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CANADA  
MEDICAL AND SURGICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Valedictory Address to the Graduates in Medicine and Surgery, on behalf of the Medical Faculty McGill University.* Delivered at the Annual Convocation held in the William Molson Hall of the University, on the 28th March, 1873. By GILBERT PROUT GIRDWOOD, M.D., M.R.C.S., Eng.; Professor of Practical Chemistry.

GENTLEMEN GRADUATES: In the name and on behalf of the Professors of the Faculty of Medicine, among whom I have the honour of enrolling my name, I congratulate you on receiving, at the hands of the Principal, the highest honours this University confers on its graduates, as a reward for the patience with which you have listened to her teachings and the assiduity with which you have prosecuted your studies. Gentlemen, in accordance with a time-honoured custom, I take this opportunity to offer you a few words of advice on entering upon the active duties connected with the practice of the profession you have chosen. You have this day received your degree of Doctor of Medicine and Master in Surgery as a reward which has been hardly earned, as you know full well, and well deserved, as your examiners can testify. It is now placed by your Alma Mater in your hands; love, honour and respect it; keep this honour as a bright jewel; wear it as an ornament; be careful not to sully its brightness; but, continuing in the steps in which you have already commenced, add lustre and brilliancy to it by the conscientious performance of the duties required of you. You will thus make your degree, your University and your country respected wherever you go. The grade which you have this day taken places you, as members, in the ranks of the noblest and most honourable of professions. Noblest and most honourable in its objects—relief of human suffering and salvation of human lives—whereby you are led to follow in the footsteps of our great Master “who went about doing good and healing all that were oppressed.” You now start out into the world to fight your own way; the eyes

of the world are upon you ; but, believe me, your studentship is not over ; it is but commencing ; you have, as it were, laid the foundation of the building ; from that foundation may you raise a superstructure of learning perfect in all its branches and honourable to your teachers. You will find your late instructors, friends ever ready and willing to give you a helping hand in all cases of danger or of difficulty. Remember always that their reputation, as well as your own, is at stake in the manner in which you perform your duties. During the four years hard study you have just completed you have had an opportunity of becoming intimately acquainted with the wisdom, order and method with which man, that noblest and most perfect of the great Creator's works, has been formed. Let this knowledge be a guide to you through life. Strive to be wise in your conversation, orderly in your conduct, and methodical in your habits. As you find from your studies, especially from your microscopical inquiries, that nothing has been so small or so unimportant as to have been overlooked in the scheme of man's creation, so I strongly urge you to consider nothing too minute or too insignificant for your observation and earnest inquiry. Through the medium of those wonderfully organized senses with which we are endowed, impressions are conveyed to our perceptive faculty ; from the observance and storing-up of these impressions or experiences, our mind is enabled to reduce chaos to order and recognize the laws which govern the universe.

Gentlemen, in the selection of a profession I hope you were not actuated by avaricious motives ; if so, you will be grievously disappointed. You, if successful, as I trust you will be, in the treatment of disease, will probably also be successful in a pecuniary sense ; but do not hope to lay up riches by the practice of your profession. If that be your expectation it were better you should retire from it now than hereafter experience disappointment. You will have to be at the beck and call of your fellow-man ; practice self-denial ; maybe you will have to listen even to abuse from the ignorant. You will be called upon to combat the prejudices, ignorance and uncontrolled passions of mankind ; to meet with difficulties, disappointments and, maybe, with defeat ; but, by knowledge and perseverance you will overcome the former, and by a consciousness of having performed your duty you will be able to bear the latter. In contending with the dangers which beset your pilgrimage you will frequently experience consolation and rewards which will yield you a pleasure beyond that arising from the mere receipt of money ; a pleasure of a more congenial and, certainly, more enduring kind. Often you will return home exhausted and dispirited, and without the hope of remuneration ;

then let memory bring to your mind's eye that poor, suffering, human sister who, with tears of gratitude in her eyes, has returned you her thanks, heartfelt thanks, for the relief you have afforded her pains; or, the moment when some gigantic brother in Adam has prostrated his form before you in the anguish of pain, and your knowledge, the result of your earlier labours, has enabled you to relieve his torture, and you received his expressive grip of gratitude, then you will consider those thanks and that gratitude of more value than fine gold. Let this day be a red-letter day in your calendar, and when the months returning bring back this day of honour, if I may so call it, your Ides of March, pause, think over the past twelve months; see if you have performed your allotted task to your own satisfaction; and then, with augmented strength gathered from past experience and former trials, start again in life's battle with a determination to increase your store of knowledge. Observe facts and record your observations carefully and in order, remembering that it is only by obeying the laws of nature that she will reveal herself and her regulations to you. Learn to write well, clearly, distinctly and to the point. By frequent practice you will acquire freedom of thought, clearness of diction, and force of expression, which will add a charm to your writings beyond their immediate professional importance. To aid you in this, study the writings of masters, other than simply professional authors; for it is considered one of the characteristics of a gentleman that he be well read.

Passing from generalities to your more specific obligations you are called upon to be loyal in all your relations in life. I may divide those obligations under three heads: To yourself, to your profession, and to the public. Firstly, to yourself, because self-preservation is the first law of nature. Secondly, to your profession, because your immediate brethren have a claim to your sympathies greater than others. Thirdly, to the public, as brethren of a common race. To yourself your obligations require you to judge your own actions, words and motives; cultivate knowledge from a love of itself; enlarge your views by frequent conversations and arguments connected with your duties; keep yourself instructed in the current literature of your profession, and think no time or money ill-spent which will add to your knowledge or usefulness; unite with your professional brethren in your neighbourhood to form societies for the reading and discussion of papers and the mutual interchange of ideas; ally your local societies with the Dominion Association, so that we may form a united society which will become a rallying point, such as is the association which has done so much good to the profession in the old mother

country, around which we may gather, and from whence we can put forth these doctrines and regulations which will keep out of our ranks the quack and the imposter, and will enable us to frown down any attempt to introduce charlatanism or roguery that may occasionally be made, and enable us to exclude from our ranks those who, although they may have proved themselves possessed of the required standard of professional education, are found wanting in the principles of morality. Be careful to observe the human frame especially in health, so that you may be the better enabled to notice any deviation from the proper performance of its functions and recognise the cause. Form your opinion slowly, and be sure it is on a sound basis, so that once formed you may be able to express it in a firm, manly, but gentle manner to others. Cultivate your senses, try them in different ways, and correct any false impressions. If possible, educate your sense of touch so that you may realize, in the dark, the form, shape and hardness of bodies with which you may come in contact; this you will find of great value to you, and may enable you to diagnose disease in positions where the eye cannot be brought into play. Exercise your eye, for it, perhaps, is the most useful sense in recognizing morbid changes, whether of expression or of structure, microscopic or otherwise. Forget not the use of the sense of smell; it may assist you in determining the peculiar disease your patient is suffering from; or, by the odour simply you may be able to detect at once the presence of a deadly poison and immediately administer an antidote which may save or prolong life. The sound which reaches you from an invalid's chamber may inform your tutored ear of what is going on within, and may enable you at once to grasp the case on entering. Education and practice of this kind will give you a sense of knowledge and a feeling of self-reliance that will increase and give value to your mature experience. No man requires more self-reliance and more to be master of himself than he who undertakes to minister to the "ills that flesh is heir to"; be, therefore, ever ready and watchful, govern yourselves moderately and temperately, and be careful not to expose yourselves to the charge of not carrying out in your own case the counsel you give to your patients. *Experimentum fiat in vili corpore.*

To your professional brethren—for to-day we rank you as members of that fraternity—let your conduct be guarded; be loyal to them as to yourself; be careful of their honour as your own; speak no evil of any of them yourself; neither listen to nor allow another to do so in your presence, but rather throw a cloak around the shortcomings of a brother. Should you have differences with any

of them keep them to yourself; let not the outside world know of them, and be ever watchful lest you say an uncharitable word or do an unkind act. When in consultation with a brother give your opinion firmly but with diffidence, for there may be points overlooked by you which his more acute observation may have detected. Listen to your brother's counsel with deference, and if you should disagree in opinion carefully go over, with him, the case, and be convinced or convince him, as you may find the balance of argument for or against yourself—a human life may be in the balance. Be ready at all times to give advice or time to your brethren, you know not how soon you may require their assistance yourself. To them, more especially, observe that divine rule of morality, "whatsoever ye would that men should do to you, do ye even so to them."

To the public your obligations are, indeed, great, and you have an exacting master to serve. Your obligations may be considered of a three-fold character: To your patients, to your nation, and to the human race. *To your patients* be ever kind and gentle, in deed, word and action; in every examination it may be necessary to make put them to as little pain, mental or physical, as possible; the sufferings for which they seek your advice are sufficient, without your inflicting on them additional pain. Be patient during the recital of their ailments, whether real or imaginary, and do not forget that pleasure or pain is far greater in anticipation than in actual reality.

"Can wisdom lend, with all her heavenly power,  
The pledge of joy's anticipated hour;  
Ah, no! she darkly sees the fate of man,  
Her dim horizon bounded to a span;  
Or, if she hold an image to the view,  
'Tis nature pictured too severely true.

Give your patient the pleasure of seeing you interested in his case, and feeling that in you he has a friend and, maybe, a confidant; one on whom he can rely for support, and in whom he can repose trust in the hour of need. Keep notes of your cases for future reference; they will form an invaluable record, not only for your own consultation, but for the profession of which you are a member. Be careful how you enter the invalid's chamber; your patient will watch your countenance with an anxious glance and often take ideas from your expression at variance with your views and injurious to the well-being of the sufferer. Let the expression of your countenance be, at least, hopeful; cheerful, if possible; your speech gentle, but distinct in utterance. Make your inquiries in an earnest manner and tone of voice; not hasty; not pausing from indecision. Avoid depressing topics in your conversation;

have some light and interesting subject ready, so that in a few words you may start in your patient's mind some ideas on which he may dwell, and with which he may while away the monotonous hours of a sleepless night. Be physicians to the mind as well as the body. Remember above all things that good nursing is often of far more avail than the best advice or medicines. Make friends of those around your patient, as they may help you in the treatment of your case. Be not satisfied with reports, but see for yourself that your remedies are properly applied and your instructions punctually attended to; that your bed-ridden patient is not reclining for hours on folds of clothing or irritating bread crumbs, which may be trifles to the healthy, but fatiguing annoyances to the invalid who may be unable to call your attention thereto. Oftentimes you will be made the recipient of family secrets, and your advice may be asked on them. Refrain from interfering in such matters, but, when asked, give your opinion unflinchingly on the side of truth and justice. Upon these points never allow yourselves to speak to any one except the individuals immediately interested. Keep all these secrets, as well as the ailments of your patients, to yourselves. Look upon such communications as a sacred trust.

*To your nation* be loyal to the laws of the land, to the institutions of your country, and to our Most Gracious Queen, whom God bless and honour, may she live long. Ay! long enough to see the mighty empire whose destinies she has swayed so happily united and consolidated into a harmonious brotherhood.

*To the human race*, in whatever land your lot may be cast, submit yourselves to all lawfully constituted authority. All cannot be first, "for as one star differeth from another star in glory," so, also, one man differeth from another. One man must lead; others may follow and shine in greater or lesser magnitude. Encourage education; not simply the learning of languages, but the learning of nature. Examine her wondrous works in whatever way they may be presented to you; record any facts you may observe, for, if recorded, they become of use to succeeding generations, and thus you will stamp your impress on society and live in posterity.

"Lives of great men all remind us  
We can make our lives sublime,  
And, departing, leave behind us  
Footprints on the sands of time.

Footprints that, perhaps, another  
Sailing o'er life's solemn main,  
A forlorn and shipwrecked brother  
Seeing shall take heart again."

Strive, if not to be first, at least to be in the front rank. There



are many subjects yet unexplored, and many a field as yet uncultivated, upon which you may direct your attention, and to which, as a pioneer, you may devote your fresh energies. If you prefer a nomadic existence your professional knowledge will be of great service to you, and will often carry you unscathed through dangers that, but for your acquaintance with medicine, might have cost you your life. Disseminate the truths of Hygiene; encourage all matters connected with public health or which may tend to increase the happiness or longevity of your race. The interest taken by the public in your profession is made evident to you this day, not only by the number of gentlemen present, but, also, by the number of ladies who have graced by their presence the ceremony through which you have just passed.

Gentlemen, I recommend each of you, as soon as your circumstances permit, to bless yourselves with a wife; for King Solomon says, "Whoso findeth a wife findeth a good thing." As a married man you will be more respected by your neighbours, will enjoy more comfort at home, and will have a never-failing friend and adviser. *Olim, meminisse juvabit.* Fare ye well.

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*Case of Chronic Pleurisy with Effusion—Tubercular Disease of Opposite Lung—Otorrhœa—Tubercular Meningitis—Coma—Death.* Under the the care of GEORGE ROSS, A.M., M.D.; Attending Physician Montreal General Hospital; Professor of Clinical Medicine McGill University. Reported by Mr. W. D. Ross.

A. S., aged 21, a native of Austria, sailor, was admitted into the Montreal General Hospital, under the care of Dr. Ross, on the 1st of October, 1872, complaining of cough and shortness of breathing. It appears that he had been in hospital for a few days during the month of June last, with general debility and loss of appetite, for which he had taken, with benefit, a mixture of Quinine, Aromatic Sulphuric Acid and Tr. Columba. On this occasion, also, he had once complained of some pain in the left ear, for which glycerine had been ordered. He is of thin, spare habit of body; looks anæmic and unhealthy. Owing to his speaking but very little English it was difficult to obtain any accurate account of his history from the time of his discharge from hospital in June last. Indeed, it may be mentioned that throughout the case, owing to the unfortunate circumstance of his foreign language, it was always very hard to clearly understand the nature of the various subjective symptoms which he endeavoured to

make known to us. It would appear, however, that on discharge he had left Montreal and gone to Quebec, at which place he was seized with an acute illness which, we gathered from him, was accompanied by fever, cough, very sharp pain in the left side, and and great difficulty in breathing—evidently an attack of acute pleurisy of that side. He went to the Marine Hospital where he remained during the following nine weeks. At present complains of some cough and shortness of breath, the latter increased upon any exertion, and he has remained feeble and listless; his appetite, however, is tolerably good; his bowels regular; tongue clean, and he sleeps fairly at night, always lying upon the left side. Inspection of the chest at once revealed the fact that expansion-movements of the two sides of the chest were extremely unequal, the right side moving freely and equably in all directions, whilst the amount of motion on the left side was very slight and principally of an upward character. By placing the hands upon the chest this greatly-diminished expansion of the left side was fully confirmed. Bulging of the same side was also observed, whilst the intercostal spaces were full and rounded on that side, but hollow and showing the projecting ribs upon the right side. Measured just below the nipples, the left side was  $17\frac{1}{2}$  inches, the right side  $16\frac{1}{2}$  inches. Percussion showed toneless dullness below the third left rib, with strong resistance to the finger; whilst above this it was high-pitched and approaching to being tubular in character. Over right lung clear throughout. Respiration on right side, both front and rear, exaggerated; on left side, feeble, slightly blowing respiration in the infraclavicular region, and below this absence of all breathing sounds. The back of the left chest is also silent, except at the root of the lung, where breathing is distantly heard. Vocal fremitus and resonance appear normal on the right side, whilst upon the left both are entirely annulled. The heart is displaced to the right, the apex found beating under the ensiform cartilage. Pulse, 116; respirations, 32 per minute.

Ordered: R Syrup Ferri Iodid,  $\bar{v}$ vj.; Aquæ,  $\bar{v}$ vj. M. Sig. One teaspoonful to be taken every two hours: and the following lotion to be applied to the chest on lint: R Iodi,  $\bar{z}$ iss.; Potass. Iodid,  $\bar{z}$ i.; Aquæ ad.,  $\bar{z}$ vi.

10th Oct.—Pulse, 124; respirations, 24; seems to suffer very little distress; lies on either side or upon the back; at times his cough is rather troublesome, but is accompanied by very little expectoration; complains much of the local application, which has much reddened and slightly blistered the side, and can with difficulty be persuaded to allow it to be applied; appetite and general condition rather improved.

18th Oct.—Pulse, 100; respirations, 24; measurements of the chest same as on admission; a few small, bubbling râles are heard in the right infraclavicular region and at the right base posteriorly, but no perceptible alteration of the percussion sound.

30th Oct.—Pulse, 112, respiration, 28; has complained of headache for two or three days, and says it prevents his sleeping at night; the bubbling râles before-mentioned are found to persist and are now heard over nearly every part of the right lung; cough is somewhat troublesome, and the expectoration rather increased in amount, and muco-purulent.

6th Nov.—Complained, to-day, of pain in the left ear, for which warm olive oil was to be dropped in thrice daily. The earache continued till 11th Nov., at which date it is reported as rather increased and accompanied by a continuous hissing sound and a blister was ordered behind the ear. The moist râles persisting over the right lung, Biniodide of Mercury ointment was prescribed to the right infraclavicular region twice a day, and to take the following mixture:  $\mathcal{R}$  Pot. Iodid,  $\mathfrak{v}$ iv.; Vin. Colch.,  $\mathfrak{z}$ vijss.; Acid Hydrocy Dil.,  $\mathfrak{z}$ ss.; Ext. Senegæ Fld.,  $\mathfrak{z}$ iv.; Aquæ ad.,  $\mathfrak{v}$ viii. M. One dessertspoonful every three hours.

17th Nov.—Pain in ear has gone; has had considerable night-sweating lately.

28th Nov.—No return of earache; percussion over left lung clear to third rib. Ordered:  $\mathcal{R}$  Ammon. Iodid,  $\mathfrak{z}$ ij.; Syrup. Ferri Iodid,  $\mathfrak{z}$ vi.; Tr. Conii,  $\mathfrak{z}$ iss.; Tr. Gentian Co.,  $\mathfrak{z}$ iuss.; Aquæ ad.,  $\mathfrak{v}$ viii. M. One tablespoonful three times a day.

23rd Dec.—Measurements of chest: right side,  $16\frac{1}{2}$  inches; left side,  $16\frac{3}{4}$  inches, being a diminution of  $\frac{3}{4}$  inch in favour of the left side since the time of his admission.

From this time he seemed to fail in strength and remained almost altogether in bed.

2nd Jan., 1873.—Condition of left side unaltered; the moist râles continue to be heard over almost every part of the right lung, and decided gurgling is found in the infraclavicular region of the same side. It was now evident that there was extensive tubercular deposit, softening and excavation of that lung.

13th Jan.—Again complained of pain in left ear, and slight purulent discharge is observed coming from it. Ordered: Tr. Opii to be dropped into the ear three times a day, and a warm poultice to be kept to it.

18th Jan.—Pain has decidedly increased, and now seems to radiate over the whole of the left side of the head, and to be rather exacerbated at night; refuses his food, and seems very dull and desponding. Ordered: Hydrat Chloral,  $\mathfrak{z}$ i, each night.

24th Jan.—Pulse, 124; respirations, 44; temperature, 100 2-5 °; has been daily becoming more and more dull and stupid; to-day seems to fix his eyes only with a dull, vacant stare, and can with difficulty only be induced to make any response whatever to the simplest question; makes no complaint of pain; coughs very little; refuses food; has had no vomiting; bowels moved daily. Ordered blister to nucha.

25th Jan.—Pulse, 128; respirations, 42; temperature, 101 2-5 °; to-day quite stupid; insensible to all external impressions; does not speak at all; if loudly spoken to will look round, but that is all; will not obey any order; generally lies with his eyes wide open and much suffused, presenting a vacant and staring expression; pupils large but equal, and acting slowly with light.

27th Jan.—Much the same condition; pulse, 128; respirations, 46; temperature, 100 4-5 °; passes both urine and fœces in bed.

28th Jan.—Profound insensibility; cannot be made to exhibit the slightest sign of having heard, even when loudly called to; pupils moderately dilated and hardly at all answering to light; the right rather larger than the left; slight internal strabismus of the right eye; paralysis of right side of face setting in; in it, also, reflex action is subdued; the corner of that eye can be freely touched without eliciting any response; touching the left eye, however, causes him to wink somewhat and to shut the eye vigorously; he is observed to move both arms and legs; the tongue is dry and brown and sordes are rapidly collecting on the teeth; pulse, 124; respirations, 44; temperature, 100 3-5 °; as there was retention of urine a catheter was passed and the urine examined; it was scanty, high-coloured and ammoniacal, but contained no albumen.

29th Jan.—Pulse, 140; respirations, 50; temperature, 100 3-5 °; hemiplegia of right side has set in; face, arm, and leg, all motionless; left hand kept constantly in motion, as though grasping at some imaginary object; quite comatose, with marked internal strabismus; pupils dilated, the right rather the larger of the two. Died at 5 p.m.

#### POST-MORTEM TWENTY HOURS AFTER DEATH.

*Brain.*—On removing the calvarium the dura mater was found to be healthy throughout—smooth, not injected nor inflamed. The entire brain weighed 45½ ounces. On removing the dura mater it was seen that the vessels of the whole of the left hemisphere were intensely injected, contrasting strongly with those of the opposite side, which presented the normal appearance. Just at the centre of the lateral portion of this left hemisphere there

was a patch of diffused, dark, blood-staining, somewhat resembling what might have been left behind from a severe blow or bruise. It is of about the size of a dollar, irregular in outline, and of a deep crimson-red colour. The arachnoid, generally, in this side, appeared hazy, and in some of the sulci there was some serous effusion. Along the course of all the main vessels supplying the darkened region referred to was observed a deposit, sufficiently copious, of yellowish, opaque, almost purulent-looking lymph, and on tracing these vessels downwards the same was found to follow them all the way down along the fissure of Sylvius to the base of the brain. Opacity of the arachnoid and effusion of opalescent lymph was seen over the optic commissure and nearly all the parts both anterior and posterior to this, upon the base of the brain. No tubercles proper could be found in this region, but on subsequently cutting into the substance of the brain a small localized nodule, and some smaller particles which resembled tubercular deposit, were found in a spot somewhat to the left of the corpus striatum of that side. Ventricles normal, containing only a small quantity of clear serum, and presenting no evidences of distension from effusion. The fornix was in a state of extreme softening, and the sides of the third ventricle seemed to be also similarly affected.

*Thorax.*—*Left Pleural Cavity* contained 40 ounces of greenish-yellow, clear serum. *Left Lung* compressed; weight, 28 ounces; Upper lobe contained some air and crepitated, but the lower was completely carnified and airless. Great thickening of the pleura over the whole surface. A few small scattered tubercles at the extreme apex but not elsewhere. *Right Lung* weighed 32 ounces. The opposed surfaces of the pleura over it nearly universally adherent—the same, also between the lobes. The upper lobe presented, on section, infiltration of its structure, with numerous cavities, varying in size from very small ones to about the size of an almond, all containing pus. The middle lobe showed numerous small tubercular deposits, with surrounding infiltration but no excavation; whilst the lower lobe contained no tubercle, and was crepitant throughout, but much congested.

*Heart* dislocated somewhat to the right. All the valves healthy.

*Liver and Kidneys* healthy. On examining the larynx two considerable ulcers were found at the base of the epiglottis, but none in the cavity of the larynx proper. A section was subsequently made of the left temporal bone, when it was found that there was no caries of the bony structures of the internal ear, and consequently the otorrhœa must have been unconnected with osseous disease.

*Remarks.*—Thus we find this young man had suffered from earache in the month of June last, which soon disappeared, not to return again until the beginning of November. After a short time this apparently increased in severity, and was accompanied by a purulent otorrhœa; then the pain was described by the patient himself as extending or radiating from the ear until it occupied the entire side of the head, and at last became exceedingly excruciating. Co-incident with and following upon this apparent extension and increase of aural pain, came the cerebral symptoms, heaviness, great drowsiness, gradual paralysis and hemiplegia of the opposite side, comâ and death. On the first occurrence of the head-symptoms the question naturally arose: "What is the *origin* of the evident brain-lesion?" We had, apparently, two possible sources from which a meningeal inflammation might have originated, viz.: inflammation of the ear and tubercular affection of the right lung. Inflammations in different parts of the brain are well known to be apt to follow purulent discharges from the ear. Tubercular inflammation of the brain, with varying symptoms, is also known not unfrequently to accompany and terminate tubercular disease of other organs, especially of the lungs, and the question I asked myself was: "Which was it in this case?" From the autopsy you will have perceived that we then discovered that the meningitis had really been of tubercular origin, but I must confess that though during life this question was mooted and discussed, still the symptoms were of such a peculiar character that I did not feel warranted in making a *positive* diagnosis between tubercularization of the brain and inflammation arising from the purulent otorrhœa; so that it was only by post-mortem examination that the actual nature of the cerebral disorder was ascertained with certainty. At the commencement the patient himself always referred his suffering to the ear alone, and subsequently seemed to feel as though the pain radiated from this as from a centre; then the doubtless accidental circumstance that the inflammatory action was confined principally to the hemisphere of the brain corresponding with that upon which the otorrhœa was seated, thus producing the final hemiplegia upon the *opposite* side, all tended to give rise to the appearance of the *probability* of the *extension* of the diseased action from the ear itself, which, however, was ultimately proved to be opposed to the actual fact.

*Case of Mismanaged Shoulder Presentation in which Decapitation was Practised—Death from General Uterine Inflammation on the Fourth Day after Delivery.* By THOMAS SIMPSON, M.D., Montreal.

(Read before the Medico-Chirurgical Society.)

MR. PRESIDENT AND GENTLEMEN: When our President kindly suggested at our last meeting that I, among others, should furnish a paper on this occasion, he expressed a desire to hear something of practice in the far West, where I have resided for several years. I have selected a case of midwifery as illustrating an uncommon phase of practice in that department of medicine.

On the 26th June, 1871, I was called to see a poor woman, Mrs. C. T., aged 46, in labour with her eleventh child. She had been ill with severe pains for twenty-six hours, and had been in charge of the village midwife, a woman of large experience but extremely ignorant. I found the patient lying on her back across the bed, her hips resting on the edge, and her legs flexed and supported by two chairs; her pulse was small and rapid; skin pale; countenance anxious and expressive of suffering and exhaustion; there was no delirium and but little restlessness; she frequently made a faint effort to vomit. On making an examination the external genitals were found swollen and contused, and with the abdomen intolerant of pressure or manual examination. The vagina was dry, hot and tumid. It will be seen that these alarming symptoms did not result from the prolonged efforts of nature to expel the child, but from these with the rough usage and ill-directed force exerted by the midwife superadded.

Both hands of the child were protruding. The midwife informed me that she had been pulling and tugging at these for hours, until she became completely exhausted and was obliged to send for my assistance. The arms bore evidence to the truth of this statement. Both hands lost all elasticity, appeared to be separated to some extent from the scapula, and the right humerus was fractured at its middle. The child lay across the pelvis; the shoulders were forced into the brim and the head was flexed backwards till the occiput rested between the scapulae. The uterus, in a state of continuous contraction, embraced the child. The state of the patient urgently called for immediate delivery. The child, in all probability, had ceased to live. I came to the conclusion, after a careful examination, that version was impossible. The shoulders of the child were firmly wedged into the brim and the uterus contracted and moulded to its form. At any rate I decided in my own mind (any skilled assistance or advice was beyond my reach) that if a prolonged attempt to turn failed, the patient would die

in my hands undelivered. There was not time for more than one operation. The question was evisceration or decapitation? I chose the latter. The pelvis was roomy and the position of the child favourable. I had little trouble in passing the blunt hook over the child's neck, which was drawn down as far as possible and steadied by an assistant, then snipped through, little by little, by means of a strong scissors. The delivery was rapidly effected, the head came away without delay, and the placenta speedily followed.

I am sorry to be obliged to relate a fatal termination in this case. I remained with the woman for several hours, and left her in tolerable comfort and very hopeful. Owing to other engagements and distance I saw her only once after—on the third day. She was then rapidly sinking from violent inflammation of the whole uterine system. The vagina had been discharging and continued to discharge large quantities of pus. She died on the fourth day.

There has been a great deal of difference of opinion as to the relative merits of decapitation and evisceration in these cases. British practitioners were, as a general rule, averse to the former and older operation; the chief objection being that after the delivery of the body the extraction of the head was often attended with considerable difficulty and delay. Of late years, however, decapitation has come into favour, and is practised by some of the leading accoucheurs in Europe. Sir James Simpson considers it a safer operation than evisceration, and easier of performance. It must be remembered in favour of evisceration that we throughout maintain a certain control over the head, and are able to exert considerable extraction force by means of the attached body, and if further instrumental assistance be necessary, the crotchet, or perforator, or forceps may be more readily and expeditiously used.

MONTREAL, March 7th, 1873.

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#### TO CORRESPONDENTS.

W. H., Niagara.—The last number of this journal (for March) contained an article headed "Bill—An Act to Amend the Ontario Medical Act," in which the editor gave his opinion freely on that measure.

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A. D. W., Dickinson's Landing, Ont.—Your letter received. The March number of the journal was sent to your address early last month.



# Hospital Reports.

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

*Medical Cases occurring in the Montreal General Hospital, under the charge of GEORGE ROSS, A.M., M.D.; Physician to the Hospital, and Professor of Clinical Medicine, McGill University :*

*Case of Periodic Supraorbital Neuralgia—No History of Ague—Quinine—Rapid Relief.* Reported by Mr. R. W. Bell.

J. C., aged 25, a native of Ireland, shoemaker by trade, was admitted to the Montreal General Hospital, February 18th, 1873. Is a tall, thin man and appears rather nervous. He complained, at the time of admission, of a severe neuralgic pain in the forehead, especially over the right eyebrow. The pain was decidedly periodical in character, the paroxysm commencing about 8 a.m. daily, and reaching its maximum intensity by noon, then declining till about 3 p.m., when all pain was gone. On exerting pressure over the supraorbital foramen, at any time, he winced considerably with the pain. He has suffered so much with it for the past twelve days that he could not work, and it has been so severe as to produce considerable lachrymation. He had a similar attack about twenty months ago which lasted about three months. The present seizure began three days after his arrival here from Ireland, but as he had a good passage out, and no cold winds, &c., that did not seem to account for it. He was in hospital, at that time, for one week, and attended as an "out-door" patient for a month afterwards. He also suffered then for two months with severe diarrhoea. He was completely cured, at that time, and has been perfectly free from pain till the present attack. He complains of his appetite having been very bad since his arrival in Canada. Nothing can be discovered to account for his present neuralgia in such regular paroxysms, as he has not had any periodical fever, nor has he lived in a malarial district, but he has been working at his trade lately from 7 a.m. to 9 p.m., and thus suffered much fatigue, which probably aided in the production of the attack. He was ordered : R Quin. Sulph., grs. xxiv. ; Acid. Sulphur Dil., q.s. ; Aq. ad., ℥vj. Two tablespoonfuls to be taken at 7 a.m., and one tablespoonful at 12 noon and 6 p.m.

Feb. 19th.—Pain as usual, but it began rather earlier, so the double dose of quinine has had but little or no effect on it yet.

20th.—Pain very slight to day.

21st.—Paroxysm as usual, and rather severe.

23rd.—Paroxysms yesterday and to-day very slight, with but little pain.

24th.—No return of paroxysm; appetite good. Discharged from hospital. He is to continue the quinine.

March 8th.—He has since been seen, and has been completely free from pain, which shows the marked influence of quinine over supraorbital neuralgia of a *periodical* nature, though unconnected with antecedent ague.

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*Obstinate Intercostal Neuralgia of Three Years' Standing, following a Severe Attack of Herpes Zoster—Cured by Hypodermic Injections.* Reported by Mr. J. C. Cameron.

A. F., aged 70, married, was admitted into the Montreal General Hospital on the 26th September, 1872, suffering from severe paroxysmal pain in the left side. She states that *three years ago* last March she was suddenly seized with severe shooting pains in the left side, followed, in two or three days, by the appearance of many small blisters, looking, as she says, "as if it had been *burnt*." The part thus affected subsequently remained ulcerated and sore for a length of time, but finally healed, but the pain which had accompanied it throughout remained, and, indeed, she has never been entirely free from pain in the part since the first commencement of the attack, and latterly this pain has been becoming more severe. The pain is now evidently neuralgic, occurring in violent paroxysms, and following apparently the course of the seventh and eighth intercostal nerves. It is darting and stabbing in its character, and the usual anterior, posterior, and mid-lateral *tender points* are extremely well marked. There are to be seen, surrounding the left half of the chest, just below the mammary gland, a series of cicatricial patches, varying in size from half the palm of one's hand to that of a quarter dollar, white and glistening in appearance, and which at first were naturally taken for the scar of a burn, until the previous history just related was known and it was found that the cicatrices extended exactly from the sternum to the vertebræ round one side of the body.

Ordered Cod Liver Oil, and to have a hypodermic injection of gr.  $\frac{1}{4}$  Morph. Mur. every night.

It is unnecessary to give a detailed report of this case. Relief to the pain was immediate; the tenderness of the "points" soon

became much less, and she slept soundly at last without the morphia. Discharged cured, for the time at any rate, on the 28th October, 1872, after just one month's treatment.

This case is an example of the extreme severity of some of the neuralgias which are found to be accompanied by Herpes Zoster; also, of the extent to which the latter may lead to ulcerative destruction of the skin, and the obstinacy and persistence of the subsequent painful affection. It was remarked by Dr. Ross that this was the most severe case of the kind he had ever seen.

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*Cervico-Brachial Neuralgia of Long Standing—Successfully Treated with Hypodermic Injections.* Reported by Mr. D. O'Brien.

H. E., aged 23, native of Canada, was admitted into the Montreal General Hospital on the 6th of January, complaining of pain in the left shoulder and down the arm, from which she had suffered for some time, and which had quite incapacitated her for work. She is a married woman and has two children, both dead; her mother died of dropsy; father still living. Previous to marriage her general health had been good and she menstruated regularly. Five years ago she had measles, and shortly after recovering from it she caught scarlet fever. Four years and a half ago she had intermittent fever, while residing in western Canada, and it was a year before she was entirely free from it. She is a delicate looking woman, rather pale, and with an anxious expression, as if suffering pain; appetite not very good; tongue coated; bowels rather confined. A year and a half ago, shortly after her first confinement, which was easy, while nursing, she first felt pain in the shoulder and about the end of the shoulder-blade. The pain, which was very severe, and sharp and shooting in character, generally became worse in the afternoons and towards evening. From the shoulder the pain passed, darting down the arm as far as the wrist. She consulted a medical man, who prescribed for her, and in the course of three weeks she was relieved, but only for a short time, after which it again returned, and since then she has never been entirely free from it, there being constantly pain in the part, exacerbated in paroxysms to an intense degree. She had been very subject to headache, attended with nausea, and, at times, vomiting. She had some flooding after her last confinement, which was about eight months ago. For two weeks before admission she could not use her arm at all, nor bear to have it stirred, on account of the pain. She is left-handed, and sews with that hand.

On examination several distinct points of tenderness on pres-

sure were made out, as follows: Over the left side of the sixth and seventh cervical vertebræ, at the inferior angle of the scapula and point of the acromion, outside the tendon of the biceps at the elbow, at the upper third of the radius and the lower extremity of the ulna. There was also a sensation of numbness and actually partial anæsthesia of the integument covering the infra-spinous fossa.

She was put on milk diet, with beef-tea, and was ordered hypodermic injections of 1.6 gr. morphia twice a day.

Jan. 8th.—Ordered a dose of oil, as her bowels had not been open for some days.

Jan. 9th.—She complains of pain in the stomach, and has nausea and vomiting. She was ordered the following:  $\mathcal{R}$  Sod. Bicarb, gr. x.; Pulv. Rhei, gr. iii.; Pulv. Zingib, gr. j.; ter die.

Jan. 10th.—The pain in the shoulder is decidedly better, and the stomach is getting into quite good order.

Jan. 11th.—Almost free from pain to-day; appetite better. Says she has not been so free from pain since it first came on.

Jan. 12th.—Feels as if she could sit up. Ordered a mutton-chop and half diet.

Jan. 14th.—To-day the following prescription was ordered:  $\mathcal{R}$  Ferri Ammon. Cit.,  $\mathfrak{z}$ i.; Tinct. Aurant,  $\mathfrak{v}$ vi.; Syrup Aurant,  $\mathfrak{z}$ i.; Aquæ ad.,  $\mathfrak{z}$ vi.; Sig. A tablespoonful three times a day.

Jan. 20th.—Complains again of some headache and disorder of stomach to-day, and was given Pulv. Rhei Co.,  $\mathfrak{z}$ i., and she also had slight sore throat, for which alum gargle was prescribed.

Jan. 21st.—Black draught. The pains in the shoulder and arm are much better; most of the pain is down near the elbow.

Jan. 24th.—On account of the habitual constipation from which she suffered, and the frequent headache, she was ordered the following pill, to be taken three times a day:  $\mathcal{R}$  Ferri Sulph., gr.  $\frac{1}{4}$ ; Pil. Rhei Co., gr. ii.; Ext. Taraxaci, gr. ii. M.

As she was complaining of rather more pain in the shoulder to-day, a blister, 2x3, was ordered to be placed over the situation of supra-spinous fossa.

Jan. 28th.—The mixture containing the Ammonio-Citrate of Iron was stopped, and the following substituted:  $\mathcal{R}$  Quinæ Disulph., gr. xviii.; Spts. Chloroform,  $\mathfrak{z}$ ii.; Syrup and Aquæ ad.,  $\mathfrak{z}$ vj. Sig. A tablespoonful three times a day.

Jan. 30th.—Her head has been troubling her very much lately, especially in the afternoon and towards evening. The headache was sometimes just over the crown of the head; sometimes in front, and, again, in the occipital region. In spite of the pills which were ordered the bowels remain very sluggish. In addition

to her quinine she was ordered: R Spts. Ammon. Co.,  $\text{ʒiv.}$ ; Syr. and Aquæ ad.,  $\text{ʒvi.}$  A tablespoonful occasionally.

Feb. 1st.—She can now use her arm, and can sew. The arm pain may be said to be gone, and when free from headache she feels remarkably well.

Feb. 7th.—Ordered Chloroform and Aconite liniment for the head, to be used when required.

Feb. 10th.—Has been having two injections daily of 1-6th grain Morphia from the commencement, but is to be only allowed one injection of gr. 1-12 per diem from this date, the arm has so much improved.

Feb. 20th.—The injections were stopped to-day.

Feb. 22nd.—Remains free from pain in spite of discontinuance of injections. Being desirous of going home, the arm was carefully examined to-day. She can move it freely in all directions without pain, and the tender points, which were so well marked at the outset, can be pressed on without causing her any pain whatever. Her general condition is immensely improved. She has lost the careworn expression of a pain-suffering person, and instead seems cheerful and encouraged. She has also gained considerably both in colour and in flesh. Being still troubled with headaches, she was recommended to continue the use of quinine mixture and laxative pill.

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*Severe Brachial, with Slight Sciatic Neuralgia—Treated by Hypodermic Injections.* Reported by Mr. James McLeod.

I. R., carpenter, aged 32, native of England, was admitted into the Montreal General Hospital on the 3rd February, 1872, with severe pain in left arm and right thigh, from which he had suffered since last July, and which had prevented his working. He is a well made man, good complexion, and has been much stouter than he is now. He says he has lost twenty-five pounds since the commencement of his illness. Up to his arrival in the country, which was not very long ago, he had always enjoyed good health. He is a married man and of regular habits, but is much depressed, owing to his continued inability to work and the consequent suffering entailed upon his family. The pain in the thigh, from which he has suffered since July last, he attributes to cold resulting from check of perspiration. It is of a sharp, stabbing character, and comes on in paroxysms, and is followed by a feeling of numbness. Its seat is over the sciatic nerve, though it does not extend to any distance along the course of the nerve. The pain in the shoulder is the more severe of the two and comes on at intervals of about 20 minutes, lasts very sharply for a short time, and

is followed by numbness. It is pretty much confined to the neighbourhood of the shoulder. There was marked tenderness on pressure over the situation of the circumflex nerve, principally at the sides of the insertion of the Deltoid. Not much tenderness over the sciatic. The pains have prevented his sleeping at night; his appetite has failed to some extent, and he has been quite unfit for work. For some time before his admission he had been attending as an "out-door" patient, but had not received much benefit from the remedies prescribed. Tongue pretty clean; bowels not very regular.

Ordered an injection of 1-6th grain of morphia twice a day, and full diet.

Feb. 6th.—The pain is much relieved by the injection. Says he slept better last night than he has done for some time past. He perspires very freely after each injection.

Feb. 7th.—Ordered a blister round the arm at the seat of tenderness, and the following prescription:  $\mathcal{R}$  Quin. Sulph., gr. xii.; Tinct. Aurantii,  $\mathfrak{z}$ vj.; Aquæ ad.,  $\mathfrak{z}$ vj. Sig. A tablespoonful three times a day. Also, Pil. Rhei Co. No. iii.

Feb. 9th.—Has considerable pain in the arm this evening, in spite of the blister.

Feb. 10th.—Complains most of the pain in the hip this morning.

Feb. 13th.—A small circular patch of herpes, about the size of a twenty-five cent piece, was noticed over the buttock to-day, near the sciatic nerve.

Feb. 15th.—To-day the patch of herpes presented a very characteristic appearance—a number of vesicles containing an opaque, opalescent fluid being grouped together on a reddish ground.

Feb. 16th.—To-day the vesicles are drying up.

Feb. 20th.—Pain very much better in both arm and leg; his appetite has improved, tongue clean, and bowels regular. He was allowed to get up.

Feb. 24th.—Has had no pain since; moves both limbs freely and without any soreness. He felt so well that he insisted upon going back to work, and was accordingly discharged.

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*Recent Sciatica—Rapid Cure by Hypodermic Injections.* Reported by Mr. S. R. Ellison.

T. McD., aged 47, engraver, native of Scotland, was admitted into the Montreal General Hospital on the 8th January, 1873, suffering from severe pain in the right hip, running down the back of the leg to the foot, and causing a feeling of numbness in the foot. He has been a soldier in the 78th Regiment, and of very

intemperate habits. He is well built and muscular, and his general health has hitherto been good. He has never been in the habit of wearing any flannels in winter since he came to this country. A week ago last Saturday he felt a tickling sensation in the calf of the right leg, like the pricking of pins. This continued throughout the week, and on Saturday he was seized with severe pain in the hip, running down the back of the leg, and followed by numbness. On examination, pressure over the right sciatic nerve showed great tenderness in that situation; in fact he cried out with pain.

He was put on full diet and ordered a hypodermic injection of 1-6th grain of morphia night and morning.

Jan. 10th.—Pain much relieved.

Jan. 14th.—Pain nearly gone from hip, but felt in calf of leg. Ordered a blister 3x3.

Jan. 19th.—Ordered the following prescription:  $\mathcal{R}$  Tinct. Ferri Mur.,  $\mathfrak{z}$ ii.; Tinct. Nucis Vom.,  $\mathfrak{z}$ iii.; Aquæ ad.,  $\mathfrak{v}$ vj. Sig. A tablespoonful three times a day.

He was now allowed only one injection at night. He always feels an inclination to be sick at the stomach immediately after each injection.

Jan. 24th.—With the exception of some pain and tingling in the calf of the leg he is very much better.

Feb. 1st.—To-day he was allowed to get up. He walks with a slight limp.

Feb. 2nd.—The injections were stopped and he was given a liniment to rub the leg. He is beginning to walk better, and has scarcely any pain.

Feb. 15th.—No return of pain. Left the hospital to-day.

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*Headache, with Nocturnal Exacerbations—No Syphilis—Treated with Iodide of Potassium and Hypodermic Morphia.* Reported by Mr. J. B. McConnell.

J. S., aged 30, labourer, native of Holland, was admitted into the Montreal General Hospital on the 8th January, suffering from severe pain in the head. He is a stout, plethoric-looking man; short in stature. He has had no illness since childhood. He says he has attacks of bleeding at the nose every winter, as far back as he can remember, until the present winter. For three or four weeks before his admission he had suffered from flying pains in the head. They first began over the left eyebrow, and would fly about the forehead to the back of the head, and *vice versâ*. The pain troubled him in daytime as well as at night, but was always

much aggravated at night. Some years ago he had a chancre, but no history or trace of any secondary disease could be discovered after careful examination. On admission his tongue was somewhat coated; bowels rather confined. He has hardly had a good night's sleep since the pains began, and he sits with his head between his hands as if he was suffering considerably.

He was ordered a purgative and a hypodermic injection of  $\frac{1}{4}$  grain morphia night and morning. The pain is generally at its height between 7 and 8 o'clock in the evening.

Jan. 10th.—Tongue now clean; bowels regular. Says he slept better last night than he has done for three weeks. Ordered full diet.

Jan. 12th.—The pain is much better, though it still comes on every night.

Jan. 15th.—Ordered Potass Iodid, gr. x., ter in die, and hypodermic injections stopped.

Jan. 18th.—The pain has entirely disappeared and his expression is now quite bright.

Jan. 20th.—No return of pain; feels quite well and was discharged.

*Chronic Pulmonary Consumption—Sudden Death from Hæmoptysis.*  
Reported by Mr. P. E. Richmond.

G. S., aged 35, a native of England, shopkeeper, formerly soldier in 60th Rifles, was admitted into the Montreal General Hospital on the 7th January with a bad cough. He is a short, thick-set man, dark hair, and has a distressed look. While a soldier was in the habit of indulging pretty freely in spirituous liquors, but up to about two years ago his health was in general good. He states that his father and one brother died of consumption. About two years ago he had some hæmoptysis, but not to an alarming degree. Eighteen months ago he got a severe cough, preceded by a chill, and accompanied with fever and expectoration of dark-colored matter. With this he went into hospital at Halifax, and when discharged was not perfectly free from cough, which has never since left him. For some time past he has been losing flesh, and has had night sweats, with frequent cough and great shortness of breath. At present his face is not thin; there is, however, very great emaciation of body. The nails are somewhat incurvated, tongue pretty clean, appetite pretty good, and no diarrhœa. He does not sleep well, partly on account of his cough, which is very frequent and accompanied with copious purulent expectoration.

He was placed on milk diet with beef-tea, and ordered a sedative



cough mixture containing Potass. Cyanid, Potass. Nitr., Acet. Scillæ and Tr. Camph. Co.

On examining the chest the following physical signs were made out. Inspection shows flattening of the chest and hollowing beneath the clavicles. The percussion resonance is impaired in both infraclavicular regions, and the whole of the anterior surface of left lung is dull. There is not much difference in the percussion note between the two sides of the chest posteriorly, though the resonance is not quite normal in either. Distinct bronchophony, cavernous respiration, and large gurgling under right clavicle. Bronchophony not so well marked, though present, in left infraclavicular region. Bubbling râles in right mammary region and all over left side anteriorly. Pulse, 100; respirations, 28; temperature, 100°.

Jan. 10th.—Ordered beefsteak. Pulse, 104; temperature, 100 3-5 at mid-day.

Jan. 11th.—Pulse, 108; temperature, 101.

Jan. 16th.—Pulse, 114; temperature, 101. Ordered a draft containing Chloral, gr. xx., every night.

Jan. 20th.—Yesterday he vomited after each meal, and his bowels, to-day, were open three times. Pulse weaker and respiration more frequent. Sleeps after the chloral, but very restlessly, constantly groaning and turning about in bed at night.

Jan. 25th.—At 5 o'clock this morning he told the night nurse to run for the doctor, as he was spitting up a great deal of blood. He sat up in bed when the hæmoptysis came on, and on attempting to get out of bed a gush of blood came up into his mouth and he fell on the floor and expired.

#### POST-MORTEM ABOUT FORTY-EIGHT HOURS AFTER DEATH.

Rigor mortis well marked. On opening the chest the surfaces of the pleura, on both sides, were glued together and firmly adherent, at several points, to the chest walls. The lungs being removed, the left, which was first examined, was found with both lobes consolidated and airless, and filled with degenerated exudative matter, and presenting several small cavities in the upper lobes. Several of the large bronchi were filled with coagulated blood. The upper lobe of the right lung was also extensively diseased, containing some large cavities and abundant yellow tubercle. The middle and upper part of the lower lobe were also infiltrated. About one-third of the lower lobe was crepitant, much congested and containing scattered tubercle. The other organs, unfortunately, could not be examined.

*Threatened Enteritis from Constipation—Incipient Collapse—Speedy Relief by Enemata and Morphia.* Reported by Mr. F. J. Shepherd.

M. McK. was admitted into the Montreal General Hospital on the 20th February, 1873, suffering from constipation, pain in bowels and vomiting.

*History.*—About a week ago began to have a feeling of soreness about his abdomen. Two days after was seized with a severe pain in the bowels, which was accompanied by constant vomiting, great thirst, and constipation. At this time he took a dose of castor oil, which did not operate. Has never had an attack like this before.

*State on Admission.*—Intense pain in the bowels, vomiting every few minutes; even a mouthful of water is immediately rejected; constant thirst. Abdomen considerably distended and very tender on pressure, and on percussion gives a tympanitic note. Bowels have not been opened for four days. Tongue dry and coated. Extremities livid and covered with cold, clammy perspiration. Pulse small, weak and rapid—106; temperature, 100°.

*Treatment.*—To, have, immediately, a turpentine epithem over the bowels, and an enema of castor oil and turpentine. Was also ordered a powder as follows, to be taken every four hours: R Sodæ Bicarbonat, gr. v.; Morph. Acetat, gr. ¼. Lime-water and milk to drink.

Feb. 21st.—Much better this morning; bowels have been well opened by the enema; has taken six powders, and has only vomited three or four times since yesterday evening; abdomen still tender, distended and tympanitic; tongue still coated, but moist; pulse much stronger and not so rapid—68; temperature, 98.4°. Repeat enema and continue the powders.

Feb. 22nd.—The enema produced one motion; abdomen still distended and tympanitic, but not tender; tongue clean; pulse, 52; temperature normal.

Feb. 23rd.—Free from pain; abdomen not much distended; tongue clean and moist; pulse, 50. Ordered: R Acid Hydrocyanic Dil. gtt, xii.; Sodæ Bicarb, ʒi.; Aquæ ad., ʒvi. M. One tablespoonful every four hours.

Feb. 25th.—Sitting up to-day; abdomen flaccid and normal; pulse, 52; slept well last night; no pain; no vomiting.

Feb. 26th.—Left hospital to-day.

*Febrile Urticaria—Apparently from Exposure—High Range of Temperature.* Reported by Mr. J. C. Cameron.

A. McL., aged 19, messenger, was admitted into the Montreal

General Hospital on the 24th October, 1872, complaining of general *malaise*, feverishness, and slight cough. States that three days ago, whilst watching a horse, he was exposed to a severe wetting for a length of time. The next morning he felt chilly, out of sorts, and lost his appetite. Bled from the nose two or three times.

On admission his pulse was 86; respirations 24 per minute; tongue slightly coated; temperature 102; slight cough, but physical exploration revealed nothing wrong.

On the 28th October a rather profuse rash of urticaria made its appearance on the face, neck, arms and trunk, and was accompanied by the usual intense tingling and itching. It remained out only about an hour, when it entirely disappeared.

Ordered a mixture of Rhubarb and Soda.

The eruption appeared again on the 29th. There was none on the 30th October, 1st, 2nd and 3rd November; but it was again visible on the 4th, 6th, 8th and 9th, in a slight degree, whilst the appetite improved and he felt well. Discharged on the 11th November, 1872:

The following table exhibits, accurately, the daily ranges of the thermometer throughout the attack, which are interesting as showing to what a high point the temperature may reach in this comparatively trivial affection, and how such observations might lead us, as they actually did in this case, to suspect, in the early stages, the onset of some graver complaint:

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## Proceedings of Societies.

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### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Meeting held 7th March, 1873.

The Society met at the room in University street, R. P. Howard, Esq., M.D., President, in the chair.

After routine business Dr. Ross read an interesting paper on Pleurisy with effusion, ending in Tubercular Meningitis and death. The patient had suffered while in Quebec, in June last, from an attack of severe illness, with stitch in the side and high fever. When admitted into the Montreal General Hospital, in October, the left pleural cavity was found to be filled with fluid; there was, also, dislocation of the heart to the right side and evidence of advancing tubercular disease of right lung with failure of the strength of the patient. He subsequently suffered from pain in the left ear and slight purulent discharge. The pain increased

and seemed to engage the entire side of the head, being worse at night. This continued, the man became steadily worse, profound insensibility followed, accompanied by strabismus and paralysis of right side of the face, and he sank and died. On post-mortem examination tubercle was found in the brain substance and scattered through other organs of the body. (This interesting case will be found in the Original department of this journal.)

Dr. Trenholme remarked that he was not at all satisfied that the deductions drawn in the paper just read were correct. In the first place he thought it most probable that the attack had been one of *pneumonia*, not *pleurisy*, and had terminated in the destruction of of the lung described. Further, the description of the meningitis, he thought, was of a form which might have been produced from the otorrhœa, and, occurring principally on the same side of the brain, he could not look upon it as a coincidence, but as cause and effect. The absence of distinct tubercles on the meninges, he thought, also favoured this view.

Dr. F. W. Campbell said that his attention had been very much directed lately to the subject of tubercular meningitis on account of one or two peculiar cases in his own practice, and it was surprising how much we had to learn upon this important disease. He related one of these cases—that of a child in whom he had diagnosed this affection, and was confirmed in his opinion by a consulting physician. The patient became gradually insensible and remained completely so for many hours, when, strange to relate, his consciousness returned, remained quite clear for between two and three days, when he again relapsed into a comatose condition and died.

Dr. Gardner supplemented this with the account of a patient of his who presented the following history: Two years ago he had been treated for a very severe and persistent headache. When first attended by Dr. G. he was believed to have typhoid fever, but when apparently passing through the latter stages of this disease developed the most marked cerebral symptoms and died comatose after paralysis. Taken in connection with his previous attack, he had come to the conclusion that this patient had really died of tubercular meningitis, but was not permitted a post-mortem by which to verify or negative this opinion.

Dr. Ross said, in reply to the remarks of Dr. Trenholme, that in the first place, as regarded the original thoracic attack, the symptoms given were shortness of breath, with very acute pain in the *left* side; then, on his admission the signs of extensive pleuritic effusion on that side, as detailed, were clear and unmistakable, whilst on the right side there were no signs of recent pneumonia.

He could not, therefore, see the force of Dr. T's remark, and maintained that the hypothesis in the paper was unquestionably correct. As regarded the character of the brain-lesion he thought the description alone would have sufficed to prove this. Brain-lesions, the result of previous otorrhœa, were usually of three kinds; either purulent inflammation of the dura mater, abscess of the brain, or inflammation and coagulation in some of the cerebral sinuses. None of these were present in this case; but, on the contrary, the dura mater was unaffected, whilst the inflammatory action in the other tunics corresponded in its situation to that which we expect to find in the *tubercular* form of the disease. The presence of actual tubercle was not necessary. Tubercle was present in other organs, the lungs and mesentery, and a small deposit in the substance of the brain. He was, therefore, convinced of its tubercular nature, and thought that this view could not be controverted.

The President observed that having seen the brain and a portion of the intestine and mesentery, and listened to Dr. Ross' account of the case, he could not comprehend how any one familiar with pathology could question the tuberculous nature of the meningitis. Basilar Meningitis with central softening of the cerebral substance, is admitted to prove the tuberculous nature of the meningeal inflammation; and meningeal tubercle in its early stages is, no doubt, often overlooked owing to the circumstance that it is developed in the sheaths of the blood-vessels. The case presents an interesting topic for discussion: Did any connection exist between the otorrhœa and the tuberculous meningitis? Troltsch had stated that purulent otitis not rarely precedes that disease, an observation not of great weight when the frequency of otorrhœa in children is borne in mind. In this instance, too, the inflammatory affection of the chest occurred before the aural disease. As to the great mortality of tuberculous meningitis, Dr. Albutt, in his recent work upon the ophthalmoscope, had ably defended an opinion which he appeared to regard as peculiarly his own, but which had been enunciated years ago by Sir William Jenner, viz., that tuberculous meningitis is not invariably fatal. Dr. Albutt maintains that mild forms of the disease not unfrequently get well; that idiocy is occasionally a consequence of a previous attack of tuberculous meningitis, and that the ophthalmoscope will very frequently in such cases reveal congestion of the optic disk and retinal vessels, which, if combined with the ordinary symptoms of tuberculous meningitis, in his opinion justifies the diagnosis of that affection. If these views prove correct they are the most valuable contribution to the subject made since the disease has been distinguished from the simple form.

Dr. Simpson, late of Bruce Mines, then read an interesting paper on a case of neglected shoulder presentation, in which he was forced to practice decapitation. This paper illustrates more forcibly than words can express the incapacity of women to manage or to be trusted with the management of cases of labour, other than the most simple forms of parturition. (This interesting and instructive paper will be found in our Original department.)

This was followed by a few remarks by some of the members present.

Votes of thanks were then tendered to Dr. Ross and Dr. Simpson for the very interesting and instructing papers just read, after which the Society adjourned.

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## Correspondence.

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### LONDON CORRESPONDENCE.

In the early part of the last month we had a regular Canadian snow-storm, a most unusual circumstance at this season of the year. The weather was miserable, the cold penetrating, and the houses comfortless. The cold was not great, as registered by the thermometer, but if gauged by one's own feelings it was considerable. The streets were, during the greater part of two days, almost deserted; here and there a solitary cab might be seen toiling along at a snail's pace. The traffic was almost entirely suspended, but towards evening of the second day the snow had been cleared away from the principal thoroughfares and waggons and carts running much as usual. I never suffered more in Canada from cold than I did during those dreary days, and to add to the discomfort and misery coals advanced eight shillings per ton. Only fancy paying forty and forty-two shillings a ton for coal in London.

There was another excision of the tongue at University Hospital, performed by Mr. Erichsen. The disease, epithelioma, was situated on the left side of the organ, far back. Mr. Erichsen began the operation by an incision through the left cheek, from the angle of the mouth to about opposite the upper molar. After arresting the hæmorrhage by ligating the vessels divided, he passed the wire of the galvanic ecraseur through the middle line, near the base of the tongue. The battery being applied, it was split up from behind forwards to the tip. The wire was again applied at right angles and the diseased mass severed. A considerable portion of the tongue was thus left, and although several

large vessels near the root of the tongue were divided, not a single drop of blood was lost. Mr. Erichsen remarked that the slower the parts were divided by the galvanic ecraseur the better, as it gave time for charring and lessened the danger of secondary hæmorrhage. On the same day Mr. E. removed a fibroid tumour occupying the bursa patella. On cutting into it after its removal some of the melon-seed-shaped particles were found, which are commonly seen in the fluid contained in a chronically enlarged bursa.

On the 1st February I witnessed several operations at King's College Hospital. Mr. Henry Smith ligatured a nævus in a child after the plan recommended by Sir William Fergusson some twenty-five years ago, after which Sir W. Fergusson ligatured two nævi in children on a new plan of his own in which the ligature is wholly subcutaneous. I enclose a diagram which I hope you will understand. He also excised a knee-joint. There was nothing remarkable in this case. He afterwards removed a mammary gland for scirrhus; performed a Syme's amputation at the ankle-joint for disease of eighteen years' standing, and removed the balance of a prepuce after sloughing phagedœna. Mr. Henry Smith showed us a case of excision of the knee-joint in which bony ankylosis had taken place in five weeks.

At the Children's Hospital, Great Ormond street, I saw a case of intra-uterine amputation of both arms at the shoulder-joint, in a boy who is now about six years old, and another case of supposed tuberculous ulceration of the bowels in a child. It had suffered from continued and obstinate diarrhœa with great wasting of the body. Nothing seemed to do any good until it was fed with a mixture of brandy, eggs, milk and arrowroot, made up in a mess. Since this had been used the diarrhœa had ceased, the child had improved in health, and was gaining flesh and weight. I was shown, also, an interesting case of general paralysis following chorea. Dr. West said the child was rapidly improving without treatment, and was now able to sit up in bed. How the homœopaths would gloat over such cases if they had been giving them their little pills, and make a great flourish of trumpets at the success of their humbug.

I went to Silvertown recently and visited a sugar refinery, and also an extensive iron works; the latter were very interesting, although I do not know much about it. They were making telegraph wires and submarine cables, among which was the new Franco-American ocean cable. It looks very strong and ought to stand the whack of the tail of the great Leviathan or any other monster who takes his pastime in the ocean. The shore end of

the cable is as thick as your arm. We saw the process of making wire from the puddling upwards. Large balls of iron of dazzling brilliancy, and giving off innumerable scintillations, are taken from the furnaces and wheeled off in barrows to the steam hammer, where they are welded into blocks. The drawing of a bar of iron into wire is a very pretty process. It looks like a long red snake, as it come out through the holes, and is coiled on large reels. After this it is stretched, when it becomes brittle, and requires to be again heated to recover its ductility. It is then washed with sulphuric or muriatic acids, doused well with water, and then galvanized. The proprietor of the works was very civil to us. He was originally a workingman, and recently he refused a million and a quarter pounds sterling for the works. He was walking about and superintending things generally. It was worth a good deal, I thought, to see a live million of money moving about, and still more to have shaken hands with it at parting. How lucky would it have been for me if, by some magic chance, it had stuck to my palm. Stupid-like I forgot to inquire about the young ladies, as there might be *one* at least; however I always was bashful and retiring, as you know.

Convocation is sitting just now, fully occupied with the Athanasian creed. I met an old gentleman at dinner the other evening, and he said that the evening previous he, with a number of members of Convocation, were asked to Dean Stanley's, and that when they got there they found a posse of dissenting ministers of all denominations who had been invited to meet them. This gentleman seemed to enjoy the joke, but said that some of the stiff-starched ones were a good deal disgusted. Dean Stanley is a splendid preacher. I heard him last Sunday at Westminster Abbey. O. still frequents the High Church, but says that he cannot exactly swallow St. Albans when Dr. McConchie officiates.

Odger the great lately sued the *Figaro*, a comic paper here, for libel, but the jury found for the defendants. The plaintiff (Odger) in his examination stated that for the past seventeen or eighteen years his time had been divided between bootmaking and speech-making.

Mr. Christopher Heath excised a tongue at University College Hospital, with the galvanic ecraseur, on the 15th February last. He also removed the olecranon process in the case of a man who had fallen and broken the process off. It was a compound fracture, the broken fragment projecting through the wound.

At University College Hospital they have a very complete arrangement of Turkish Baths, which were erected mainly under the supervision of Dr. Tilbury Fox. They are extensively used in



skin diseases, also in rheumatic and arthritic affections. It would be a good thing for the Montreal General Hospital if the Managing Committee were to erect something similar, and I should think you would find it of great advantage, more especially in skin diseases.

At Guy's Mr. Bryant removed a medullary tumour from the front of the wrist of a boy of about thirteen years. It had been growing for some three or four years, and had infiltrated all the flexor tendons. The same surgeon performed excision of the ankle-joint in a boy aged nine years. This was for disease of the joint following a sprain. In his remarks Mr. Bryant observed that there would be some shortening, as the epiphyses of the lower ends of the tibia and fibula had been removed. The bones of the legs were bent from rickets, but his experience led him to believe that such bones united as readily as did those that had never been diseased. The edges of inner wound were brought together with sutures and carefully covered with compound tincture of benzoin. The outer wound was left open at the lower edge to permit of free discharge. At the same hospital, on the 4th March, Mr. Durham removed a cystic bronchocele from the neck of a woman aged thirty-six years. The tumour, which was large and interfered with her breathing, appeared to engage the isthmus. It was of five years growth, and had resisted treatment. A vertical incision was made through the skin, to the left of the median line. This extended from the hyoid bone to the sternum. A large vein ran down the centre of the tumour. This was ligatured with catgut, both above and at its lower extremity. The fascia was then divided and the tumour laid bare. The dissection was then carried on with the finger and handle of the scalpel, with a few touches of the knife, and the mass readily turned out and removed. It was loosely attached to the trachea, but had some firm fibrous connections, on either side, to the lateral lobes of the thyroid body, which appeared healthy. Very little blood was lost during the operation. The wound was brought together by sutures. The tumour measured some eleven inches in circumference. On the same day Mr. Cooper Foster performed excision of the head of the femur in the case of a boy suffering from advanced disease of the hip. The femur was divided just below the trochanters, and the acetabulum, which was diseased, was treated with the gouge. The head of the femur was quite denuded of cartilage and in a state of caries.

A. A. B.

LONDON, 12th March, 1873.

## Reviews and Notices of Books.

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*The Practice of Surgery.* By THOMAS BRYANT, F.R.C.S., Surgeon to Guy's Hospital. With Five Hundred and Seven Illustrations. Royal 8vo.; pp. 934. Philadelphia: Henry C. Lea. 1873.

A surgical text-book, short, pithy, and yet containing much that is sought after by students and practitioners, appears to us to be a want. The excellent works of Gross and Erichsen have, within the last few years, so enlarged their borders as to come more under the heading of extended treatises, wherein will be found the science as well as the art of surgery. Not that we would have it inferred that Mr. Bryant's book is lacking in either of these particulars. When we look back at our earlier days of student life and remember the compact little works of Druitt and Fergusson which held rank as surgical text-books for students, we cannot but feel that the surgical student of to-day possesses advantages that we lacked, and at the same time should, if he makes good use of his time, be better prepared to enter on the earnest duties of the practice of his profession. Custom, if not the requirements of the age, has obliged authors of the present day to elaborate, not to epitomise.

In the introductory remarks the author gives general instructions what symptoms to observe, and how to observe them. He remarks: "The art of surgery, to be successful, must be based on the science, and the science is, without doubt, based on observation." He goes on to give general instructions to the surgical student in the method of case-taking, and shows the great, the urgent necessity for obtaining a careful clinical history before attempting a diagnosis. "For example, when the surgeon is called to see a man who has been picked up in the street, and is insensible; who is, in fact, in an apoplectic condition, and has, at the same time, some external evidence of injury to the skull; he may, perhaps, also smell of spirits, and thus another element of difficulty has been added." A careful probing as to the nature of such a case is the only means the surgeon has to save himself from error which in some instances would be fatal to the patient. All points connected with any surgical accident or injury should be carefully noted and unravelled. "Too much time cannot be bestowed upon the task, for to treat an apoplectic seizure

“ or severe brain injury from external violence, for drunkenness, “ is a grave error; and it would be well if I could add that it was “ never committed.”

The author points out the necessity of comparing one side of the body with the other in cases of surgical accident or disease. He remarks that this should be “ an invariable rule of practice in “ every case of injury or disease ”

It becomes a difficult task, no doubt, to select a system of arrangement of the vast domain of surgical subjects, so as to form some kind of connection throughout the work. This difficulty has, apparently been experienced by the author, as there are some subjects which, to our mind, seem to be in the wrong place, still we freely admit that perhaps the author, if appealed to, would give the very best of reasons for having adopted the plan of the work. Mr. Bryant, as a practical surgeon attached to one of the principal hospitals of London, has had ample opportunities for observation, and he has taken every advantage of his position.

His introductory chapter, which is excellent inasmuch as it contains directions to the student as to what to observe in reporting cases, is followed by four chapters on Repair and Inflammation, Traumatic Fever, Septicæmia and Pyæmia, Tetanus and Trismus, and Delirium Tremens. The second portion of the work, if we may so term it, is taken up in the description of surgical subjects, on what may be regarded as a physiological basis. As “Surgery “ of the Nervous System,” of “The Surgery of the Respiratory “ System,” of “The Circulatory System,” “The Surgery of the “ Digestive System.” Then follows “Injuries and Diseases of the “ Integuments, Cellular Tissue, &c,” including a chapter on diseases of the lymphatics and their glands. We next have the surgery of the urinary organs discussed in some eighteen chapters and this department includes venereal diseases and syphilis. The remaining portion of the work is devoted to tumours, dislocations fractures, and diseases of the bones and joints, with their treatment.

There is one feature of Mr. Bryant's work which is especially pleasing, and that is the illustrations. In the preface the author remarks: “ If I have drawn largely from the Guy's Museum to “ illustrate these pages, it has been because I found all I wanted “ within its walls, and possibly my readers will pardon me for “ having used my own material in preference to others, if they “ find it good.” To this we can only say it is of the best. Unlike the generality of illustrated books, in this particular the work before us is unexceptionably excellent, the illustrations being

original and drawn from a collection which have never before appeared in this form.

We notice that in the chapter on ligature of arteries the illustrations give a faithful description of the relations of the vessel to be ligated. In the English edition of the work the vessels are coloured, which renders the subject more intelligible. The directions to be observed are short and concise, but are all that is needed by the busy practitioner. Mr. Bryant is a strong advocate for colotomy in diseases of the rectum, and he mentions cases in which, without doubt, the life and comfort of the patient has been prolonged for months—in some instances for years. In cases of suppuration of the kidney he considers it perfectly justifiable to cut down and give free exit to pus, or to remove a calculus. Such cases are happily exceptional, but it is certain that where evidence of pus exists we can see no reason for refusing to give relief surgically. In fact we have seen in the practice of other surgeons the happy results of such treatment; nor can we conceive why any question of its being justifiable should arise. In speaking of lithotomy, Mr. Bryant prefers the lateral operation, cutting after Aston Key's method, on the straight staff. In speaking of the old Marian method of operation revived by Allarton as his median lithotomy, the author remarks: "Upon the whole, however, modern experience does not give much support to this operation. When the stone is small it may be done with safety; but, when large there must of necessity be too much laceration of the neck of the bladder and prostate to render the operation equal to the lateral." And he goes on to remark: "The experience of the Guy's surgeons is certainly not in favour of this operation, and that of Norwich in no way tends to give it any support, the mortality of the median being nearly twice as great as the lateral operation; indeed it may be stated that as an operation it is losing ground in the opinion of most surgeons."

With regard to the style, it is not the best; some of the sentences are slightly embarrassed. This is, however, of minor importance when we consider the excellence of the whole work. It is a first effort, and we doubt not that in future editions the author will improve in style, and give to us a work not only from an authority on surgical subjects in Guy's Hospital, but with all the finish of an English *litterateur*. The publisher has done his work with his accustomed excellence of finish. The paper is good, and the type clear and well impressed.

*Neuralgia and the Diseases that Resemble it.* By FRANCIS E. ANSTIE, M.D. (Lond.), Fellow of the Royal College of Physicians, Honorary Fellow of King's College, London, Senior Assistant-Physician to Westminster Hospital, Lecturer on Medicine in Westminster Hospital School, Physician to the Belgrave Hospital for Children. 8vo.; pp. 362. New York: D. Appleton & Co. 1872. Montreal: Dawson Bros.

In the very first sentence of his preface the author of this work says that he believes "it will not be disputed that there was considerable need for an English treatise dealing rather fully with the "subject of neuralgia," and therefore hopes "that the profession "will be willing to give him a hearing." That there did exist just such a want—that is the want of a work by some able hand to explain and illustrate the real nature and causation of those great sufferings which we call neuralgia, by the light of modern discoveries in physiology and pathology—we fully agree, and can hardly bestow a higher eulogium upon the volume now presented to us by Dr. Anstie than by saying that it exactly fits the hiatus it was intended to supply. It cannot be denied that until very recently far too much laxity was allowed in the use of the word neuralgia, not only in a popular way by physicians to their patients, but, also, too much even in scientific and technical works and writings; not only so, but long ago there crept into the general medical mind the (erroneous) idea of the common and usual connection between neuralgic pains and the pains of gout and rheumatism; but we are gradually coming to see that this is mistake, and one which it is of the utmost practical importance to recognize and avoid, both in speaking of and treating the disease in question. Dr. Anstie is avowedly the great champion of this view. He says: "My principal object in writing this volume was to vindicate for neuralgia "that distinct and independent position, which I have long been "convinced it really holds, and to prove that it is not a mere offshoot of the gouty or rheumatic diathesis, still less a mere "chance symptom of a score of different and incongruous diseases." How far this position is maintained it must be for the readers of the book themselves to decide, but we can only say that the collection of facts, and the legitimate deductions from them, amply fulfil the object sought to be attained by the author. The demonstration of these two main points is never lost sight of throughout the whole book; the impress of this leading idea shows itself on nearly every page, and the mass of evidence which is brought together in support of it is so wrought up in a masterly way that it fails not to carry great weight and ultimate conviction.

Of course we do not for a moment claim for Dr. Anstie the credit of *originality* in these views, but we are certain that he is the first who has strongly advocated the necessity of considering neuralgia proper as a disease *per se*. Directed, as we thus are, to the *individuality* of neuralgia, we are thus naturally led to consider what are its associates, and what its hereditary tendencies? These interesting features of the disease are in all parts abundantly dwelt upon and illustrated. The true *neurotic* temperament (probably in all cases more or less directly inherited), together with the manifold causes which are apt to work upon and increase the development of this inherent susceptibility of the nervous system, comes in for its full share in the production of those nervous disorders which are the subject of the treatise. The relation of the different neurotic affections, the one to the other, and the differences between them, afford us some of the most absorbing and, at the same time, most avowedly difficult problems in the whole range of medical science. The clear and logical mind of our author shines most conspicuously when attempting the solution of some of these questions, and whilst never letting go the main idea, as just explained, he is often led to remarks on these kindred affections which show the keen observer and astute logician (we mean one who can appreciate *differences*, not *resemblances* only), and where space does not permit of amplification he always succeeds in furnishing abundant material for independent thought and research.

This volume is divided into two parts, together with an introduction on pain in general. Part I. contains five chapters, devoted respectively to the following, viz. : Clinical History, Complications, Pathology and Etiology, Diagnosis and Prognosis, and Treatment of Neuralgia. Part II. is devoted to the diseases that resemble neuralgia, and consists of eleven chapters, viz. : Myalgia, Spinal Irritation, the Pains of Hypochondriasis, of Locomotor Ataxy, of Cerebral Abscess, of Alcoholism, of Syphilis, of Sub-Acute and Chronic Rheumatism, of Latent Gout, Colic and other Pains of Peripheral Irritation, and, lastly, Dyspeptic Headache.

In discussing the Clinical History of Neuralgia, special stress is laid upon the presence of *debility* as necessary for the development of any form of this affection—debility, shown either by the generally reduced condition of the patient from any cause, or, at any rate, debility of the nervous system, and care is taken to explain how the latter may truly exist, whilst at the same time the person may present all the external appearances of being in the enjoyment of the most robust health. This is a point on which we are quite on the side of the author, although high authorities have spoken against its correctness.

The Neuralgias of Intra-Nervous origin are subdivided as follows :

1. Neuralgias of malarious origin.
2. " of the period of bodily development.
3. " of the middle period of life.
4. " of the period of bodily decay.
5. " associated with anæmia and mal-nutrition.

This division, based mainly upon the (true *physiological* not *actual*) age of the patient, is, probably, the best that could be framed. It directs us to the fact of the general resemblances of the different forms of neuralgia which are apt to occur at various periods of life, which, from the fact of the very different *causations* of the different groups, is of the greatest possible prognostic and therapeutic value.

Amongst the many *complications* treated of, one of the most interesting is Herpes Zoster, which is considered, rightly we think, as one of the "inflammatory complications of neuralgia"—not a special disease of itself. As is remarked in this connection, the proof is overwhelming of the correctness of this view. A very remarkable example of its occurrence in a highly neurotic patient has very recently come under our own observation, and we should like to mention it.

A gentleman consulted us for an attack of sciatica a few weeks ago, and from which he is now commencing to convalesce. He was an extremely intelligent person and gave the following history, showing how, during his whole life, he had suffered from evident derangement of some part of his nervous system. In boyhood he had for years been subject to most frightful attacks of sick headache, of the true "migraine" type. Subsequently he had repeated and severe seizures of frontal and facial neuralgia. About five months ago he had a sharp attack of Zoster, and finally he was incapacitated by the sciatica to which we have alluded.

The treatment is divided into four branches: (1) Constitutional Remedies, (2) Narcotic-Stimulant Remedies, (3) Local Applications, (4) Prophylaxis.

As regards the first, it is recommended to *feed* neuralgics, and by this is meant not merely that "by increasing any one element" of food we should seek to enrich the diet, but rather that by "such a steady and persistent effort as Dr. Blandford describes, to increase the total quantity of nutriment to, perhaps, as much as one third more than the patient would probably have taken in health," and to those who from prejudice are incredulous of the propriety of this method the author would say, "Try it, and I venture to say your incredulity will disappear." Of medicinal

agents, hypodermic morphia is that, of course, which is most to be praised and trusted to, and the virtues of cod liver oil are also highly spoken of. Locally, judicious blistering is that which is most especially recommended.

We need not further expatiate upon this book. Part II. contains a series of chapters devoted to the diagnostic points to be observed as distinguishing neuralgia from a variety of other peculiar affections. It is replete with information and interest—as much, if not more so, than the preceding section, of which we have spoken at greater length.

No practitioner or practical man wishing to thoroughly understand the modern views of the causation of neuralgia, with its diagnosis and treatment, can afford to be without this work of Dr. Anstie. Although familiar with the author's article in "Reynold's Practice of Medicine," which forms the basis of the present treatise, yet we find so much new material added to it that it has all the freshness of an entirely new production.

It is well and clearly printed, and in that respect is a credit to the publishers.

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*Obstetric Aphorisms for the Use of Students Commencing Midwifery Practice.* By JOSEPH GRIFFITHS SWAYNE, M.D., Physician Accoucheur to the Bristol General Hospital, and Lecturer on Obstetric Medicine at the Bristol Medical School. Second American from the Fifth Revised English edition, with additions by Edward R. Hutchins, M.D. 8vo.; pp. 189. Philadelphia: Henry C. Lea. 1873.

This little work is written specially for the young practitioner and advanced student, the object of the author being to throw together short practical hints which will be found of use in the management of an ordinary case of labour, and also to point out, in difficult or dangerous cases, when and how the practitioner should act on his own responsibility, and in what cases he should send for assistance. It will be observed that the student or junior practitioner is advised to send for assistance whenever it is deemed necessary to use instruments or introduce the hand into the uterus, and, indeed, in any case of difficulty or danger. The diagnosis in the subjects discussed is sufficiently explicit, the treatment to be adopted is concise, and given in as few words as possible, consistent with clearness. A fuller description would cause the book to exceed the limits prescribed by the author. This advice is excellent in its way, but in our country medical practitioners will sometimes find themselves in localities where a consultation is



an impossibility. In consequence of being at such a distance from professional aid, before it could be procured an ordinary case of labour would be terminated, and in difficult cases the patient might die before the doctor could get the advice and assistance of a brother practitioner.

The author has in this edition made several important additions to the work, such as remarks on secondary hæmorrhage after delivery, the treatment of perineal lacerations, the pathology and treatment of pelvic cellulitis, the use of hydrate of chloral in the insomnia which is sometimes observed after delivery, convulsions and other puerperal affections. The work is illustrated by sixteen plates, which are original if we except four taken from other sources but duly accredited.

This little book consists of four parts. Part I. is devoted to the subject of the management of ordinary labour. Part II. to the consideration of cases which a student may undertake without seeking assistance. In Part III. the student is informed of cases in which he ought to send for assistance, and Part IV. is devoted to some of the diseases of the pregnant state.

We notice at page 173 a chapter headed abortions, in which the writer, in a style which savours of the sensational, draws a picture of the abominable depravity of the age, and of the fact that "scarcely a tyro enters upon his work in the field of medicine ere he is asked to produce abortion." The writer continues: "Husbands seek it for their wives, libertines ask it for their mistresses, seducers seek it for the unhappy victims of their licentious passion, wives—aye mothers even—beg it for themselves." Now, to be practical, we think that in all this the profession is alone to blame. If every man who wrote books suggestive of evil was indicted under a special act for the suppression of immoral publications, and every person who dared to make such a proposal to the mere tyro felt certain that he or she would become acquainted with the inside of a prison. And, again, if every case of abortion purposely induced were followed by trial and execution for murder the thing would cease; the husband would not be such fool as to risk his neck, nor would the libertine, nor the wife or mother. What would be thought of the moral reformer who wrote sensational accounts of murder, and tried in any way to extenuate or palliate that crime? The man tyro referred to, or the man commencing his career as a physician, is unworthy of the confidence reposed in him as a man of honour by his College if he in any way assents to such a proposal, and if he practices as an abortionist it will end in ruined reputation.

We have no sympathy with this style of literature. It can do no

good, but is suggestive of an immensity of evil. Apply the remedy, legislate against the crime, and punish without scruple the criminal. We regret to see this chapter introduced, and while recommending the work to our younger brethren as a safe guide, we would advise the author of this chapter to change the style from its present form or leave it out altogether.

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*Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus. and other Diseases of the Rectum; their Diagnosis and Treatment.* By WILLIAM ALLINGHAM, Fellow of the Royal College of Surgeons of England; Surgeon to St. Mark's Hospital for Fistula, &c.; Late Surgeon to the Great Northern Hospital. Second edition, Revised and Enlarged. 8vo.; pp. 265. Philadelphia: Lindsay & Blakiston. 1873.

The necessity of becoming acquainted with the anatomy of the rectum before attempting to treat diseases of that portion of the intestinal track is fully admitted. The same may be said with regard to any other organ of the body, as a knowledge of the anatomical construction of any portion of the body is the key to its pathology, and points to special benefit which will accrue from medical or surgical interference. The benefit resulting from Quain's researches into the anatomy of the terminal portion of the rectum has been manifest, inasmuch as it formed the basis of a scientific method of treatment of this class of diseases. It is necessary to know that hæmorrhoids are nothing more than inflamed and, it may be, hypertrophied portions of the mucous membrane of the lower part of the rectum. These are fed by the vertical parallel arteries of Quain, which constitute an element of danger in the treatment, surgically, of hæmorrhoids. Fatal hæmorrhage has occurred from simply snipping off, without ligature, these insignificant-looking protuberances. The vessels which supply these masses are enlarged, and will bleed more freely in consequence of being over-distended and of having lost, in some measure, their elasticity. But, in considering the anatomy of the rectum, it is not alone the arrangement of the arteries we have to deal with; the hæmorrhoidal veins, with their looped submucous plexuses; the nerve with which the sphincter is supplied; and, also, the muscle itself; all have to be considered, because they all bear a prominent part in the many forms of rectal disease.

It has been stated, and with some shadow of truth, that the rectum is more frequently the seat of diseased action than any other organ of the body. This is, at least, observed among civil-

ized communities. It is stated that natives of barbarous countries never suffer from disease of the rectum, and Mr. Allingham, on his own observation, says it is not often met with among the natives of South Africa when in a state of nature. These diseases appear to follow or accompany sedentary occupations, neglect of cleanliness, and the use of improper articles of food. From Mr. Allingham's analysis of four thousand consecutive cases which he examined at St. Mark's Hospital it would appear that there were twelve hundred and eight cases of fistula to nine hundred and sixty-five cases of hæmorrhoids. This, at first sight, is a striking circumstance, but one which can be accounted for on the hypothesis that many persons suffer from hæmorrhoids uncomplainingly, and do not seek for medical advice until what was a simple affection has run on, through neglect, to one of a more serious nature.

The author points out the necessity for careful examination of the parts both with the finger and eye. Speaking on this subject, he remarks: "To prescribe for patients suffering from rectal maladies, without examining them both ocularly and digitally, is not only false delicacy but radically wrong, and likely to bring the treatment of such diseases into contempt." It is too often the case that practitioners take for granted the statements of their patients, and prescribe for what is supposed to be an attack of piles, but which would be found to be disease of a totally different nature if a careful analysis of the case was made.

The work consists of seventeen chapters. After a few introductory remarks and an analysis of four thousand consecutive cases, the author proceeds to the consideration of *Fistula in Ano*, the varieties of that affection, and method of treatment. Mr. Allingham differs in the opinion expressed by most surgical writers, that it is improper to interfere, surgically, in fistula associated with phthisis. That is, he states, in cases of fistula where there co-exists lung disease, confirmed and advancing, an operation would be a positive cruelty and would hasten his inevitable fate. He says: "For my own part, I do not think we have many, if any, clinical facts tending to show that the operation for fistula in phthisical patients renders the lung affection worse, or makes it more rapidly progressive. In saying this I must not be understood to advocate wholesale, indiscriminate operations upon tuberculous patients; but I mean that if care be taken in the selection of the proper cases, avoiding interference, if possible, with *rapidly advancing* phthisis, and the operation to be performed discreetly at the right time of the year, and with favorable surroundings, the patients will generally do well, and be

“ benefited and not damaged by the cure of their rectal malady.” The author reports several cases of undoubted phthisis upon whom he had operated, and relieved of their rectal malady, to the evident improvement of their general health.

Four chapters are devoted to the subject of hæmorrhoids, the varieties met with, complications with other maladies, and their treatment. Chapters eight and nine are devoted to fissure of the rectum and rectal polypi. Ulceration and stricture of the rectum is next considered. In speaking of the more advanced stages of ulceration and stricture, where their co-exist several fistulae, “ the whole rectum disorganized, as it frequently is, nothing short of lumbar colotomy offers to the patient any chance of life;” and, he adds, “ my experience is that these are really the cases in which colotomy is especially to be recommended. I have now three patients alive who were operated upon years ago.” He states that the operation is not merely palliative but curative. From the cases which he has had under observation, in which the operation was performed, the rectum has in a great measure returned to a healthy condition. When no feces are permitted to pass through a diseased rectum ulcers will heal, stricture can be dilated, and occasionally fistulae will close spontaneously. The question of closing the opening in the loin is next discussed, and the author relates a case of a hospital patient whose rectum had become fairly sound after lumbar colotomy, and upon whom he performed an operation with a view of closing the opening in the loin, but did not altogether succeed; nevertheless he is hopeful of success in other similar cases should occasion present. In speaking of lumbar colotomy in malignant disease of the rectum, the author remarks: “ I will not say that life can always be materially prolonged by the operation, but I am confident that the suffering of the patient will be much mitigated. I do not recommend colotomy in malignant disease so strongly as I do in ulceration and stricture, but I have performed it now sixteen times for the relief of cancer, and I cannot say that I ever regretted operating.” The author next proceeds to describe the method of operating known as Amussat’s modification of Callisen’s operation. He says, in reference to Amussat’s description of this method: “ It is by no means certain, however, that he ever performed the operation.” On the other hand we have the evidence of Mr. Erichsen who, in speaking on the same subject in the last edition of his work on the science and art of surgery, observes in reference to Amussat: “ He soon had an opportunity of putting this opinion to the test of experiment in 1839, in a private case at which he kindly invited me,

"then a student in Paris, to be present." This is sufficient evidence on this head, and should allay all doubt on the question referred to above. Very specific directions are given for performing the operation, the author preferring the oblique incision, as recommended by Mr. Bryant, downwards from the last rib towards the anterior superior spinous process of the ilium.

We have perused this little work with much interest, and, we trust, with some profit. The descriptions are plain and the language clear; nor do we observe what the author modestly refers to in his preface as tautological or inelegant. We commend the work for its practical bearing, freely admitting that the author has conferred a boon upon his professional brethren by affording them an opportunity of perusing for themselves the results of the experience he has obtained from the position he occupies, and of which he has taken every advantage.

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#### BOOKS RECEIVED FOR REVIEW.

*The Science and Art of Surgery; being a Treatise on Surgical Injuries, Diseases and Operations.* By JOHN ERIC ERICHSEN, Senior Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London. A new edition, enlarged and carefully revised by the author. Illustrated by upwards of seven hundred engravings on wood. Vol. I. pp. 781; Vol. II. pp. 918. Philadelphia: Henry C. Lea. 1873.

*Manual of Chemical Analysis as Applied to the Examination of Medicinal Chemicals; a Guide for the Determination of their Identity and Quality, and for the Detection of Impurities and Adulterations. For the use of Pharmacutists, Physicians, Druggists, &c., &c.* By FREDRICK HOFFMANN, Ph.D., Pharmaceutist in New York. 8vo.; pp. 393. New York: D. Appleton & Co., 549 and 551 Broadway. 1873.

*Illustrations of the Influence of the Mind upon the Body in Health and Disease; designed to Elucidate the Action of the Imagination.* By DANIEL HARK TUKE, M.D., M.R.C.P.; joint author of "The Manual of Psychological Medicine," &c., &c. 8vo.; pp. 415. Philadelphia: Henry C. Lea. 1873.

*Contributions to Mental Pathology.* By I. RAY, M.D., author of the "Medical Jurisprudence of Insanity" and "Mental Hygiene." 8vo.; pp. 558. Boston: Little, Brown and Company. 1873.

CANADA

# Medical and Surgical Journal.

MONTREAL, APRIL, 1873.

## THE ONTARIO MEDICAL AMENDMENT BILL.

We observe that the bill of amendment to the Ontario Medical Act was rejected by the Committee of the House, and we do not at all wonder at it, because, in the first place, it was the most extraordinary production of its kind that had ever been submitted; and, again, if the Legislature was guided by the opinions of the profession in Ontario it had no other alternative but to ignore the bill, as the opinions were many and various, as expressed in the daily press; nor do we think that the Medical Council itself was in accord on the subject. We have heard that the Executive Committee of the Medical Council notified the Examiners that in view of the small number of candidates likely to present themselves at the coming examinations and the lack of funds, the customary remuneration to the Examiners could not be guaranteed, and a request was made that they should state whether they are willing to conduct the examinations on the uncertainty of being paid for their loss of time. This action of the Committee was forced upon them, but we do not think it at all likely that any of the Examiners will, under the circumstances, refuse to conduct the examinations; by so doing they will show themselves unworthy of the trust they assumed at their nomination.

But, referring again to the Bill in question, the Council has asked too much of the profession. It is right and just that the profession should be taxed, and we do not doubt that it will freely admit its indebtedness, but not to the surrender of rights already possessed. The Bill in effect deprived every defaulter of his license, and he became liable to prosecution, fine and imprisonment for exercising his calling, if he failed, through inadvertance or incapacity, to pay the sum of two dollars on or before the 1st of January of each year. Furthermore, by the provisions of the Bill the onus of proof, as to the correctness of the register, was thrown on each member of the profession. The experience of the profession as to the business capacity of the College official is far from being satisfactory. It was notorious that the late registrar of the College never presumed to answer official letters, and many of the candidates who have passed the College examinations do not possess a single document in proof of their having

submitted to the required tests by examination. These facts are sufficiently glaring to shake the confidence of the profession in the good faith of the College, and we do not believe that so long as these irregularities continue the profession will in any way second the proposal to support a corporation so ill-managed. If it is desirable to have an Act like the Ontario Medical Act, and we regard it as a good Act in many respects, it is also desirable to have it well administered. The Executive should be well paid; or, at least, reasonably paid, for its loss of time; but, in exchange it should honourably perform its part, and not slur over duties which it is expected to perform to the profession at large. No fault can be found with the Examiners, nor with the examinations. All appears to be fair and above suspicion, but having done the work imposed on them, it then becomes the duty of the College officials to see that their part is equally well performed. Official papers and documents should not be mislaid. The evidence of registration should not alone be left to the possible chance of the errors of a printer. An official document in the shape of a diploma is not too much to expect for the price paid for an examination—\$60. We mention these facts because they have been the subject of complaint. The College must place things on a different basis, these irregularities must cease, and when a new state of things is inaugurated, and it is seen that earnestness of purpose and regularity of action has become the rule, then may the College of Physicians and Surgeons of Ontario expect the full and hearty co-operation of the profession, and we doubt not the result will be to the full satisfactory.

ANNUAL CONVOCATION MCGILL UNIVERSITY.

The Annual Convocation of McGill College was held in the William Molson Hall of the University on Friday afternoon, 28th March, 1873, for the conferring of Degrees in the Faculties of Medicine and Law. A large assemblage of the friends of the University and of the graduates were present. About 3 o'clock the members of the Convocation who had assembled in the Library made their appearance in order of precedence and took their seats, the Chancellor presiding.

The Rev. Prof. Cornish opened the proceedings with prayer.

Mr. Secretary Baynes read the minutes of the last meeting of Convocation, after which the Dean of the Medical Faculty, G. W. Campbell, A.M., M.D., read the following report of the Medical Faculty for the Session just closed :

The total number of Students in the past Session was 154, of whom there were from

Ontario .....	85
Quebec .....	53
United States .....	10
Nova Scotia .....	3
New Brunswick .....	2
Prince Edward's Island .....	1

The number of Students who passed their Primary Examination, which includes Anatomy, Chemistry, Materia Medica, Institutes of Medicine, and Botany or Zoology, was 35, alphabetically arranged as follows :

<i>Name.</i>	<i>Residence.</i>
Bigelow, Horatio R. ....	Boston, Mass., U. S.
Cameron, James C. ....	Montreal, Quebec.
Chevalier, Napoleon E. ....	St. Gregoire le Grand, Quebec.
Cline, John D., B.A. ....	Cornwall, Ontario.
Cutter, Frederick A. ....	Hopkinton, New York, U. S.
Harvey, Wellman A. ....	Newbridge, Ontario.
Henderson, Edward G. ....	Belleville, "
Hickey, Samuel A., B.A. ....	Aultsville, "
Hockridge, Thomas G. ....	Bradford, "
Hume, William L. ....	Leeds, Quebec.
Jones, Charles R. ....	Hastings, Ontario
Jones, George Nelson. ....	St. Andrew's, Quebec.
MacDonald, Roderick A. ....	Cornwall, Ontario.
McBain, John. ....	Williamstown, Ontario.
McCormick, Andrew G. ....	Durham, Quebec.
McDonell, Alexander R. ....	Loch Garry, Ontario.
McMillan, Æneas J. ....	Edwardsburgh, Ontario.
Mines, William M. ....	Montreal, Quebec.
Molson, William A. ....	" "
Monk, George Henry. ....	" "
Moore, Charles S. ....	London, Ontario.
Moore, Jehiel T. ....	Holbrook, "
Norton, Thomas. ....	Montreal, Quebec.
Pattee, Richard P. ....	Hawkesbury, Ontario.
Phelan, James. ....	Stratford, "
Prosser, William O. ....	Lunenburg, "
Rattray, James C. ....	Portage du Fort, Quebec.
Reddick, Robert. ....	Prescott, Ontario.
Ritchie, John L. ....	Halifax, Nova Scotia.
Rogers, Amos. ....	Bradford, Ontario.
Sinclair, Coll. ....	St. Thomas, "
Speer, Andrew M. ....	Richmond, Quebec.
Wales, Benjamin N. ....	St. Andrews, "
Wallace, Isaac W. ....	Milton, "
Woolway, Christopher J. ....	St. Mary's, Ont.

The number of Students who passed their First Examination for the Degree of M.D., C.M., was 35, alphabetically arranged as follows :

<i>Name.</i>	<i>Residence.</i>	<i>Subject of Thesis.</i>
Alguire, Duncan O. ....	Lunenburg, Ont. ....	Auscultation.
Bell, Robert W. ....	Carlton Place, Ont. ....	Post-partum Hæmorrhage
Brown, Harry. ....	London, "	" Sleep and its Derang'm'ts
Carmichael, Duncan A. ....	Beechburg, "	" Chronic Bright's Disease.
Chevalier, Napoleon E. ....	St. Gregoire le Grand, Q.	Intermittent Fever.
Cutter, Frederick A. ....	Hopkinton, N. Y., U.S.	Cerebro-Spinal Fever.
Edwards, Oliver C. ....	Clarence, Ont. ....	Syph. Affec. of Nerv. Sys.
Ellison, Saram R. ....	St. Thomas, Ont. ....	Lobar Pneumonia.
Ewing, William. ....	Hawkesbury, "	Urinary Calculus.
Farley, John J. ....	Belleville, "	" Physical Diagnosis.
Fortune, Lewis M. ....	Huntingdon, Quebec. ....	Erysipelas.
Gaviller, Edwin A. ....	Bond Head, Ont. ....	Erysipelas.



<i>Name.</i>	<i>Residence.</i>	<i>Subject of Thesis.</i>
Guast, Thomas F.....	St. Mary's, ".....	Tubercular Meningitis.
Hills, Joseph.....	St. Gregoire, Quebec.....	Diabetes Mellitus.
Hurlburt, Richard N.....	Mitchell, Ont.....	Syphilis.
Jackson, William F.....	Brackville, Ont.....	Diphtheria.
Jones, H. J. Montg'ry.....	Montreal, Quebec.....	Aphasia.
Kelly, Thomas.....	Durham, Ont.....	Epilepsy.
Kittson, Edmund G.....	Hamilton, ".....	Alcohol.
McGuire, Bernard D.....	Joliette, Quebec.....	Asthma.
McConnell, John B.....	Chatham, ".....	Bronchitis.
McDiarmid, James.....	Prospect, ".....	Variola.
McDonald, Jos. D. A.....	St. Francois du Lac, Q.....	P.legmasia Dolens.
McLeod, James.....	Wigg, P. Ed. I.....	Pathology of Inflammation.
O'Brian, Robert S. B.....	L'Original, Ont.....	Hygiene of Childhood.
O'Brien, David.....	Almonte, ".....	Acute Rheumatism.
Perry, Hezekiah R.....	Ploteau Landing, Quebec.....	Rickets.
Richmond, Pete. E.....	N. Y. State, U. S.....	Acute Rheumatism.
Shepherd, Francis J.....	Montreal, Quebec.....	Hospital Reports.
Stephenson, John A.....	Cayug, Ont.....	Puerperal Fever.
Tracy, Andrew W.....	Island Pond, U. S.....	Vaccination.
Walton, George O.....	Montreal, Quebec.....	Progressive Local Ataxia.
Ward, William T.....	Boundary Line, Quebec.....	Ovariectomy.
Young Robert C.....	Barton, Ont.....	Erysipelas.
Whiteford, James W.....	Belleville, Ont.....	Cholera Infantum.

Three of the above-named gentlemen, Messrs. Alguire, Ewing, and Jackson, have not yet completed their twenty-first year, and cannot, on that account, receive their Diplomas at this Convocation. They have, however, passed all the examinations, and fulfilled all the other requirements, and only await their majority to receive the Degree.

## EXAMINATIONS IN BOTANY AND ZOOLOGY.

## BOTANY.

<i>Class I.</i>	<i>Class II.</i>
J. B. Benson, (Prize).	C. M. Laney.
W. Smith.	A. McCormick.
J. S. Gray.	S. R. Falls.
W. Crothers.	H. J. Metcalf.
P. R. Young.	L. Secord.
J. R. Nason.	J. M. Neiles.
J. Livingstone.	J. Dowling.
R. N. Powell.	A. J. Lindsay.
G. M. Rae.	F. S. Snider.

*Class III.*

F. Brossard.	W. D. Ross.
C. N. Stevenson.	G. E. Bomberry.
C. Stroud.	R. Levi.
G. Colquhoun.	G. J. Robinson.
H. L. Gilbert.	M. Hanover.
H. Hunt.	J. H. Alcorn.

A. D. MacMillan.

## ZOOLOGY.

<i>Class I.</i>	<i>Class II.</i>
E. Quinones, (Prize).	N. S. Brown.
	H. Siever.

## PRIZES.

The Medical Faculty-Prizes are three in number :

1st. The Holmes Gold Medal, (founded by the Faculty in honour of their late Dean) awarded to the graduate who receives the highest aggregate number of marks for all the examinations, including Primary, Final, and Thesis.

2nd. A Prize in Books, for the best examination—written and oral—in the Final branches. The Gold Medalist is not permitted to compete for this prize.

3rd. A Prize in Books, for the best examination—written and oral—in the Primary branches.

The Holmes Medal was awarded to Thomas Kelly, Durham, Ontario.

The Prize for the Final Examination was awarded to Duncan O. Alguire, Lunenburg, Ontario.

The Prize for the Primary Examination was awarded to John D. Cline, B.A., Cornwall, Ontario.

The following gentlemen, arranged in the order of merit, deserve honourable mention :

In the Final Examination : Messrs. Shepherd, Carmichael, Jones and Bell.

In the Primary Examination : Messrs. Woolway, Mines, Sinclair, Ritchie, Cameron, Phelan, Molson, Henderson and Hume.

## PROFESSORS' PRIZES.

*Botany*.—T. B. Benson.

*Zoology*.—E. Quinones.

*Practical Chemistry*.—William T. Ward.

*Practical Anatomy*—Senior Class—H. C. Fuller.

“ —Junior “ —J. Livingston.

The Graduates in Medicine were then brought forward, and the “*Sponsio Academica*” having been administered by the Registrar, Professor Craik, M.D., the ceremony of capping was performed by Principal Dawson.

The valedictory address on the part of the graduates was then delivered by Dr. Stevenson, after which Professor G. P. Girdwood, M.D., addressed the graduates on behalf of the Medical Faculty. (This address appears elsewhere in our Original department.)

After the proceedings of the Law Faculty and an address from the Chancellor the benediction was pronounced by His Lordship the Metropolitan and the Convocation adjourned.