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LACTIC ACID IN DIABETES.

BY A. HAMILTON, M.A., M.B., MILLBROOK, ONT.

“We learn more by our failures than by our successes.”—BAUER.

Since the much-promising skim-milk treatment has now been, I think I may say fairly, abandoned as judicious treatment for Diabetes Mellitus, and some members of the profession are now turning with some degree of hope to the lactic acid treatment lately brought to our notice by Prof. Alnaldo Cantani, of Naples, I deem it not premature to report the results in two cases under my observation in which his treatment, so far as it seemed possible to carry it out, was given a trial, with what fairness is left to the judgment of the reader. It consists in giving lactic acid with an exclusively flesh diet.\*

CASE I.—A married lady,  $\text{æt. } 38$ , first had diagnosis of diabetes made in Sept. 1871, when the primary symptoms had been troubling

\* A statement of Cantani's theory will be found in the *Canada Lancet* for September 1872, p. 48, and a more extended statement, with details of treatment and the pathological views upon which it is based, by Dr. Balfour, of Edinburgh, in the *Edinburgh Medical Journal* for December 1871, *Medical World*, N. Y., May 1872, or *Braithwaite*, July 1872. See also *British Medical Journal*, 25th of February, 1871.

her for three or four weeks. She presented the usual symptoms of a rapidly progressing case. Under two months treatment with a diet devoid of nearly all amylaceous principles, using flesh, milk, and Camplin's bran biscuit, with the use of ordinary remedies she had in so far recovered as to be able for a time to attend to her household duties, and was otherwise active. While thus improved, she was urged to still further improve her condition, as she seemed to have stopped gaining. Falling into the homœopathic delusion and coming under the care of a certain practitioner of that so-called system in Toronto, who promised, without at all restricting diet, to cure her by very small and easily taken white soluble powders, and stated that he had cured every case treated by him, with a single exception, she began this treatment with enthusiastic faith. Under it from the latter part of November 1871 to the 10th of January 1872, she gradually grew weaker. The specific gravity of the urine was for a time considerably diminished. It previously ranged from 1.029 to 1.038. On the 10th of January the quantity of urine was sixteen pints, sp. gr. 1.033, abundance of sugar, emaciation, excessive thirst, and weakness so great as to require help from cutter into my office, distressing pruritus vulvæ.

At the recommendation of my esteemed friend, Dr. C. Archibald, of Toronto I determined to give Cantani's treatment a trial and pending the arrival of a supply of lactic acid, ordered abstinence from starch and sugar with the use of Camplin's bran cakes (which by the way can be made fresh, and moderately palatable), with the use of the effervescing citrate of ammonia containing in each dose grs. v of Ferri et Strychnie citras, *ter die*, also gr.  $\frac{1}{2}$  pul. opu. after each meal with gr. *j* hora somni, and an antipruriginous lotion. In three days, when the acid had arrived, strength was much improved, quantity six pints, sp. gr. 1.031 $\frac{1}{2}$ , abundance of sugar by Moore's test, pulse 96, respirations 21, weight 116 pounds.

In this condition she began taking the acid 13th Jan. (3) *ter die* in water with a rigidly meat diet. 14th Jan. the acid seemed with each dose to produce severe pains in loins and limbs, gave an opiate, quantity five and a half pints in the last 24 hours, during which she drank only six tumblerfuls of water, three of which were at meals, and contained each a dose of the acid which forms quite a pleasant *sour drink*, quite as palatable as dilute lime-juice. Sp. gr. of urine 1.032, which, on being tested for sugar by Moore's test, did not

exhibit the yellow color until boiling began, this yellow changed to brown, but the color was much less marked than on any previous occasion, the urine being translucent in the test tube. After standing a slight cloud was precipitated. Hitherto the liquor had always been too turbid to observe any such cloud if present. 15th Jan. quantity during last 24 hours is  $4\frac{3}{4}$  pints, sp. gr. 1.018 with sugar very small. The urine presents the normal amber tint, while before it was pale and presented the appearance of stagnant water. Each dose of acid seems to induce severe pains, as before. Acid to be continued in warm tea, ordered a mixture of opium and aconite to be taken *pro re nata*.

16th Jan. quantity  $3\frac{1}{2}$  pints, sp. gr. 1.019 $\frac{1}{2}$ , sugar as yesterday, pains much less, has a pain in back and leucorrhœa. Has drunk in 24 hours only four tumblersful of fluid including the tea in which the doses were taken. 17th Jan. sp. gr. 1.020 $\frac{1}{2}$ , pulse 90, respirations 20, no pains to-day, quantity 4 pints, slightly more sugar. 18th Jan. sp. gr. 1.017, sugar about as on the 15th, pulse 102, respirations 22, quantity 5 pints. 19th Jan. sp. gr. 1.025, quantity about  $3\frac{1}{2}$  pints.

20th Jan. sp. gr. 1.030, quantity not more than 3 pints, decidedly acid, discoloration a shade deeper than before. Has lost two pounds in weight during her first week's treatment. 21st Jan. sp. gr. 1.032, sugar increased, about 4 pints an opiate had been taken to relieve diarrhœa. Slightly weaker during the last few days. While awaiting a new supply of acid, ordered same treatment as on 10th, resuming acid treatment on 24th, with a simple cough mixture owing to occurrence of a slight bronchitis. 26th Jan. sp. gr. 1.031, ten pints of pale urine, sugar small, pulse 105, respirations 28, temperature 100.2°, weight 114lbs, pains caused by the acid comparatively slight.

28th Jan., feels much stronger, has been out to church the first time in five weeks, quantity 5 pints, sp. gr. 1.037, pulse 88, respirations 24, temperature 99°. Has taken a grain or two of pulv. opii. each day for the last two days. 31st Jan., quantity 11 pints, weaker, complains of pains in back, shooting from lower dorsal region around the abdomen and down the thighs, sp. gr. 1.032, hypodermic injection of morphia and atropia, and ordered some anodyne mixture as on the 15th. 1st Feb., much better, "feels first rate," sp. gr. 1.036, sugar about the least exhibited since beginning treatment, quantity 5 pints, pulse 95, respirations 23, temp. 99.7°. Marked improvement such as shown to-day was afterwards found to occur regularly after a similar subcutaneous injection. After a few days

further trial of the acid it was abandoned. During this time had been on a diet of mostly beef with fresh fish. Occasionally took one of Camplin's biscuit broken into skim milk.

For some time, about a month, treatment consisted mainly in avoidance of amylaceous foods, with the use of Tr. Ferri mur., strychnia, digitalis, oleum morrhue and opium principally. The patient, of weakly constitution naturally, did not, I think, get out of the house, although at times almost able, but prevented by severity of weather. Strength and quantity of urine varied, but not to any extent deserving note. During this time tubercle deposited in the lung made itself manifest.

Feeling that the result I had obtained was not as favorable as had been observed by others, and supposing this difference of result might be due to the acid, I was urged by the eager anxiety of my patient to try acid from a different wholesale house. A fresh specimen was accordingly obtained from Evans, Mercer & Co., Montreal, whereas the first specimens were furnished by Lyman Bros. & Co., Toronto. Under its use the quantity of urine still kept as small as while under the remedies given in the last paragraph, varying from three or four to about seven pints in each 24 hours. The sp. gr., which throughout the case never went above 1.038, ranged from 1.024 to 1.036, with an average of about 1.031. On one occasion, however, it went down to 1.018, with a very small quantity of sugar. The physical strength was maintained pretty well. This was continued for about five weeks, when it was evident that although it was quite adequate to produce and maintain improvement and even to diminish the quantity of sugar to a minimum as compared with every thing else tried yet the improvement was not progressive and continuous. The fluctuations were not very markedly different from what they were at other periods. The amount of sugar excreted per week was, I think, not more than one-half what it was under other treatment.

During the last month of life consumption made rapid progress, and the case was under palliative treatment. Death occurred on May 4th.

CASE II.—A married lady, æt. 33, the mother of several children, who had been suffering for about eight months from *diabetes mellitus*, and was put upon Cantani's treatment. The dietetic restrictions were, I think, pretty rigidly carried out, and the treatment continued

for five or six weeks. The benefits obtained by using the acid were greater in this case than in the other. Before beginning the acid the specific gravity ranged from 1.040 to about 1.044; under it, from about 1.030 to 1.040, with great but not continuous diminution of the amount of sugar. The quantity of urine was small, four or five pints per 24 hours. The strength and spirits returned, the color improved during the first two weeks treatment, and this improvement was maintained during the remainder of the time. It was evident however, that a suspension of the treatment would permit the physical depression to return, and hence it could not be at all called curative. Hence it was abandoned. Under other treatment this case made a more decided improvement. She died on Aug. 6th, from what, I presume, to be obstruction of the bowels, after a very brief acute illness. As her residence is beyond the limits of my visiting practice, I did not see the case to this termination.

*Commentary.*—I infer that the administration of lactic acid to the amount of three or four drams per day, has some decided power over the disease. It will diminish the secretion of urine, lessen the amount of sugar *at the same time* and along with it the specific gravity. Also the symptoms immediately dependent upon the march of the disease were all ameliorated. Beyond this remarkable power over diabetes it is doubtful in my mind if it has reliable curative power. If the reader will examine Cantani's treatment he will see that it is predicated upon rational principles. It is to be hoped that further investigation, rationally and not empirically conducted will lead to better results in this hitherto unmanageable disease. I may say that I do not think so highly of the treatment as to have placed a third case which has since occurred in my practice upon it. Both qualities of acid were used, the syrupy in consistence and that of watery consistence. Its expense, about \$5 per pound wholesale, is a bar to very prolonged trial of it.

I may add that the pains produced by the acid apparently in the first did not occur with the second. They did not occur in the first case either with the acid obtained from Montreal. On one occasion only was the pain in the first case described as being in the knee-joints for a day. I observed nothing analogous to the phenomena of acute arthritic rheumatism which other observers have noticed.

GUN-SHOT WOUND OF ABDOMEN—BULLET PASSED  
PER ANUM—RECOVERY.

UNDER THE CARE OF DRs. BETHUNE &amp; FULTON, TORONTO.

*(Reported by L. F. Lennox, Medical Student.)*

M—L, æt 34, native of Newfoundland, and a carpenter by trade, was wounded on the 29th day of July by the accidental discharge of a "Smith & Weston" revolver. He and his brother were sitting on the edge of the bed early in the evening after they had quit work and were handling the revolver, which he was showing his brother, under the impression that all the cylinders were empty. The brother who had the weapon in his hand raised the hammer, and in letting it down the contents of one of the cylinders exploded, severely wounding the unfortunate patient, the bullet passing through the fleshy part of the fore-arm near the elbow joint, and just external to the neck of the radius, and then entering the abdomen a little below and to the right of the umbilicus. He immediately got up and walked down stairs and laid down upon a sofa, and Drs. Fulton & Bethune were sent for. There was very little shock with the exception of slight pallor of the countenance and considerable excitement. Pulse about 86, full and regular. Dr. Fulton was the first to arrive. He made some inquiries regarding the nature of the injury, the time at which it occurred, and the position of the patient when the accident happened. He then proceeded with a probe to search for the bullet. The wound was very carefully examined, but no trace of the bullet could be found, not even an opening into the abdomen. The conclusion was therefore arrived at, taking the condition of the patient into consideration and other circumstances of the case, that the bullet was lodged in the right rectus muscle, and would probably become encysted. Dr. Bethune arrived shortly after. He also examined the wound, but could not find any opening. The wound was then slightly enlarged and further search made, but with similar results. The wounds were dressed with cold water dressing, the patient ordered to be kept perfectly quiet, and about twenty minims of Liq. Opii Sed. were administered.

30th,—morning.—Patient tolerably comfortable, but slept very little during the night, considerable anxiety, pulse about 90, com-

plaints of a good deal of tenderness in the abdominal wound, Liq Opii Sed. continued, to have no solid food; ordered Beef-juice ever four hours.

Evening.—Complains of twitching pains in the right rectus muscle; face slightly flushed; pulse about 96; countenance anxious; vomited some greenish colored fluid, treatment continued.

31st.—morning.—Tenderness on pressure, especially in the right side of the abdomen, every movement of the rectus muscle attended with severe pain, vomited once or twice through the night; takes very little nourishment, but is very thirsty; tongue coated with a white fur; pulse about 100, slight tympanitis, and patient complains of fulness of the bowels, and wishes to have a cathartic. To this the Drs objected, but ordered an enema of soap and water; hot fomentations and subcutaneous injection of morphine over the rectus muscle ordered.

Evening—Pulse 104, skin hot and dry; tongue furred; general condition much the same as in the morning; wound in the abdomen discharging a little. The wound in the arm looks well.

The following mixture was then ordered R:—Pot Nitras grs, xxx; Tr Hyoscyami, ʒ iij., Liq Opii Sed, ʒ ij.; Aqua ad, ʒ viij. Sig. A tablespoonful every four hours.

August 1st.—Patient easier; rested some during the night; pulse 100; tenderness subsiding, stomach not so irritable bowels not much distended. Poultice applied to the wound in the abdomen.

2nd.—Rested well during the night; pulse about 90; tenderness nearly gone, except in the immediate neighborhood of the wound; poultice still applied; treatment continued.

3rd.—Still improving, patient in better spirits; bowels acted without any interference, stools very dark colored and offensive; pulse 90; skin moist.

4th.—Pain almost gone, pulse about 85; patient quite comfortable; cautioned against attempting to get up. To have Quinine mixture.

5th.—Patient much better; pulse about 80; no pain or tenderness; tongue commencing to clean at the edges; to have more nourishment.

7th.—Patient now visited every second day; improvement rapid, Quinine mixture continued.

9th.—Moved out on the sofa to have the bed made; complains of weakness, but is doing well.



10th.—While evacuating his bowels this morning, the bullet passed *per anum* to his great delight and astonishment, and in two weeks' time he was able to be about and attend to business.

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### ON THE EXHIBITION OF CHLOROFORM.

BY A. D. ATHERTON, M.D., L.R.C.P. & S., (EDIN).

A few observations from the leaves of my experience in regard to this subject may not, I hope, be uninteresting to the readers of the CANADA LANCET.

In administering Chloroform, it is of course important to see that no article of clothing constricts the neck or prevents free expansion of the chest, while we direct the patient at the same time to assume the supine or reclining posture. I once saw a surgeon give it to a person sitting astride a chair and leaning his chest against its back. It was not long before respiration ceased, and it was with difficulty re-established.

It is well also to assure the patient that there is little or no danger, and that he will bear it all the better if he does not get nervous or frightened. I generally direct him to take long deep breaths through the mouth, and to close his eyes in order to prevent irritation of the conjunctivæ. By breathing through the mouth I think one gets less of the choking, smothering sensation, because of the sensitive powers of the nasal organ not being called so much into play. To ensure a speedy and pleasant effect it is necessary not to push it too much at the start, especially if our patient is afraid, and it is his first inhalation. Under such circumstances, undue haste will only cause alarm, and lead to the use of more resistance than will be either agreeable or safe to ourselves. Sometimes a patient will struggle to remove the towel from the face in order to clear the mouth of mucus and saliva. This it is well to allow, and then he will quietly permit you to replace it. At other times I have found that when the continual presence of the chloroform close to the mouth is resisted, its removal during *expiration* will ensure a quiet and full inspiration, during which it may be brought near again. After a few inhalations there will be sufficient insensibility to admit its free exhibition.

Now and then we meet with one, who, in the first stage of anæsthesia, stops breathing altogether; to a great extent I think voluntarily on his part. This will generally be remedied by some rather rough handling of the tender part on which we are to operate, or if there is none such, by giving a sharp pinch or a good shake. Instead of doing this I have seen Physicians remove the chloroform and shout to him to breathe; to which he pays not the slightest attention till it suits himself. In this way chloroform may be wasted as well as much time.

When the loud breathing begins, and the muscles of the arm begin to relax, it is time for work. And here I would remark that it is amusing to see with how much anxiety and concern some practitioners will hold on to the pulse to see how the heart beats, instead of giving their whole attention to the respiration. I recollect this leading one of my friends to think my patient was gone, because he was lying partly on the arm in which he was feeling the radial, and because this pressure of his body, entirely stopped its pulsations. It may be well to feel the pulse in cases of heart disease, but it is certainly needless in ordinary ones.

In the last stage of anæsthesia we often get, as every one is aware, that loud stertorous breathing and its occasional cessation which gives us not unnecessary alarm. In this condition the following simple expedient has often served me well, and I think will obviate that cruel method of seizing the tongue with forceps and dragging it forwards which I have seen practised. By taking hold of one or both sides of the mouth with the thumb and fingers, and drawing well forwards, we can generally (if not always) bring forwards also the lower jaw and with it the tongue, so as thus to raise the epiglottis and permit the air to flow freely in and out of the lungs.

It is not enough that we simply hold apart the lips so as to open the buccal cavity, nor yet is it proper to draw its sides at the same time *backwards*, which I think retards rather than assists in bringing forward the tongue, and thus raising the epiglottis which is the point to be aimed at. Sufficient room will generally be secured for entrance of air without forcing the jaws apart.

With regard to the use of chloroform in labour, by attending to the direction of the late Sir J. Y. Simpson, namely, to give it only *ring* the pains, there is little danger of producing any of its dangerous symptoms; neither is the patient as apt to vomit afterwards as in its ordinary use in other circumstances.

It acts like an opiate in getting rid of irregular and useless pains and allowing better ones to come on in their stead. In other cases, where pains are going on well and the female is aiding them greatly by expulsive efforts, chloroform, especially if given freely, will not only to a large extent do away with the voluntary force exerted by the abdominal muscles, but will also diminish the frequency and force of the contractions of the involuntary muscular fibres of the uterus itself.

As soon as the head of the child is born, of course the chloroform should be removed; and I would say even a little before this, so as to allow the uterus to regain more completely its power to contract upon and expel the placenta after complete delivery of the child, for I can't help thinking that we are more apt to get *post partum* hemorrhage after the use of chloroform than where we do without it. After chloroform I am therefore particularly careful to follow down the uterus as it expels the child, and keep it contracted by pressure and occasional friction through the abdominal walls.

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### GLEANINGS FROM MY NOTE BOOK.

BY T. R. DUPUIS, M.D., F.R.C.P. & S., KINGSTON.

The following cases are not reported because they contain anything uncommon, or because I think that they reflect any credit on me as a surgeon; but simply as additions to the number of cases slightly removed from every-day occurrences, and as records of my own field of observation, I give them to the world:

#### CASE I.—REMOVAL OF A PEBBLE FROM THE EAR, AFTER HAVING REMAINED THERE THREE YEARS.

Miss J., æt 12, was brought to my surgery on the 19th of August last, to have a little stone removed from her ear, which her grandmother, who came with her, stated had been there for three years. The stone could not be seen distinctly, but on passing a probe into the ear it immediately impinged upon it. The child was so timid that I had to administer chloroform to procure an examination.

This was made by means of a speculum, and the stone was discovered completely blocking up the meatus externus at about

its middle. Careful probing then discovered a very small opening along the upper side of the stone and a little posterior to the middle line. The stone was so firmly imbedded as to be completely immovable, and this very small opening was the only passage into the deeper part of the meatus.

To extract it was now the difficulty. After several attempts, I succeeded in forcing a small scoop through the opening, and managed to get it to retain its hold upon the stone. All the force I dared to use, and this was all my instrument would bear, failed to move it in the least. I then called in Dr. EVANS, whose office is next door to mine, but he also was unable to accomplish anything.

Fine forceps, with scoop-like points, were tried, but could not be got beyond the stone, and a wire snare was met by the same difficulty. The grandmother of the patient would not then agree to an operation for cutting it out, and we had to abandon in despair any further attempt. I prescribed a little carbolated oil to be dropped into the ear, and the meatus to be kept filled with wool—this to be removed occasionally, and the pus, if any, to be washed away with a gentle stream of warm water, and the dressing again applied.

On the 19th she was brought to me again. I then had another surgeon in consultation. The patient having been put under chloroform, the end of the stone could be distinctly seen through a speculum, though still occupying its former site. We were, however, able to introduce a larger and stronger scoop than before; the opening having evidently enlarged. But by all the force we dared to use we were unable to extract it; we succeeded only in breaking a small chip off the outer edge of the stone. We were compelled again to desist from further attempts by the uselessness of our efforts. My friend declared that he hated to give a case up, but said he felt satisfied that it could not be removed without splitting the meatus. This, as before, would not be permitted, and the decision was to let the stone remain.

The ear bled freely, and I apprehended much inflammation, so I ordered the former treatment to be continued, and if much pain occurred, a poultice to be applied, and prescribed Sol. morph. sulph. in quantities sufficient to procure rest.

On the 24th she was brought back again, with a very offensive

smelling discharge from the ear, but the inflammation and pain mostly gone, and the stone occupying a position more external than previously. With the patient under chloroform again, I was able to pass my larger scoop with ease, and to embrace in its concavity the inner end of the stone, which, by moderate traction, I succeeded in withdrawing. Treatment to the ear as before, and in about ten days the patient was perfectly well, excepting partial loss of hearing in that ear.

The pebble was over half an inch in length, nearly cylindrical, and over a quarter of an inch in diameter. What struck me as peculiar, was the length of time it had remained without causing more disturbance in the parts, the firmness with which it was held, the enlargement of the meatus as the effect of our manipulations, and the amount of interference the ear sustained without damage.

Whether our conservative surgery was best or not, I am not prepared to say, but it certainly accomplished the desired object. Had I been allowed, I would have enlarged the meatus sufficiently to have grasped the stone, still, I have learned from this case, that a body like this stone, if not removable by the first attempt, may become so by several consecutive ones, on account of the softening of the parts, and enlargement of the opening which may be produced by forcible dilatation.

#### CASE II.—REMOVAL OF A CALCULUS FROM THE "FOSSA NAVICULARIS URETHRÆ."

On the 19th of September last I was telegraphed for to go and visit a patient about 22 miles from my office. I left home at 5 P.M., and going with my buggy for about 18 miles, and in a small boat along the Rideau Canal the remainder of the journey, reached my destination about 9 o'clock, P.M. My patient, a strong muscular man, about 50 years of age, I found suffering from retention of urine; he had voided scarcely any for about three days, and the distention of the bladder was the greatest I have ever witnessed; being nearly as large as a full-sized pregnant uterus. The poor fellow was nearly exhausted, and his friends were expecting to see him die.

Examination at once revealed a firm tumor in the glans penis, and the point of the catheter impinging upon it declared it to be

a stone. As it was situated in the fossa navicularis, I was able to crowd the catheter along side it into the urethral canal, which was so distended that the instrument seemed to touch nothing but the stone, and urine began to flow from it as soon as it was well into the canal. It passed readily into the bladder, and about three quarts and a-half of urine (measured by the imperfect measure at hand) escaped. The most urgent necessity being then relieved, I next removed the gravel.

This was done by holding the penis firmly between the thumb and finger of the left hand posterior to the stone, to prevent its being pushed back, and then with the right passing a deeply concave scoop beyond it. The meatus being unusually small, it was impossible to pull the stone through, so I inserted a narrow curved bistoury till its back came in contact with the stone, and then drawing it directly outwards, enlarged the opening at its upper side sufficiently to admit its passage. Considerable hemorrhage followed for so small an operation, but it was easily controlled by inserting into the urethra a small roll of cotton, compressing it with an external bandage, and applying cold water.

Considerable constitutional irritation followed the immense distention to which the bladder was subjected, and the amount of pain endured, but these passed away in a few days, and the patient is now well. The calculus was of the mulberry variety, quite jagged, and about the size and shape of a common sized white bean.

The manner in which it was wedged into the narrow meatus by the *vis a tergo* constituted it the most effectual plug imaginable, and so completely prevented any passage of urine, that bursting of the bladder must have followed in a very little time longer, had he not been relieved.

#### CASE III.—FRACTURE OF THE SKULL, WITH CONTUSED WOUND OF THE BRAIN.—RECOVERY.

J. L., a school teacher, *æt.* about 30, was, on the 16th of August last, exercising himself by assisting to store hay in his father-in-law's barn. They were using a large "horse-fork," and some part of the fixtures breaking, an iron pulley which was attached to a rafter, fell, and striking him upon the head, inflicted

a wound upon the left side just in front of the parietal eminence. The cut seemed to have been made by an obtuse edge, was about an inch and a half in length, and extended through the cranium and into the brain for the depth of about half an inch. The patient was insensible for a time, but owing to the profuse hemorrhage the stupor was of short duration, so that when I first saw him he was quite sensible. The broken pieces of bone were removed, as also a piece of his hat which was driven into the wound, there was some loss of brain substance and considerable bleeding. The patient was placed in bed with his head elevated, a folded piece of cotton wet with whiskey and water, cold, applied to the wound, and small doses of magnesia sulph. given at intervals of two or three hours till the bowels were freely opened. The patient had no bad symptoms, quietness and low diet were enjoined, and after a couple of days, tepid water dressing was substituted for the whiskey and water, and a little carbolated oil applied to correct fetor. This application softened the clots, and procured a very fine discharge of disintegrated brain mixed with grumous pus.

As soon as this discharge subsided, I prescribed ceratum resinæ to be spread on cotton, and kept constantly applied, under this remedy the pus acquired a healthy character, and the wound began to heal. Some trouble was experienced with fungoid granulations springing up from the bottom of the wound, having the character of encephalocele. Several free applications of nitrate of silver retarded this growth, and corrected the tendency to it, so that the edges of the scalp were enabled to unite.

To-day, Oct. 12th, the patient presented himself in my office with the wound all healed except a very small spot, and this was covered by a dry scab. The site of the wound presents a marked depression, which of course yields readily to pressure from the lack of cranium beneath.

The patient has, however, made a good recovery, and has for some time been able to attend to his professional duties, and to write poetry and theological disquisitions.

This case is another in the records of brain-injuries, which go to demonstrate the perfect curability of that class of lesions.

## A FEW WORDS TO THE ECLECTIC BODY.

BY JOHN MUIR, M.D., MERRICKVILLE, ONT.

On the occasion of the last meeting of the Ontario Medical Council, a discussion arose in reference to a proposed diminution of the number of representatives, and a change in the membership of the Central Examining Board. In the course of the debate, Dr. Clarke said "he had reason to believe not a few of the Eclectic members of the College would be willing to merge in the general profession, and that there was, in his opinion, but little difference between that school and his own, in matters of practice." Allusion was also made to the fact that, we had not, for several years, had any accessions to our ranks. In replying, I stated, "I was not in favor of reducing the number of representatives, the Medical Council being now of no more than respectable dimensions for a Province of the extent and importance of Ontario; and that there was a material difference between our systems—particularly in regard to venesection and the employment of inorganic remedies. Yet, I could not but acknowledge that the distinction was daily becoming less. Many agents which a few years ago were peculiarly the property of our school, are now extensively in common use; and if in the future, our friends opposite continued as active in their appropriation of articles from our *Materia Medica*, it really seemed as if the day might not be very far distant when we should all be Eclectics—in the sense of Dunglison, when he said that "every judicious physician must necessarily be Eclectic." The position, however, of the Eclectic body, under the existing Medical Act, could not be deemed a satisfactory one. At the annual examinations no students had, as yet, presented themselves. Even the sons of our leading men,—of our representatives in this Council,—declined declaring themselves adherents of our system. Various causes operated to produce this result, but the most potent reason was no doubt the fact that, in Canada, no special educational provision had been, or could be, made for them. It was much more convenient, and less expensive, for our young men to put in all their terms at one or other of our Canadian institutions, than to divide their period of study between a home college and one located in a distant American city. As things were proceeding at present, the extinction of the body was only a question of time, and that not a very remote time either. In view



of this, it was not to be wondered at that some of our members fully recognizing the situation, felt disposed to accept the inevitable, and were already discussing among themselves the propriety of fusion with the general profession. One thing was certain, the working of the Ontario Medical Act was having a fatal effect on all our efforts in the direction of perpetuating our sect." As illustrative, moreover, of the views of some of our best men, I read the following extract from one of several letters received during the late election contest :—" Names now convey no essential difference in principles, as every medical teacher of eminence, whether of the old school or the new, has abandoned depressants as therapeutic agents. What we require is professional knowledge to gain general assent to the pre-eminence of our principles. \* \* Some candidates for Council honors announce their determination to insist on a repeal of the clause requiring two sessions in Canadian institutions. Our interest in every respect is to shut out those who are too lazy to properly qualify. My own students pass without reference to creed, and practice that system they conceive to be right. I have one son legalized from the Toronto School, and another, (who matriculated last fall before the Council Examiner,) will take his first session at Trinity, next fall—both uncompromising votaries of the Medical reformation. But, they can fight to better advantage within the ring than they could without. We ask no favors, and only require an open field and fair play. Education is an indispensable pre-requisite to professional success, and no one should be encouraged to enter upon a learned profession without it." The foregoing, as near as I can recollect, gives the substance of what passed, and I now recapitulate it merely to correct any erroneous impressions which may have gone abroad through the very imperfect report of the debate which appeared in the daily journals at the time. Dr. Cornell expressed himself to the same effect; Drs. Bogart and Morrison considered the discussion premature, Dr. Carson was absent. Subsequently, your representatives met in conference on the subject. There was no difference of opinion amongst them as to the certainty of our ultimate obliteration. On a consideration of the advisability of moving in the matter at all, it was, after mature deliberation, decided that the case in all its aspects should be laid before our constituents, and their views demanded for our guidance, and the understanding was also arrived at, that the wishes of a majority of

those we represent should govern our course. The duty of communicating with the registered practitioners qualified under provisions of 24 Vict., cap. 110, was at the same time thrown upon the undersigned, and he now, at the earliest possible moment, endeavors to discharge it.

Under the old management, which empowered Boards and Colleges to license practitioners, every year witnessed some small addition to our numbers. At that time the standard was, of course, not as high as it is now, and part of the four years required by the then Medical Acts was often put in after a fashion which would not now be tolerated. Young men ostensibly entered on study with the medical men nearest their homes; and, while their time was thus made to count, engaged in other business during a good portion of it—school-teaching being the favorite avocation so selected. They thus earned money, and complied with the Act simultaneously. And this feature was not peculiar to any school. Students of every one of them, more or less, sought to eke out slender means and economize time in this manner. There was no preliminary examination at all. Then the fees of the United States Eclectic Colleges were small, and with no double graduation system such as now obtains, it was neither so inconvenient nor so expensive to procure the licence as it is under the new law. The full effects of the present Medical Act I scarcely think were anticipated by its most active promoters. Having no Eclectic College in the country at which our students can conveniently acquire the distinctive features of our system, they are handicapped, as it were, with the cost of distant travel, and heavy burden of living in remote American cities. For, this they have to undergo, in addition to the training of a Provincial "General" School. Is it at all astonishing that our young men seek graduation on less expensive and more easy terms, and finding it infinitely less troublesome to take all their sessions at home, decline qualifying for the special examination? I do not mean to say that the considerations specified are the only ones which weigh with students. We all know the extent to which the young men are affected by their surroundings. While studying at hostile Canadian Medical Schools, they could scarcely fail to imbibe something of the spirit of their teachers and associates—a spirit certainly not favorable to the propagation of sectarianism. Then the "General" School has all the attractive prestige of legitimacy, with a long honor roll of illustrious

names which cannot but impress with awe the youthful scholar; and last, but not least, there is a social element of caste in the case, against which it is hard to fortify him. For, with the bulk of the people he encounters, the so-called "regular" practitioner is the only one entitled to take rank as a physician, and young men are often very sensitive, and shrink from adopting a designation which they find many persons regard in the light of a badge of inferiority. Be all this as it may, one thing is beyond uncertainty—not a solitary student has presented himself since the new act came into force. Year after year, your representatives have gone through the solemn mockery of appointing special examiners; thereby making provision for a contingency which has never arisen, and which it is only too apparent, under prevailing disadvantages, never will arise.

From 1861 to 1869 our Board existed, and as the results of its labors, there figure now upon the Ontario Medical Register for 1872 the names of one hundred and eight legally qualified practitioners. And here it may not be out of place to notice the good work this Board accomplished—not only for its own adherents, but for the profession in Ontario. By obtaining the passage of the Act of 1861 authorizing its existence, legal recognition was assured, and when the members of that Board, with a laudable regard for the claims of higher medical education, assented to a union of the several bodies under the present Act, they stipulated for perfect equality before the law, and that every member of the contemplated College of Physicians and Surgeons should be wholly untrammelled—free to practice medicine in accordance with whatever system he conscientiously considered most conducive to his patient's welfare, that, in fact, no man should suffer obloquy professionally, or be subjected to ostracism merely on account of therapeutical differences of opinion. That the character of the men too, constituting the following which the Board brought to the new alliance was a generally creditable one, is amply manifest. Though many of them have not registered all the "additions" they might, we know that among the 108 appearing on the Register are not a few who possess much higher educational qualifications than, in every instance, is there apparent. Such reputable institutions as the University of Toronto, Royal College of Surgeons, Kingston; and the University of Victoria College, have graduates among our numbers; while several of the better-grade of American medical schools are very largely represented: Jefferson College,

Philadelphia, Pa.; Hobart College, Geneva, N. Y.; University of Michigan; College of Physicians and Surgeons, New York; Syracuse Medical College, N. Y.; Long Island Medical College, N. Y.; University of Buffalo, N. Y.; University of Vermont; Castleton Medical College, Vt.; University of Pennsylvania, &c. Returning to our subject, however, there are but two sources of augmentation open to us:

1st. Students who pass the Special Examination and the Central Board.

2nd. Converts from the other Schools.

From neither of these have we had a single addition since 1869.

We are subject to losses from the following causes:

1st. Deaths.

2nd. Permanent removals from the Province.

3rd. Retirements from practice.

4th. Withdrawals.

I have stated our strength nominally on the Register at 108; but have no doubt that were the Register to put in force Sec. 21 of the Medical Act no more than 80 would report. In other words, I believe that during the past three years, from foregoing causes, we have lost 28. There were only 53 votes polled at the election in June last. Thus then stands the case: we are daily decreasing—the general profession gaining. As we dwindle into insignificance the opposition gathers power and volume, and with their continually swelling growth and importance, a re-adjustment of the representation in the Council cannot very long be deferred. As compared with the “general” section, it must be admitted, in all fairness, that our representation is excessive. Having regard to the interests of our body, what, under the circumstances, had we better do? Shall we wait until our numbers are so reduced that the small remnant left will be alike impotent to favorably impress the public or protect themselves; or make such an arrangement *now* as shall secure them a greater degree of consideration, and enable them to exert a modifying influence on the medical practice of the Province of Ontario for all time to come? Or, shall we struggle for a restoration of the old Board? In the latter event, even if we succeeded, so committed are we to the elevated standard, and to an exhaustive general examination by disinterested parties, that we would not be one whit better off than at present. A separate Board, for our

specialty we might obtain, but in reference to the subjects common to all schools, the same examination as is current now would be insisted on; and, for his eclecticism, the student would still have to fall back on the U. S. Schools. So far as Canada is concerned, with no Medical College of our own within the limits of the Dominion, it is altogether impossible we can hold our own, much less make progress and increase in strength. If I am correct in my effort to comprehend the arguments of those, on our side, who favor merging in the general profession, the case stands about thus. They realize our powerlessness in the direction of extension as an independent sect in the Province, but they have an abiding faith in the good which even a small number of faithful, earnest men, can achieve who make the most of their opportunities. This they contend we have not done. They consider the policy of persistent isolation hitherto maintained, has been a grave mistake. The knowledge of our methods is wholly limited to ourselves, and will die out with us. Contact with the old school has not been cultivated. Its members know literally nothing of our modes of procedure, or the principles on which we profess to act—nor will they ever acquire that knowledge if we keep them, as we have, at arm's length. Those of our number too, who favor fusion, consider that some of us have urged distinctive doctrines after a fashion more likely to repel than to attract—have shown ourselves more in the character of the narrow-minded sectarian bigot, than in that of the liberal scientific professional man, and this has interfered seriously with affording us the necessary opportunities for exhibiting to the best advantage the results of our system. They instance the fact that while a few of us have been gazetted as Coroners, the Active Volunteer Force, the Militia, and Hospital, Asylum, and sanitary appointments, from our unconciliatory attitude, never fall to our share. They claim that in view of our patent condition of decay, the term Eclectic on the Register is calculated to degenerate into a mark of degradation as indicating the adherents of a body which could only obtain recruits under a lower standard of education, and secure perpetuation under a lax administration of legislative enactments. It renders them liable, at all events, to the humiliation of being annoyed by importations at the hands of those who do not take the trouble of informing themselves of the causes which have produced the state of matters we deplore. The parties, whose views I am endeavouring to interpret,

assert that the further battle of Eclecticism here, must be fought out amicably at the bedside—that only by the demonstration of a diminished death-rate can we hope to obtain extended recognition; and by imparting a knowledge of the means we use to those who are so largely in the majority can we ever expect to very greatly benefit the people among whom we labor, or leave a lasting impress on the treatment to be meted out to them in future years. The conversion of their adversaries into allies is what they appear to aim at; and certainly, this has an aspect of plausibility, as being an object worthy of every legitimate effort, and the only seeming direction, as things go, in which we have any likelihood of proving effectively aggressive.

On the other hand, the leading members of the general profession who are advocates of closer union, do not seem to be simply animated by an anxious desire for our instant extermination. Kindlier feelings prevail. Inter-course in the Council, and to a limited extent, professional contact, but above all, the active aid and co-operation we have always afforded the College, in every effort having for its object educational advancement, has led to a better sentiment on their part. It is very evident they do not now regard us all in the light of illiterate medical guerillas, as, at one time many of them, no doubt, did. There may be some ungenerous enough to mock at our present strait, but they are few in number, and comparatively uninfluential. The members of the general section have no reason to find fault with us. We have met them more than half way in every measure projected for the benefit of the profession at large. And we have done so at a sacrifice much greater than could have reasonably been anticipated, and which should place us greatly beyond the reach of taunt, or sneer, or cavil. So far as I have been able to learn the views of "general" representative men, in relation to the matter under consideration, they appear to amount to this: The exercise of a little patience, on their part, they discern, will, without any action whatever, bring about our gradual extinction. The tide of time alone will inundate us. Of this they state they are aware, and that they favor union *now* from no mere eager haste for our annihilation. A loftier motive influences them, and one too in which we should be sharers. Ever since the organization of the College of Physicians and Surgeons of Ontario the aim of every one connected with it, has been its advancement to the highest possible position. The examinations have been made thorough, and the curriculum extended,

until now we can truthfully claim, in the language of its worthy President, that "the standard of the College of Physicians and Surgeons of Ontario is higher than that of any licensing body in the world." Such being the case, the standing of the holders of its diploma ought to be undoubted—they should, in fact, outrank all others. But do they? Not by any means. The presence on the Register of sectarian designations, and the provision made in our Medical Act for special examinations, operate to the detriment of the possessors of the diploma of the College. Our apparent attempts at blending incompatibles are wholly incomprehensible to the minds of medical educationalists everywhere. In Europe, the United States, and even in our own sister Canadian provinces, the arrangement is viewed with something of disfavor, and, the licensing body presenting the (to them) incongruity, is regarded with not a little distrust. As a consequence, the parchment the College issues carries with it neither the undoubted weight nor the world wide authority it should. still less is it the universally unquestioned passport to the front rank in an honorable and learned profession which we have all sought to render it. The *London Lancet* has been energetically engaged for some length of time in endeavoring to dissuade Jamaica and other more distant British colonies from legalizing it as a qualification, and Quebec and the maritime provinces turn a deaf ear to suggestions of reciprocal recognition, solely on account of the mixed character of our examinations. Of course, by waiting patiently as has been said, time would cure all this. The names on the Register now displaying sectarian qualifications and additions, would gradually disappear; and with their removal all necessity would cease for continuing the feature of special examiners on the Central Board. The more prominent members of the general body acknowledge a very natural anxiety, however, to have all this mature at a sooner day, if possible, in order that persons seeking a qualification from us may no longer suffer from peculiarities deemed objectionable by every medical authority beyond our limits. They say to us "join hands in enhancing the value of the certificate we give. Help us to make it of universal acceptance, and you will be participators in the augmented dignity of the College with which we are all identified. Let us be a unit, really and truly, in so far as the College is concerned, and, if we must differ at all, let it be in the outer field of competitive practice." To this end, they suggest that instead of the

Eclectic qualifications and additions now figuring opposite our names, we should consent to the substitution of "Mem. Coll. Phys. and Surg., Ont., —with the year of original registration added; and that the provision for a special examination, (which no student has ever accepted,) be done away with. This is what they desire, and it now remains to consider the matter as it affects our section—merely pre-mising, that in the ideas presented in the summing up, I give my own views only for which my colleagues should not in any way be held responsible. Indeed, it is not at all improbable that in some particulars, the tone or matter of this communication may fail to convey precisely what they wish; and that the whole therefore had better, by the undersigned, be personally assumed. And I am perfectly willing that such should be the case. Whatever the views of our constituents may be regarding the advisability of the steps taken in the past, there can scarcely, from what has been said, be two opinions regarding the effects of the medical legislation in which we have acquiesced. As organized propagandists we are virtually reduced to utter helplessness, and must admit, however reluctantly, that the day of Eclecticism, as a separate entity, in Canada, has passed away for ever. Some of us may talk valiantly of maintaining the distinction in the College, of never giving up, and proclaim their firm resolve to "to hold out to the last", but this has an aspect of silliness about it, as being but a bootless contention for the shadow after the substance has departed. Reasonable practical men make the best of any dilemma in which they find themselves placed; and what such have to do now really is, to scan the situation and determine whether a present or deferred yielding to inexorable fate is better for them. For my own part, I dismiss without a moment's hesitation all consideration of the policy of passive waiting until destruction overtakes us. I know of nothing to recommend it, and can imagine no argument of any weight which can be adduced in its support. By exchanging the sectarian designation for that of the general membership, and relinquishing the special examination, which has proved of no use to us whatever, we certainly augment the value of the diploma held by ourselves and others—for, so long as existing conditions obtain, the College is undoubtedly liable to have its qualification contemptuously rejected as tainted with "irregularity," by even as pigmy a province as Manitoba with its handful of half-breeds. And our doing so involves, in no way, the



slightest abandonment of principle. Over the sectarianism of its members the College seeks to exercise no more control than heretofore. They may publicly announce themselves as practitioners under any system they please, and hold themselves aloof if they shall so decide; but should a more amicable spirit prevail, on the part of any of them, to such the general profession proffers full fraternization and all the consultant courtesies they extend to one another. The *Canada Lancet* of last month expresses very clearly the views of the majority on this point (page 579.) Its editor emphatically says: "there is no desire to urge, much less to coerce, the Eclectics into amalgamation; but, whenever the latter are disposed to come in, we will most cordially extend to them the right hand of fellowship." One phase of the situation has not been referred to on either side. The College is maintained, and the current expense of its Council met, by the fees accruing from students presenting themselves. As there are no Eclectic students, it follows we are in the unpleasant position of parties non-contributing. The only students entering an appearance, and, as a consequence, furnishing the necessary funds, belong to the general school. A prolonged struggle for the continuance of a feature which does us no good, and yet depreciates the value of the qualification we furnish, would therefore be a singularly ungracious proceeding on the part of a section, which has ceased, for some time, to assist the College with material aid, in any form whatever. But the question may be asked if we eliminate our distinctive term from the Register and agree to the suggested change in reference to the Central Board, what guarantee have we that, at some future time, ungenerous advantage may not be taken of our acquiescence? I do not, on this head, entertain much apprehension. The tendency of all modern legislation is decidedly antagonistic to the oppression of minorities, and any attempt to effect a change in our Medical Act affecting its present liberal spirit, would recoil upon, and certainly prove a plague to its inventors. Some arrangement in regard to representation would have to be devised, which would give us due voice and influence in the Council. We could scarcely expect that any of our number would ever be elected from the territorial divisions. As "representatives at large," however, a liberal allowance would, I have no doubt, be made us, in consideration of early alacrity in meeting the views of those who plead with us on behalf of the best interests of the College. But, in

regard to the whole matter, there is no immediate and pressing degree of urgency. The proposals submitted will have to be weighed by the constituency, and, with a majority of those who constitute our body, rests their acceptance or rejection. The Council meets not again till next July, affording ample time to discuss the question in all its bearings. Whatever that decision may be, the Eclectic representatives will faithfully give their energies to carrying it out.

J. MUIR, B.L., M.D.

MERRICKVILLE, Ont., 30th Sept., 1872.

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### Selected Articles.

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#### HOSPITAL NOTES AND GLEANINGS.

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*Cases under the Care of SIR HENRY THOMPSON at University College Hospital:*

*Pain after the Use of the Lithotrite.*—Persistent pain after a series of crushings may be due either to soreness of the vesical mucous membrane or to the irritating presence of a remaining fragment. Sir Henry Thompson pointed out, in reference to the following case, that it is important in any given instance to ascertain, once for all, which of these conditions exists, inasmuch as a fragment, if there be one, must be removed without delay, while, if the pain arise from soreness of the mucous membrane, every additional introduction of an instrument is calculated to increase the mischief. Inquiry should be made as to the frequency with which the patient micturates, and as to the occurrence of pain after micturition, and its situation. If any doubt remain, a final and careful instrumental examination should be made, and for the purpose it is desirable that the bladder should not contain much urine. In the case in point the patient had undergone five crushings for the removal of a uric acid stone, he complained of persistent pain in the bladder, with pain in the glands at the end of micturition. Having made a general examination of the interior of the bladder with a sound, Sir Henry Thompson introduced a lithotrite, and, having depressed the handle, carefully explored the region behind the prostate with the slightly separated

blades turned downwards. These came into contact with no solid substance, and were brought together without any sense of resistance. On the withdrawal of the lithotrite a very small quantity of powdery matter was found between them. The patient was directed to take a mixture containing liquor potassæ and tincture of henbane each in the proportion of half a drachm to the dose, and to use a hot hip-bath, and, as a specimen of his urine presented a light deposit consisting chiefly of mucus, the house-surgeon was requested to ascertain whether the bladder was completely emptied by the natural effort.

*Painful Ulcer following Ligature of Internal Piles.*—Another patient had undergone ligature of some internal piles, and had passed the usual period of convalescence. He complained, however, that the passage of every motion gave rise to agonizing pain at the fundament, and to a long-continued heavy pain in the lower lumbar region. On examination there was found at the spot where one of the ligatures had come away a rough ulcerated surface. So painful was it, that pressure on the corresponding surface of the buttock about an inch and a half from the anus, could scarcely be borne. An incision was made through the ulcer as for fissure of the anus.

*Urethral Fever.*—There occurs from time to time cases in which the passage of an instrument into the bladder is followed by exceptionally severe constitutional symptoms. One remarkable case of the kind was lately under Sir Henry Thompson's care. The patient was admitted with a urethral stricture which was first overcome with a small instrument which was tied in the bladder. During the succeeding fourteen days, instruments of gradually increasing size were introduced and tied in, the urethra having then recovered its normal dimensions, Sir Henry undertook to teach the patient to pass a catheter for himself prior to his discharge. He gave the first lesson by himself guiding the patient's hand. Rigors, vomiting, and severe febrile symptoms followed this procedure, the urine became tainted with pus, the intelligence clouded, and the patient's look fixed and stolid, he could keep nothing on his stomach but a little milk and soda-water. When we saw him on the fourteenth day after the occurrence of this complication, his symptoms indicated only a very slight improvement. In speaking of this and other less severe cases, Sir Henry first drew attention to the absolute immunity from similar complications which is enjoyed by women.

He pointed out that the male urethra is some six inches longer than that of the female, and attributed to that additional extent of surface the greater irritability and liability to a special form of constitutional disturbance which men display in an affection which always presents three stages. cold, dry heat, and moist heat. Frequent examples are afforded of patients who undergo the introduction of an instrument with no apparent impunity, but on their way home a chill is felt, which, with the succeeding symptoms, are attributed to a cold. This complication, Sir Henry said, occurs in various degrees of severity, but seldom does it happen to be so severe as to endanger life, as in the case under observation.

*Operation for Recto-vesical Fistula.*—To another patient the galvanic cautery was applied to a recto-vesical fistula which had followed an operation for stone performed fourteen years ago. The cautery is applied periodically, and each time its use is followed by improvement. Before the last operation, the patient passed water by the natural passage, but a small quantity escaped into the rectum when he walked.

In the Out-patient Department we saw one or two cases of chronic orchitis and painful enlargement of the epididymis, following gonorrhœa; the patients were directed to keep the scrotum enveloped in a piece of lint covered with an ointment of the following composition.—Half a drachm each of strong mercurial ointment and iodide of potassium ointment. Sir Henry advised them to further dilute the preparation with lard, if they should suffer inconvenience from its use. Special injunctions were also given that the part should be well suspended by means of a handkerchief attached before and behind to a girdle of some kind.—*Lancet*, Aug. 31, 1872.

*On the Use of Plaster Splints in Remedying Displacements in Fractures Irreducible by other Means.*—All surgeons know how difficult it is sometimes to remedy certain cases of oblique fracture of the lower third of the leg, in which the upper fragment projects under the surface. Various apparatus have accordingly been devised for the purpose of preventing this displacement. In France, Maligne in such cases used to employ his metallic point, which was fixed into the upper fragment so as to exert a certain degree of pressure, and prevent any fresh displacement. The fixing of the metallic point was attended with some inconvenience; besides, it is a special

instrument and not easily procurable. We were therefore struck with the advantages afforded by an ingenious contrivance which we saw Dr. Labbe employ with success a short time ago in his wards at the Hospital la Pitie.

The patient was a woman aged forty. Whilst in a state of intoxication she had been run over by a gig, and was at once conveyed to the hospital. Fracture of the lower third of the leg was found to have occurred, with very marked displacement of the upper fragment, which projected under the skin and threatened to tear through. A splint was immediately applied by one of the house-surgeons.

As the woman was labouring under delirium tremens, it was found necessary to use the strait-waistcoat, and strong doses of opium were administered. However, in consequence of the restlessness of the patient, the upper fragment of the tibia projected more and more under the skin, so that it became necessary to use some means to prevent its issue through the surface. Accordingly the apparatus was modified, and a cushion placed under the heel, but to no effect, and there was imminent danger of the fragment lacerating the skin. It was at this time that Dr. Labbe first saw the case, and with the view of definitely remedying the displacement and preventing deformity, he applied a plaster splint in the following manner. Reduction was first performed with the greatest care. As soon as this was completely effected the plaster splint was applied so as to cover the sole of the foot, the heel, and the whole of the posterior surface of the leg. The assistants were then requested to continue extension, counter-extension, and perfect apposition of the fragments, until the plaster had become hard. At the end of half an hour the apparatus was sufficiently solid. From that moment all anxiety about a breach of surface ceased, and, notwithstanding the disorderly movements of the patient, which continued two days longer, consolidation took place so perfectly that it was quite impossible to make out the seat of the fracture.—*Lancet*, Aug. 3, 1872.

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DIPHtheritic ALBUMINURIA.—R. Browning, L. R. C. P. L. in the *British Medical Journal* says: From what I have lately witnessed while watching two local epidemics of diphtheria, I am disposed to consider that albuminuria is present in nearly all cases. That its appearance is usually about the end of the first week after

the diphtheritic membrane is developed, though sometimes earlier more rarely later. Coexistently with its appearance, there is a notable diminution of the quantity of urine, and an increased excretion of urea; whilst lithates generally, tube casts, both granular and waxy frequently, blood corpuscles not seldom, and pus globules occasionally are found on examination of what is secreted. The urinary specific gravity mostly averages 1016, and the temperature of the body is, as a rule, 100,4 to 102 degrees.

The gravity of the prognosis increases in an equal ratio with the quantity of albumen existing in the urine, independently of the amount of throat affection or kidney disorganization, and an early or late discovery of albumen is of serious import. The local mischief attacking the pharynx or other structures, and paralysis subsequently occurring are entirely the result and symptomatic of a morbid poison affecting the general system, just as the sore throat of syphilis is the sequence of a blood disease previously contracted. Albuminuria, in any quantity, is due to obstruction of circulation through the kidneys, caused by congestion of the malpighian tufts, this congestion being produced by paralysis of the nerves supplied to them; but a mere trace only of albumen arises either from pus or else, blood which has casually entered the volume of urine. The indication of treatment is to remove this obstruction by overcoming the paralysis, and this is best accomplished by local faradization. Seven cases are reported in detail, two of which terminated fatally. In these two no Faradization was employed. The other five which were all of a very serious nature, recovered after Faradization was resorted to. All were marked by unmistakable evidence of blood poisoning and albuminuria, with more or less suppression of urine. The treatment of all was conducted on the same principles, plus or minus the induction coil, the object aimed at being at first, during the premonitory symptoms, to regulate the secretions, and then to support the strength of the system in every possible way. My sheet anchor was the tincture of perchloride of iron, sometimes combined with glycerine, sometimes with chlorate of potash, and sometimes given *per se*. Stimulants and nourishment in every variety were supplied with no sparing hand. The customary topical medication was of course attended to. In some instances, the ordinary conductors fitted to most galvanized batteries, in others "Etna's" were employed. Faradism was thus employed over the lumbar regions along the lower part of the spine, and as nearly as possible in the direction of the ureters.

## BRITISH MEDICAL ASSOCIATION.

ADDRESS ON SURGERY, BY MR. OLIVER PEMBERTON.

*Surgeon to the General Hospital, and Professor of Surgery in Queen's College, Birmingham.*

The first part of it he devoted to some points connected with the treatment of aneurism. He said :

Professor Lister's improvement in the Hunterian operation, by which the permanent closure of the artery at the spot tied can be insured, without dividing the coats of the vessel, at once effects a complete change in some of the most important conclusions that for long years have guided us in our treatment of aneurism. One of the greatest dangers attending the Hunterian operation has hitherto been considered to be the application of the ligature immediately beyond any considerable branch of an artery. This impression has deterred from applying a ligature to that portion of the artery which otherwise would have seemed to them best adapted for the purpose. That an abiding coagulum will form under certain circumstances in the vicinity of almost any number of branches on the proximal side of a ligature, I am perfectly satisfied, but the attainment of this success in many cases depends on a fact which it is almost impossible for the surgeon to estimate beforehand, that is, the facility with which the blood will coagulate or deposit its fibrin in any particular instance. \* \* \* \* \*

Apart from this question of coagulation, I feel warranted in expressing my conviction that too much stress has been laid on the disturbing influence of a large branch or branches taking origin close to the part of the vessel tied. If, however, we are to believe the teaching of Professor Lister ("Observations on Ligature of Arteries." Edinburgh. 1869), it will be of little moment in future whether a plug form on either the proximal or distal side of the ligature at all, so long as the 'prepared catgut' insures permanent closure of the vessel at the spot tied, without severance of the coats, and, consequently, without liability to secondary hemorrhage.

I am glad, before such a meeting, to be able to express my unbounded admiration of, and confidence in the use of the animal ligature, as placed before us by Professor Lister. If the so-called

"antiseptic system" has effected no more for surgery than to give us the means of effectually closing an artery without cutting it through, and without suppuration, it has in this place the crowning glory on the treatment of aneurism, for which it has waited since the time of Hunter.

I shall now endeavor to show that the principles of treatment in the methods of flexion, compression of the sac, and manipulation, are one and the same.

The method of flexion can only be applicable to certain arteries. All that is needful to do is to keep the limb flexed, not continuously, but to such an extent as to alter the relations between the orifices of ingress and egress, and the fibrinous laminae of the sac. Some of these laminae become, as it were, dislocated, and protrude more or less into the stream when a fresh deposit of fibrin occurs, and so the cure is gradually effected.

The exercise of pressure upon the artery above the angle of the flexion appears to me useless. What we want is a stream of blood flowing into the aneurism, that it should be more or less retarded there, and that there should be a present something in the nature of a foreign body—for example, the fibrous laminae, on which blood would coagulate and deposit its fibrin. This retardation of the blood in the sac can be effected by a gentle compression of the artery on the distal side of the aneurism, as I strongly hold that what we want in these cases is a deposition of fibrin rather than a coagulation of blood. For, surely, the slow deposition, layer after layer, of solid fibrin in the sac until the filling-in is complete, is a surer guarantee against subsequent mishaps than if it were closed by a mass of suddenly coagulated blood.

I entertain the opinion that the compression of the sac ought to be used more frequently than it is now. The principle of this proceeding is exactly the same as flexion; we want simply to alter the relations of the laminated fibrin to the cavity of the aneurism, so as to bring about a further deposition of fibrin on the projecting surfaces of any of the displaced laminae. The pressure need not be continuous. It should be very gentle. It need not, even, be distributed uniformly. But it must ever be borne in mind that if it be carried to such an extent as to empty the sac, and to press one wall against the other, then a cure cannot occur. The very conditions under which a cure is possible are here ignored. Blood must



pass through the sac. It must not pass through too rapidly ; and I now think that this would be facilitated by gentle pressure being made on the artery below the aneurism.

Reduce the force and volume of the blood current by any carefully considered measures, and we follow out the reasoning of Brasdor and Wardrop, in the distal ligature ; a reasoning which is rendering amenable, to the treatment of internal aneurisms hitherto beyond surgery ; a reasoning that has the authority of nature's own proceedings to recommend it, from the fact that it is more or less identical with the mode in which the so-called spontaneous cures are brought about.

I cannot but regard the treatment of manipulation to be based on exactly similar principles to those on which the methods I have just alluded to are founded. No forcible pressure to detach fibrinous laminæ, in my judgment ought to be used ; as the result would be almost certain separation of small portions of the clots, which would be carried into the circulation, and would eventually plug the smaller vessels, causing symptoms according to the functions of the parts which the plugged vessels supply. For I must own I have not been able to see how these clots could be located at either outlet, to be fixed by arrangement, as it were, at a spot where it is simply impossible to be assured that they would effect a lodgment. All that is necessary is that the aneurism should be gently manipulated, so that the laminæ of fibrin in its interior should occupy a different position to that which they had previously held with reference to the two orifices of the sac ; and in order that the blood should not be allowed to pass out of the sac too freely. If I have an opportunity, I shall endeavour to compress the distal artery in accordance with the principles I have been advocating.

I have now to call your attention to what I believe to be a not uncommon result of the cure of aneurism, after it has been effected for some time ; I mean the formation of varicose aneurism, or aneurismal varix. I shall first relate two cases. In 1844, my late colleague, Mr. Amphett, tied the superficial femoral for an aneurism of the artery as it enters Hunter's canal. The patient was 41, and a soldier. There was nothing unusual at the operation, and the ligature was thrown off on the nineteenth day. Ten days subsequently, there was arterial hemorrhage from the seat of the ligature. This recurred in ten days, and a third time in fourteen. Pressure on

the arch was used, and the patient recovered. He remained well for upwards of three years, when a tumor formed at the seat of operation, which was evidently an arterio-venous aneurism. With this coming under the care of my colleague, Mr. Baker (our President), he died with a drunken pleurisy, just five years from the date of the operation. I was fortunate in being able to dissect his vessels. The femoral artery had formed an aneurism at the seat of the operation as large as a hen's egg, and the femoral vein communicated with the artery by a large opening. The former aneurism was cured, and the artery between it and the seat of the ligature was impervious.

LITHOTOMY.—Mr. Pemberton next considered the subject of Lithotomy. Advocating the median operation, he said :

I shall be prepared for it to be said of my advocacy of median lithotomy, "The statistics of your own cases are against you." My answer is, "Statistics are not everything. A case may end just as well one way as another, though the troubles on the journey differ widely, and no one will question that lateral lithotomy in children is eminently successful. But every operator who has sufficiently tried any given two methods of procedure, has a right to say which of the two he prefers ; and therefore it is that I say, when I reflect on the anxiety that I endured in watching the threatenings of mischief in children cut by the lateral operation, I rejoice that I have cause for it no longer, notwithstanding the general good fortune that attended my practice with that method.

And now as to the cases where the median operation should not be selected. In any instances where the finger is not likely to reach the bladder, so that instrumental dilatation would be required, the latter operation should be preferred. The reason I use my finger is because I have more control over it than over an instrument. I can regulate the one, not the other. I would sooner cut than lacerate at any time, and I consider that the use of instrumental dilatation in this operation means laceration. You may use it, on and off, with impunity, but it is a most destructive instrument—reviving all the dangers of the discarded Marian. I attribute the peritonitis, which carried off my single fatal case, solely to the laceration of the neck of the bladder that of necessity followed its use. I repeat, the only dilator must be the finger, and so long as the neck of the bladder can be widened by this sufficiently to allow of the removal of a

stone without laceration, I shall deem it a part of my duty to advocate the adoption of this form of median lithotomy.

I hope, however, my observations will not be misunderstood. I am second to none in admiring what Cheselden practiced, and what Liston and Fergusson have brought to perfection the lateral operation for stone. I have been surrounded during the whole of my professional life by teachers and colleagues who have had unusual opportunities for practice, and who have realized brilliant successes in this very operation, but, in my opinion, it is not the most desirable operation to perform for all stones, at any age and under any circumstances, as some would have us believe.

STRICTURE OF THE URETHRA.—Mr. P. then proceeded to speak about stricture of the urethra. It is to me remarkable, but it is true, that the views entertained by the highest surgical authorities of the day differ on no subject so widely as on the particular system they adopt and recommend in the treatment of stricture. Simple dilatation and rest, I am thankful to say, have had a great following, and, if I mistake not, will yet rise into higher position. The main quarrel is between the advocates of internal as opposed to external division. The late Professor Syme (*Stricture of the Urethra*, p. 21, 1855) thought he had effectually put an end to the use of those "dreadful engines," as he termed M. Reybard's instruments; but he was mistaken, for strictures of this day are both cut, split, and torn; and new engines for the purpose multiply, as if the great surgeon had never lived to speak of plunges in the dark with caustic, or of ripping open the urethra by internal section.

Stricture may fairly be defined to be a diminution of the normal diameter of any portion of the urethral canal, and as it must be admitted that the existence of any stricture, however slight, from whatever cause proceeding, and of whatever nature, may sooner or later give rise to serious consequences in the condition of either the bladder or kidneys, it is needful for the surgeon to discover it and cure it as soon as possible. But the real question is in reference to this word cure. Have we to deal with a simple stricture that has resulted from inflammation of the lining membrane of the urethral canal, or with a stricture originally of this kind, which has been aggravated and increased in extent by ill-considered surgical proceedings?

For the first there is a cure by simple dilatation. For the second there properly is no cure. Once organic structure, always organic structure, is my belief. Whenever the lining membrane of the urethra has been injured, whether by accident, disease, or by bad surgery, the spot will contract and establish permanent stricture, and I do not believe that the materials constituting such cicatricial narrowing are ever absorbed.

If you endeavor to restore the normal calibre of the urethra under these conditions by ever so well considered a system of dilatation, my opinion is that the contraction will return sooner or later with increased vigor, the natural elasticity of the canal being gone; in other words, dilatation will not effect a cure, and never does effect a cure.

But dilatation, if it be well and properly carried out, will protect the patient against the occurrence of those diseases which, dependent on individual health and mode of life, arise either rapidly or slowly in all cases of stricture. The degree to which it is necessary to carry this may fairly allow of discussion; for I have ever before my mind the conviction that the very means made use of to effect the so-called cure, may become the certain cause of the continuance, and, in many cases, of the increase of the malady.

I think it will be admitted that the tendency to narrowing in cases of stricture differs very markedly in individuals. Some may show few signs of change during many years, others, especially those arising from the effects of laceration by direct violence, certainly, surely, and often rapidly increase. In all cases, treatment by dilatation is necessary, but I doubt myself whether it is needful always to endeavor to restore the standard of the canal to the utmost of its original extent. I believe that there are many cases which admit of being maintained at a standard short of this, depending, however, on the facility with which the contraction yields, and its rate of increase subsequently. And it must never be forgotten that when once this treatment by dilatation has been commenced—no matter how carefully or how thoroughly it may have been done—it will have to be continued, whether at the hands of the surgeon or of the patient more or less during life.

For my own part, time being given, I do not believe that there is any stricture through which an instrument cannot be passed by a skilful surgeon. This being so, treatment by gradual dilatation

follows ; and, in my judgment, this should be by the silver catheter, as the safest, simplest, and most certain instrument in the greatest number of hands yet give. to us, *bougie a baule bougie alivatre* notwithstanding. If the induration be cartilaginous non-dilatable, or if there be fistula, the treatment by external division on a grooved staff should be adopted as speedily as possible.

Entertaining this view of the permanence of the changes established in the urethra by injury or disease, I am not very likely to favor any internal severance of the lining of the canal, whether by Mr. Holt's method of so-called "splitting," or by any form of internal cutting. I believe a wound is produced just as much in the one case as the other. I regard those methods as artificially inducing the very conditions which I lament should result from almost unavoidable causes, and I further believe that a shut-up wound on the internal face of the lining of the urethra, is attended by dangers, from which an open wound on the outside face is comparatively free (a). I have had occasion to divide the urethra after Professor Syme's method in upwards of thirty cases. In one case only was there a fatal ending, and this from pyæmia. In no case was there a relapse, provided that an instrument was passed from time to time, the frequency of this being determined by individual tendency to re-contraction, once a month to once in three months, being about the average ; and by this means the calibre of the urethra was without difficulty maintained at its original standard. All the cases that I have seen, save one, have required this continued resort to dilatation, and will require it, in my judgment, more or less during life. For there is no more a cure by this than by dilatation or splitting. In the case that did not require it a fistula remained permanently in the perinæum, letting through a little urine, the general stream flowing by the urethra, which at the end of twelve years shows no disposition to contract.

If the induration of the urethra, and narrowing, be of such an extent as to preclude the idea of dealing with it by external division, I prefer to tap the bladder by the rectum. I do not feel inclined, at present, to divide from the bulb to the meatus, and this literally must be the length of an incision in many of these long-standing cases, if the entire disease is to be dealt with.

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(a) I will, with Sir H. Thompson, admit its use in narrowings at the external meatus.—*Pathology and Treatment of Structure, third edition.*

There are numbers of these inveterate cases wholly unsuited to external division; but they are eminently calculated to be dealt with by a method which deviates the course of the urine to another channel, in order that rest may heal the fistula, and absorb much of that adventitious material blocking up the natural urethra, which can then readily be found, and have a standard established almost without resort to dilatation.

I frankly say that I do not believe that either internal or external division of any urethra will cause the healing of fistulae in the groin, buttock, and perinæum, where a man passes his urine, as it has been graphically described, like a watering pot.

Surely, relief by the rectum will stand comparison with all the manœuvres that have been suggested from the days of Hunter to Grainger, and from Grainger, who, by the by, belonged to us here, to Gouley and Wheelhouse. I cannot conceive why a patient is to sustain—sometimes for hours together—the distress belonging to hopeless attempts made to trace, in that stage of the disease, an impracticable canal, when the chief cause of the malady—the flow of the urine—can be reached and diverted in a moment. Since Mr. Cook published his views *Medico-Chirurgical Transactions*, Vol. XXXV., p. 153, now just twenty years ago, I have had many opportunities of seeing the results of this proceeding.

I am able confidently to state that it is wholly free from danger. Indeed, I can scarcely conceive death following as a direct result of the operation. So little fear of the proceeding had one of my patients that he has been tapped at least six times for the relief of fleeting attacks of retention, dependent on a rapidly distended bladder, unable to empty itself in the presence of long-standing organic structure. I have seen him almost within a day or two afterwards as if nothing had occurred. Further no fistula remains, for the opening in the rectum invariably closes after a few weeks.

I have left in the silver canula for three weeks, and have not found any inconvenience from its presence, indeed, it appears to me that one of the greatest arguments in favor of its adoption exists in the fact of the position of the canula, which whilst certainly securing the emptying of the bladder, is wholly removed from the urethra. I am strongly myself of opinion that many urinary cases terminate fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions, induced by a first catheter; whilst the single introduction of a lithotrite in a man of 77 to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied to his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the urine to be drawn off every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay not in idiosyncrasy, but in the fact of the existence of disease from the injury. You may leave an instrument in the bladder for years from the perinæum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connection with the urethra, which was not produced by the introduction of instruments into other mucous channels.

In what I have said, I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture; and if, in any case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine

secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perinæum suggest a ready path to the bladder, by all means let a female catheter effect, through the perinæum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?" I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning; and, believing this, I established him with a silver perinæal tube, through which he now (aged 27) passes his urine without trouble; but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connection can be re-established even after the lapse of many years.—*The Doctor*.

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HABITUAL DRUNKARDS.—The *British Medical Journal* of June 29, contains the report of the select committee of the English House of Commons appointed to inquire into the best plan for the control and management of habitual drunkards, from which we make the following extracts:—

"In view of the absolute inadequacy of existing laws to check drunkenness, whether casual or constant, and in view of the fact that drunkenness is the prolific parent of crime, disease, and poverty, the committee recommend "that sanatoria, or reformatories for those who, notwithstanding the plainest considerations of health, interest, and duty, are given over to habits of intemperance so as to render them unable to control themselves, and incapable of managing their own affairs, or such as to render them in any way dangerous to themselves or others, should be provided. These should be divided into classes A and B; A, for those who are able, out of their own resources or out of those of their relations, to pay for the cost of their residence therein. These, whether promoted by private enterprise or by associ-



ations, can be profitably and successfully conducted. B, for those who are unable to contribute, or only partially. These must be established by state or local authorities, and at first at their cost; though there is good reason to believe that they can be made wholly or partially self-supporting.

"The admission to these institutions should be either voluntary or by committal. In either case, the persons entering should not be allowed to leave, except under conditions to be laid down, and the power to prevent their leaving should be by law conferred on the manager.

"The patients should be admitted either by their own act, or on application of their friends or relatives, under proper legal restrictions, or by the decision of a legal court of inquiry. whenever proof shall be given that the party cited is unable to control himself, and incapable of managing his affairs, or that his habits are such as to render him dangerous to himself or others."

The committee further recommend that the fine for drunkenness, for the first or second offence (when it is most desirable to prevent the formation of the habit) should not exceed forty shillings, or, in default thereof, imprisonment for a period not exceeding thirty days. "It is in evidence," the committee say, "as well as from those who have conducted and are still conducting reformatories for inebriates in Great Britain, as well as by those who are managers of institutions in America, that 'sanatoria,' or inebriate reformatories, are producing considerable good in affecting amendment and cures in those who have been treated in them." The average number of cures is stated to be from thirty-three to forty per cent. of the admissions,—this percentage being based upon subsequent inquiry, from which the cures appear to be as complete and permanent as in any other form of disease, mental or physical. The average time occupied in effecting these cures is stated at from twelve to sixteen weeks in America. For the English institutions the period has been longer. That the proportion of cures is not larger is attributed by all the witnesses to a lack of power to induce or compel the patient to submit to treatment for a longer period, and that power is asked for by every one who has had, or still has, charge of these institutions.—*Med. Times.*

# The Canada Lancet,

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## HYPODERMIC MEDICATION.

We are indebted to Dr Alexander Wood, of Edinburgh, for the discovery and application of Hypodermic Medication. It was first used by him in 1843, in the treatment of a case of neuralgia, and for many years its use was confined to the treatment of this affection and morphine was the only agent so used. Wood believed that the remedy to be effectual should be localized, although he was well aware of its general effects on the system. Charles Hunter, of London, wrote an essay in 1859 on "the Hypodermic treatment of disease," in which he showed that localization of the injection was not necessary. He was an enthusiastic advocate of this plan of medication. From this time its use became very general throughout England and on the continent.

It was first used in America by the late Geo T Elliott of Bellevue Hospital, in a case of Sciatica. Since then it has been gradually growing in favor among the profession, and is now very extensively used. But notwithstanding this rapid advance and its many advantages over ordinary medication, there are still many practitioners who have never tried it and who do not think it possesses any advantages over the old way of giving medicine; some are prejudiced against it, and others regard it as an innovation or a novelty which is destined soon to be numbered among the things that were. It has, however,

in spite of all opposition assumed a wide range of application, both in the variety of diseased conditions to which it is applicable, and the remedies used, and has taken its place as a standard means of great value to both the patient and practitioner in the relief of many painful and spasmodic diseases.

Remedies injected into the sub-cutaneous areolar tissue, have in most instances the same effect as when administered by the mouth. Some years ago a scientific committee was appointed by the chemical society of London, to report on the physiological and therapeutical effect of remedies administered subcutaneously, and they gave it as their opinion that no difference was observed in the effects of a remedy thus given, and by the stomach, except greater rapidity, certainty, and intensity of effect, and requiring a less amount to affect the system than when given in the ordinary way.

The agents thus used, being generally powerful in their nature, its application is not always unattended with danger, and therefore it is necessary to exercise care in its administration. Very great improvement has been made in the *instruments* now in use, and therefore nothing need be said regarding them further than that those with a graduated glass barrel are preferable, as it enables one to see the quantity used, and also to be sure that no air occupies the barrel. One of the greatest dangers of this method, except its use in Cardiac disease, is the risk of injecting air or the solution into a vein. This may always be avoided by pushing the needle through the integument, (which has been pinched up for that purpose on the breast, arm, or shoulder) to the extent of  $\frac{3}{4}$  of an inch, and then withdrawing the point a short distance before injecting the solution. If air is drawn into the syringe in filling it, the instrument should be inverted, and the piston pushed in, till all the air is forced out.

Much of the success of this method of medication depends upon the purity of the medicines used, and the character of the solutions. The remedy should be in a perfect state of solution, and always filtered to remove any undissolved portions, as they are apt to give rise to the formation of small abscesses. The solution should not be too strongly acid or alkaline, and not too much concentrated. Pure distilled water only should be used, as a solvent, when practicable, and the solution should not be kept too long. We give below some of the formulæ in common use.

For Morphine, Magendie's solution is the best. It consists of

Morphia sulph. grs. xvj, Aqua dest. ℥j. Mix and filter. The dose is from 5 to 8 minims.

For Atropine, R. Atropia sulph. gr ss., Aqua dest. ℥ij. Mix and filter. The average dose is 4 minims. If it is desired to combine these two remedies, one grain of atropine may be added to Magendie's solution, of this five minims is the average dose.

For Strychnine, R. Strychnia sulph. gr., Aqua dest. ℥ij, Acidi hydrochlor, gt. j. Mix and filter. Average dose five minims. It would be well to begin with a small dose and gradually increase.

For Quinine, R. Quinia sulph. grs. xx, Acidi sulph. aromat, minims ten minims, Aqua dest. ℥ij. Mix and filter. Nine minims equal one grain. This solution is more apt to cause abscess than the above, on account of its greater acidity.

For Calabar Bean; R. Ext. calabar bean grs. ij., Aqua dest. ℥j. Mix and filter. The average dose of this is 8 minims.

For Corrosive sublimate, R. Hydrarg Bichlor gr. j., Aqua dest., ℥ij. Mix. Dose about 10 minims, and may be used every alternate day. It has been highly spoken of in the treatment of constitutional syphilis.

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## THE APPLICATION OF ELECTRICITY.

In continuation of this subject, referred to in our last number, we will offer some remarks on the application of Electricity. In Medical Electricity there are two principal methods of applying the current, termed respectively, General and Localized Electrization, with either the galvanic or faradic currents.

The object of general electrization is to bring the whole of the tissues and organs of the body under the influence of the electric current. This is usually done by placing the patient upon a metallic place to which the negative pole is attached, while the positive pole is applied to the surface of the body. For this purpose the faradic or secondary current is the one usually employed, but the galvanic may sometimes be used with advantage, especially where the patient is not very susceptible to ordinary stimulation. For the application of the faradic current to the general surface, the operator's hand is preferable to the ordinary sponge electrode, especially when operating about sensitive parts, as the head and neck, no

artificial electrode equals the human hand in flexibility and adaptation to the inequalities of the surface of the body, and excessively sensitive persons will bear this mode of application who could not tolerate it in any other way. Electricity is not a mere stimulant, the effects of which soon pass away, but it possesses tonic properties of the highest value in the treatment of various disorders.

In the treatment of various nervous and functional diseases in which excessive debility is the principal symptom, the tonic influence of general electrization is most decidedly manifest. It is exceedingly useful in all cases of exhaustion uncomplicated with organic disease.

Localized electrization has reference to the application of a current of electricity to special nerves, muscles and organs of the body, and a variety of electrodes of different shapes and sizes for localized electrization are adapted to the parts to which it is applied. The limits of the present article will not admit of our entering fully into the details of its application to all the various parts of the body to which it may be applied; but we will indicate a few. In applying it to the head one pole may be placed upon the forehead, and the other over the occiput, or a pole may be placed on either mastoid process or on either temple. Less dizziness is caused when the current passes from the forehead to the occiput than when it passes from side to side. Galvanization of the sympathetic may be readily effected in the cervical region by applying one of the electrodes over the 6th cervical vertebra, and the other in the auriculo-maxillary fossa. It is, however, impossible to exclusively localize the current in the great sympathetic; the spinal cord is also affected in the above method. The spine may be galvanized by applying one pole a little below the occiput, and the other at the coccyx, or by placing an electrode on either side of the spine, one above the other, about 2 inches apart. Cutaneous faradization is accomplished by thoroughly drying the skin and applying the current by means of dry metallic electrodes, or by the hand. This method has been found extremely useful in conditions of profound cutaneous anæsthesia. The electric moxa is produced by applying rapidly to one part a dry and finely pointed electrode. It is frequently employed as a counter-irritant in obstinate cases of neuralgia.

## MEDICAL ELECTION.

Owing to the non-appointment of a returning officer the election of a representative for the Territorial Division of Midland and York, did not take place last month as announced. This defect has been remedied by the appointment of Dr Adlington, of Toronto, to that office. Thursday, the 7th inst, is the day fixed for the election to take place. The voting papers have been issued and are returnable on the above date.

CANDIDATES.—Dr N Agnew of this city, brother of the late representative for this Division, is a candidate for council honors, and meets with much favor, especially among those who most warmly supported his brother in the last election. He is well qualified for the position, and, if elected, will make an able and faithful representative. His election would also be a fitting recognition of the past service, and a grateful tribute to the memory of the late representative.

Dr. Bull of Weston has also announced himself as a candidate. He is well known to many in the riding, and will, no doubt, secure a large number of votes.

Dr. Hillary of Aurora, is also in the field, although rather late in announcing himself. He has a good number of friends both in the country and city who will accord him their support and influence. Other names have been mentioned, but as they have not announced themselves as candidates, it is unnecessary to refer to them.

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ATTEMPTED SWIM FROM DOVER TO CALAIS.—Mr Johnson, the Champion Swimmer of England, (*British Med. Journal*), made an attempt, during the month of August last, to swim across the British Channel, from Dover to Calais, in ten hours. The distance is about 40 miles, and would require the constant immersion of the body in the water for about six hours, swimming at the rate of seven miles an hour. The great difficulty was in resisting the prolonged exposure to cold in moving water. He remained only a little over an hour in the water, and had swum about seven miles when he became completely exhausted. He was unable to raise a basin to his mouth, and his lower extremities were benumbed and perfectly cold.

The temperature of the water being about 60 degrees F., and the heat of the body about 99 degrees, a continuous extraction of thirty-nine or forty degrees of heat would go on, so that physiologically speaking the feat is impossible unless some very ingenious means of supplying artificial heat were adopted.

**A WORD TO THE ECLECTICS.**—In another column will be found a letter from Dr. Muir of Merrickville—one of the Eclectic representatives of the Medical Council of Ontario—addressed to the Eclectic body in reference to the question of fusion with the general profession. This matter has for some time been under discussion and is gaining strength every day. The most intelligent members of that body are decidedly in favor of a movement of that kind. They can see plainly enough that it is of no use to hold out and struggle against the inevitable. They have no distinctive features either in theory or practice, and the perpetuation of a sect under such circumstances must be considered by every reasonable thinking man as a useless piece of legislation, and the sooner the law is repealed the better.

**FOREIGN DIPLOMAS.**—Dr. J. W. McLaughlin, gold medalist of the University of Toronto, has passed his examination before the Royal College of Surgeons and Royal College of Physicians, and obtained the two diplomas.

Dr. John Fraser, of Victoria College, has also passed the examination before the Royal College of Physicians, Lond., and the College of Surgeons, Edin.

Dr. Lucas, a graduate of McGill College, has also passed a highly creditable examination before the Royal College of Surgeons, Eng., and the Royal Colleges of Surgeons and Physicians, Edin.

**CANADA MEDICAL ASSOCIATION.**—The next meeting will be held in St. John's, N. B., on the first Wednesday in August, '73. The following gentlemen have been appointed to deliver addresses at the next meeting:—Dr. Howard on Medicine. Dr. Hingston on Surgery. Dr. Hodder on Obstetrics. Dr. Botsford on Hygiene.

**TREATMENT OF CANCRUM ORIS.**—Dr. McGreevy (*British Medical Journal*) says: Of all the local remedies or applications he resorted to in such cases, he has never found any application so useful or so effective as hydrochloric acid. Neither nitric acid, nitrate of silver, nor chlorate of potash, nor any other remedy that he ever

tried or used, except hydrochloric acid, did he ever find to be of the least use to check cancer oris. He has almost never found hydrochloric acid fail to check the progress of this dreadful disease at once, and bring on a most rapid and healthy action in the part. Nor does it cause so much pain or suffering to the little patient as one would suppose, seeing that the gangrenous spot is almost entirely without feeling at this time. This acid is easily applied to the ulcer by means of a feather or small camel-hair brush. He has cured many cases of cancerum oris by this means.

**MEDICAL COUNCIL EXAMINATIONS.**—The following gentlemen have successfully passed the matriculation examination prescribed by the Council of the College of Physicians and Surgeons of Ontario: John Hunter, Alfred C. Bowerman, Thomas Hobbly, Hugh Park, Walter Geikie, Alfred Bray, Alexander Fraser, Byron Field, Henry Minshall, Henry McCrea, William Kennedy, J. E. Reeve, W. J. Wilson, Sabin Stevenson, R. A. Earl.

**DEATHS AMONG THE PROFESSION.**—Frederick C. Skey, C.B., F. R.S., Consulting Surgeon St. Bartholomew's Hospital, London, England, on the 15th August 1872, aged 72. Alfred Poland, Esq., Lecturer on Clinical Surgery at Guy's Hospital, on the 21st August, 1872. Dr. T. C. A. Louis, of Paris, on the 23rd of August, at the advanced age of 86. Dr. Curran, of the Carmichael School of Medicine, Dublin, on the 21st of August.

**ARTIFICIAL LIMBS AND ORTHOPÆDIC APPARATUS.**—Mr. Authors, of Toronto, has shown us a case of the above appliances which he had on exhibition at the Provincial Fair, Hamilton, and for which he received *two first prizes*. It contains artificial arms, legs, spinal brace, hip joint appliances, club-foot apparatus, &c., &c., all of which are of superior make, excellent quality, and beautifully finished, and do credit to Canadian skill and enterprise. Mr. Authors has received numerous testimonials from Medical men and others in Canada as to his skill and intelligence as a manufacturer of artificial appliances of various kinds. His work gives the most entire satisfaction.

**IODIDE OF POTASSIUM IN CYANOSIS FROM NITRATE OF SILVER**—Dr. Yandell, of Louisville, in the *Medical Practitioner* reports two cases of the above affection, in which the discoloration was removed by the prolonged use of Iodide of Potassium. Its beneficial effects were accidentally observed by him in the treatment of syp-



illis. Both cases had been treated for epilepsy in youth, by Nitrate or Silver, and, having subsequently contracted syphilis, were being treated by Iodide of Potassium, and in both the stains gradually disappeared. Both patients were also treated by the moist mercurial bath during much of the time, and therefore he suggests the use of the vapor bath in connection with the Iodide of Potassium.

DELAY AFTER DISCHARGE OF LIQUOR AMNII.—Dr. Matthews Duncan read a paper at the Lond. Obst. Society, June 5th, on the above subject. A patient expected her confinement in June, 1872. On the 10th of March she had a copious discharge of liquor amnii, and slight irregular pains; but labor did not set in until the 25th of April, making an interval of 45 days, during which time occasional gushes took place till labor came on. The child was born alive, but survived a very short time.

PYROSIS.—S. Thompson (*American Practitioner*) speaks highly of the administration of the saccharated solution of lime-water and milk in the treatment of pyrosis or water brash. Antacids are always attended with beneficial results. He gives the Liq calcis saccharati in the proportion of one drachm to the ounce of milk.

ARTIFICIAL MILK.—The following is the formula for preparing artificial milk, which was in such urgent requisition during the Siege of Paris. It has been called "siege milk." 47 grms. of sugar, 30 grms. of white of egg or gelatine, one part of warm water and about 1 gm. of carbonate of soda mixed with 60 grms. of pure oil, or fat obtained by frying. This when agitated forms a pasty fluid, and when mixed with an equal quantity of water forms a fluid resembling milk in appearance and chemical properties.

CHLOROFORM ADMINISTERED DURING SLEEP.—Dr. Whitmarsh in the *London Lancet* reports a case in which chloroform was administered during sleep. The patient was a child of about six years of age, upon whom the operation of circumcision was about to be performed. Evening was the time chosen for the operation, and when the surgeon arrived the child was asleep. The chloroform was administered and the operation performed—the patient not waking for half an hour after.

DENGUE.—Dengue "fever" prevails to an alarming extent in Madras, India. Special prayers have been offered up in all the churches for its abatement. Cholera is also on the increase in various parts of the country. The troops are suffering severely.

## CORRESPONDENCE.

To the Editor of the CANADA LANCET.

Dear Sir,—Permit me to ask whether it is in accordance, or consistent, with the ethics and dignity of the medical profession for parties to advertize and hang up in Post Offices, Waiting Rooms, and other places of public resort, such cards as the following, which I copied as it hung before me; verbatim dimensions 12x10, or more, and in large type, reading thus:

R. TRACY, M. D.,

Physician and Surgeon, Belleville.

*Special Attention given to diseases of Women and Children.*

Office hours, 9 to 5. Residence, etc.

Now, sir, it may be my ignorance of things *medical* in Canada, or I may haply be hyper-critical, or maybe the medical fraternity of Belleville have, and observe, no ethics at all; but in England—and I presume you consider the Canadian a branch of the British medical profession—we consider all such clap-trap modes of advertising as *infra dig.* and scout all those practising such as alike unworthy the respect of the faculty, or the public, meeting besides, as they deserve, the castigation of the medical press.

To say the least, sir, it is setting a very bad example, besides establishing a precedent. And on this matter I have the honour to remain,

Yours enquiringly,

AN ENGLISH MEDICAL PRACTITIONER.

[We have also received several notes and extracts calling our attention to other instances of quackery; one in reference to a man in the County of Grey, who is practising without any license whatever, and another in reference to an Eclectic practitioner, in the County of Simcoe, who styles himself the *great physician*, and who is in the habit of issuing placards and large posters, in which he says, among other things, he will warrant a perfect cure in falling of the womb, *cancer, rheumatism*, etc.]

With the former we have nothing to do; the law should meet his case. The latter is a legalized practitioner who has disgraced the profession, and who should be held up to public scorn and indignation. We fear, however, that remonstrance would be of no avail in his case, and the game would not be worth the powder.

We would like to see a clause incorporated in our Medical Act which would meet such cases as the above, giving the Council power to cancel the licence of any practitioner who disgraces the profession by such disreputable tricks.]

## BOOK NOTICES.

THE SCIENCE AND PRACTICE OF MEDICINE, by Wm. Aitken, M. D. Edin., Professor of Pathology in the Army Medical School. The 3rd American from the 6th London edition. 2 large volumes. Philadelphia. Lindsay & Blakiston, Toronto. Copp, Clark & Co. Price, \$12.00.

We are much gratified by seeing a new and revised edition of this exhaustive work on the Practice of Medicine. The American publishers deserve much credit for their enterprise in so speedily furnishing a most creditable reprint of so valuable a work with all the additions the author has made to it.

The work bears marks of careful revision, while much has been added, a great deal on many subjects has been re-written. By this means the author has been able to incorporate all the latest additions to Pathology and Medicine in his work, and to say this is no small praise. Much is added in this edition to those parts of the work which treat of "Pathology and Morbid Anatomy," Throat and Laryngeal Diseases; the value of Temperature in Fever and other affections; the use of the Sphygmograph in Cardiac and other diseases, disorders of the Intellect and many other important subjects which we cannot notice here from want of space, are treated in a very full and able way.

Altogether the work is one of great value, without which no modern medical library can be considered at all complete.

ON THE GENERAL AND DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS, with special reference to the operation of Ovariotomy, with 39 illustrations, by Washington L. Atlee, M. D. Philadelphia. J. B. Lippincott & Co., Toronto. Adam, Stevenson & Co.

OVARIAN TUMORS, their Pathological Diagnosis and Treatment, especially by Ovariotomy, with 56 illustrations, by G. R. Peaslee, M. D., L. L. D., Professor of Gynecology, Dartmouth College, &c., &c. New York: D. Appleton & Co.; Toronto: Willing & Williamson.

The former is a work of about 480 pages and the latter contains about 550. They are both eminently practical in their nature, carefully written, and well got up, and do credit alike to authors and publishers. In reference to the treatment of the pedicle Dr. Peaslee favors the use of the ligature in preference to the clamp. He uses a

flat silver tube, about  $\frac{1}{4}$  inches long, (like the scabbard of a sword), the open end of which projects through the abdominal incision, the other being in contact with the pedicle. This tube is also pierced by transverse holes about  $\frac{1}{2}$  an inch apart. He transfixes the pedicle, at the same time passing the double ligature through one of the transverse openings in the tube, and then ties each half separately and brings one end of each ligature to the surface. A knife blade of peculiar form fits the tube and is used to divide the ligature whenever desirable. He does not consider it necessary to leave the ligature for more than 48 to 96 hours. The abdominal incision is closed by wire sutures about  $\frac{1}{2}$  an inch apart. Dr. Atlee's work is devoted more to the general and differential diagnosis of ovarian tumors. The two books together will form a most useful work of reference on this interesting subject.

**LEWIN ON THE TREATMENT OF SYPHILIS BY SUBCUTANEOUS SUBLIMATE INJECTIONS.** With a Lithographic Plate, illustrating the mode and proper place of administering the Injections, and of the Syringe used for the purpose. Translated from the German. Price, \$2.25 Philadelphia. Lindsay & Blakiston, Toronto: Copp, Clark & Co.

**CLYMER'S EPIDEMIC CEREBRO-SPINAL MENINGITIS.** With a Map of the City of New York, showing the Localities of the Disease in that City, etc. Price, \$1.00. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co.

**BLACK ON THE FUNCTIONAL DISEASES OF THE RENAL, URINARY, AND REPRODUCTIVE ORGANS,** with a General View of Urinary Pathology. 8vo. Price, \$2.50. Philadelphia. Lindsay & Blakiston; Toronto: Copp, Clark & Co.

**THE NATURE AND TREATMENT OF SYPHILIS AND GONORRHOEA,** by Charles Robert Drysdale, M. D., M. R. C. P., M. R. C. S., Eng., &c., &c. London. Balliere, Tindall & Co., Toronto. Adam, Stevenson & Co. Price, \$1.12  $\frac{1}{2}$ .

**TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION,** Vol. 23, 1872. Toronto: Copp, Clark & Co.

**ON RESPIRATORY MURMURS,** a Pamphlet, by J. R. Leeming, of New York.

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APPOINTMENTS.

Thomas Willmot, Esq., M. D., of Port Hastings, N. S., Coroner for the County of Inverness. James W. Smith, Esq., M. D., of Ashburn, Coroner for the County of Ontario. W. B. Towler, Esq.,

M. D., of the Village of Wingham, Associate Coroner for the County of Huron. George M. Aylesworth, Esq., M. D., of the Village of Gorrie, Associate Coroner for the Co. Huron. B. J. Bradley, Esq., M. D., of the Town of Woodstock, Associate Coroner for the County of Oxford. A. C. Sinclair, Esq., M. D., of the Village of Port Elgin, Associate Coroner for the Co. Bruce. S. Bridgland, Esq., M. D., of the Village of Braccoridge, Associate Coroner for the United Counties of Simcoe and Victoria.

Dr Powell, of Victoria, B. C., has been appointed Medical Superintendent of Indian Affairs in that Province.

Dr F. H. Wright, son of Dr. H. H. Wright, of this City, has been appointed Resident Physician of Victoria Park Hospital, London, England.

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### OBITUARY.

Died at Allahabad, India, on the 13th of Sept., Staff Assistant Surgeon, Dr. John Dickson, son of Dr. Dickson, Medical Superintendent of Rockwood Asylum.

Dr Dickson graduated at Queen's College, Kingston, four years ago, he went to England and was admitted a member of the Royal College of Surgeons, Lond., and Licentiate of the R. C. P., Edin. He was then about one year and a half House Surgeon of the Royal Free Hospital, London. About 18 months ago he successfully passed the competitive examination for the Army Medical Service and was only about a year in India when he died.

He was convalescing from Dengue Fever (a new disease there,) which weakened him and rendered him more susceptible of Cholera of which he became a victim.

General regret is felt at his untimely end, as he was a favourite with all who knew him, skilled in his profession, amiable in his manner and a perfect gentleman, he is really a loss to the service, and the department to which he belonged.

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#### Law, Respecting Periodicals, Newspapers, &c.

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.
2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and subscribers are held responsible for all numbers sent.
3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.
4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.