadian Graduates took out the membership of the Royal College of Surgeons of England, on the dates given.

Edward K. Patton, M. D. of Quebec (McGill and Laval) on the 23rd January. David Keagey M. D. of Dundas, Ontario (Victoria College, Toronto.) Hugh McKay, M. D. of Woodstock Ontario, (Victoria College, Toronto). Duncan McLarty, M. D. of St. Thomas, Ontario (Victoria College, Toronto.) The last three passed their examination on the 21st January last.

UNIVERSITY OF MCGILL COLLEGE.

Dr. Duncan C. MacCallum, formerly Professor of Medical Jurisprudence; has been elected by the Governors of the University, to fill the Chair of Professor of Obstetrics, and the Diseases of Women and Children, vacant by the death of Dr. Archibald Hall. We congratulate Dr. MacCallum upon his appointment.