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Weight 4 lbs. 11½ oz.

General Cystic Degeneration of Kidney.

DR. REDDY'S CASE.

CANADA

MEDICAL AND SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

A Case of General Cystic Degeneration of the Kidneys. By JOHN REDDY, M.D., L.R.C.S.I., &c.; Physician to the Montreal Hospital.

(Read before the Medico-Chirurgical Society of Montreal.)

MR. PRESIDENT AND GENTLEMEN: I wish to bring before the notice of this Society the history of a very interesting case which has been lately under my care, and which presented many features of much interest, especially in a diagnostic point of view, showing the difficulties that frequently surround the observer's path, even where the greatest care may have been taken.

On the 25th October, 1872, I was sent for by an old patient of mine, Mrs. P., aged 43, five feet ten inches high, of large make, who gave me the following history of herself: Prior to October, 1871, she had been in the enjoyment of good health, weighing 285 pounds. After this period her health began to decline, and she experienced occasional uneasy sensations in her left side, but never of a painful character; her appetite was capricious and her strength below par; she slept well, however, but often felt unrefreshed and tired in the morning; her bowels, at this time, were unusually costive, but easily regulated by the use of fruit and other diet of a laxative character, her urine was occasionally very dark in colour, but never deficient in quantity; catamenial periods regular; she was able to take plenty of out-door exercise in cars or sleighs, but walking fatigued her, especially going up or down stairs; she was much astonished to find that at the end of six months she had lost 65 pounds of her weight; she then consulted a physician of this city, about May or June, who, she told me, discovered a tumour in her left side, and who treated her for a short time and then ordered her change of air to the sea-side, whither she went. After remaining there for some time without experiencing any decided benefit, and also feeling troubled, for the first time, with a pain of a dull, aching character in the left

side, she went into Portland and consulted an eminent physician there, who did not make any physical examination, but ordered her a croton oil liniment to be applied over the painful part, which gave her decided relief; she returned from thence in August, and for about five weeks felt much better, with little or no inconvenience, observing, however, that whenever she came down stairs, turning from right to left, she suffered again from the dull aching in her left side and a kind of restraint in walking; she went out for a carriage ride frequently at this period, and also observed that whenever she used her right leg in ascending it produced the pain already described, although jolting seldom affected her in the least; she further stated that while at the sea-side, and for some time before going there, her urine became of a very dark porter colour, but had not diminished in quantity.

Present Appearance.—Face emaciated, of a peculiar dark colour, with slightly olive tinge, so striking that the existence of malignant disease at once suggested itself to my mind; she seemed much careworn and depressed in spirits; walked into the room very slowly, and with a strange semi-rotatory gait, as if she could not bend her back, hips or knee-joints; on sitting down complains of shooting pain from hips to knees. I requested her to retire to bed as I wished to examine the abdominal region. Her pulse was 80, regular but weak in volume; temperature, 90 fahr.; tongue clean; her body was very much atrophied and muscles flabby; percussion and auscultatory sounds over chest normal; heart's action regular but feeble. On examining the abdominal region immediately to the right, and for about two inches below the umbilicus, I could feel plainly a large nodular, moveable tumour, traceable upwards to where the spleen is situated, and then downwards to the left to about the centre of left lumbar region; on a line from umbilicus to apex of epigastrium I discovered a second portion of a tumour of the same kind, which seemed to meet, or itself to be like a second part of the same tumour. I did not feel the right side so enlarged. I came to the conclusion that I had discovered what I then believed to be a cancer of the spleen, co-existing with and consequent upon cancer of the liver.

As she was suffering much from nausea, with acid eructations, I prescribed the following :

R Bicarb. Potassæ, ℥ii.
 Acidi Hydrocyanici Diluti, ʒss.
 Tinct. Calumbæ, ʒiiss.
 Aquæ Puræ ad., ʒvi. M.

A tablespoonfull every four hours.

I directed that her urine should be sent to me next day for examination.

27th.—Found her much relieved from the nausea; able to retain food, and her condition much improved every way; urine, specific gravity 1009, acid reaction of a very pale milky colour, with nitric acid. and heat turns to a beautiful light pink, and deposits about 15 per cent. of albumen. Microscopic character: Several round, granular corpuscles and fat; no casts of tubes.

30th.—Feels very much better, and able to have a ride daily in the open air for an hour at a time.

Nov. 8th.—Visited her twice since last record, but nothing particular to note. To-day, however, she was again seized with nausea and vomiting, also with a severe attack of hæmorrhoids which are irreducible and very painful, constantly voiding quite a quantity of the pale, milky urine. No remedy seems to avail now but iced soda water and milk for the nausea, which it immediately relieves, and an ointment with opium and liquor plumbi smeared on the hæmorrhoids after stuping renders her almost free from pain. Examined the urine again to-day, the only change being specific gravity 1010.

9th.—Much better; nausea relieved; can reduce the hæmorrhoids; feels afraid to take much food on account of uneasy sensations at the epigastrium. Ordered her Pepsine wine.

12th.—Improving a little; can retain food, but with little or no relish. Ordered a tonic of citrate of iron and quina.

20th.—Had Dr. Howard in consultation with me to-day. Examined the abdominal region, beginning on the right, about the middle of inguinal region, and extending upwards in a curved line to a notch about an inch over and to the right of the umbilicus, then passing down again in a curved line to the middle portion of the left inguinal region, the lower line is about described. The tumor occupies the right and left lumbar, right and left hypochondriac and epigastric regions. To form any adequate idea of its great size and extent it was necessary to cause her to lie on her face, when it became readily felt almost throughout its entire dimensions. In this position, as well as when lying on her back, it felt as one tumour. In order to give you a better idea than, perhaps, my explanation conveys, I hand you round a diagram made at the time.

Dr. Howard regarded the case as a good example of Farre's tubercle of the liver, of which I saw no reason to entertain a doubt, as in my early examinations I considered the spleen affected also. I should have mentioned earlier that every portion of the tumour was very irregular, hard and unyielding to the

touch; exploring it caused no pain. A palliative plan of treatment was agreed upon.

27th.—Little or no change since last record till to-day, when the bilious vomiting and hæmorrhoids returned, accompanied by great prostration. Iced champagne was ordered, but could not be borne, when recourse was had to former treatment with like success. During this attack she again passed quite a quantity of the light, milky urine; no change in its character; specific gravity, 1010. Ordered Peptodyn.

28th.—Much better.

December 3d.—Much improved; has been taking out-door exercise, sleighing. She says the Peptodyn has been of great use to her.

20th.—Nothing of importance to note till to-day. She is suffering from severe inflammation of the meibomian glands of the right upper eyelid, which is very much swollen and about suppurating; she cannot sleep. Ordered Chloral Hydrate in 15-grain doses at proper intervals.!

31st.—From last date almost to the present time she has suffered much, which has told greatly on her appearance; the lid is quite well; the chloral agreed well with her; I find the tumour unaltered.

January 14th, 1873.—She has been doing tolerably well since last date, and occupies herself reading, &c., out of bed during almost the entire day. She informed me that to-day, for the first time, she had passed the dark urine again; this I examined; it contained no albumen but bile acids; specific gravity 1018.

20th.—At my visit found her up and dressed for a sleigh-ride, feeling better but weak; the high-coloured urine, she told me, only lasted twenty-four hours.

29th.—Is suffering from pain, for the last twenty-four hours, on the palmar side of first joint of left forefinger—paronychia.

31st.—Is much worn out with suffering; made a free incision into abscess to her entire relief; she insisted on having chloroform.

Feb. 3d.—I find to-day a second abscess has formed over the head of the metacarpal bone, below the first. This I laid open; same plan as before, decided relief following.

8th.—Progressed favourably from last visit till during the past night; her voice became husky; her throat painful, and breathing occasionally difficult. Ordered medicated inhalations.

9th.—Much difficulty in respiring; none in swallowing; complete aphonia; has great pain in the left side of the larynx in paroxysms lasting ten minutes and at intervals of twenty minutes; finds considerable relief from the inhalations.

10th.—Is decidedly worse to-day; considerable difficulty in the respiratory act; occasional stridor; complains of choking sensation and severe pain in the larynx; can hardly swallow even liquids; seems indifferent to everything around, but is intellectually clear.

11th, 10:30 a.m.—Found her pulseless and dying, as if in the last stage of croup. She died at 4:30 p.m., retaining her mental faculties almost to the close.

12th, 10 a.m.—Dr. Roddick, House-Surgeon Montreal General Hospital, kindly assisted me at the post-mortem, and furnished me with the following notes:

AUTOPSY EIGHTEEN HOURS AFTER DEATH.

Rigor mortis strong; features pinched, pointing to considerable agony at the time of death; the abdomen was noticed to be flat over its entire anterior aspect, but bulging at either side. An incision through the abdominal walls was made, extending from the xyphoid cartilage to near the pubis, opening at once the abdominal cavity throughout that space. In drawing aside the edges of this incision to gain a view of the cavity, two remarkable looking bodies, cystic in character, were seen to occupy, on either side, a space extending from about the sixth rib to below the crest of the ilium. The liver was compressed against the diaphragm by the right tumour, and was small and contracted in appearance, although normal in structure. The spleen was pressed upward by the opposite body, but normal in every respect. The pancreas was also healthy. The tumours were removed after considerable difficulty and found to be diseased kidneys. They were afterwards carefully examined and found in the following condition:

Left Kidney.—Weight, 4 lbs. 11½ ozs.; greatest length, 10 in.; greatest breadth, 7 in.; greatest circumference, 24 in.; lesser circumference, 17 in. It consists of a mass of cysts tightly packed together in places, and here and there standing out free from the general mass. The capsule is entire and can be best demonstrated as it passes over the sulci between the cysts. It is very strong and covered with the fat usually found about the kidney. The cysts vary in size from the smallest pea to that of a goose's egg, the largest being at the periphery, and especially at the upper and posterior border. Nearly two hundred can be counted with ease, and there are probably half as many more indistinctly seen. The cyst walls are, for the most part, beautifully transparent, and their contents of a rich straw colour; but, again, there are a few cysts here and there having a wall of a dull yellow colour, resembling the appearance of the healthy organ. The body has a firm feel

when caught in the middle, as though the structure within was condensed. The ureter is normal in size, appearance and structure, excepting just before it reaches the hilum, where it suddenly expands and its walls become thinner than normal. The hilum is bounded by three or four large cysts, which make it appear very deep, though regular in outline, as is clearly seen in the lithograph on the frontispage.

Right Kidney.—Weight, 4 lbs. $\frac{1}{2}$ oz.; greatest length, 11 in.; greatest breadth, $6\frac{1}{4}$ in.; greatest circumference, 24 in.; lesser circumference, 15 in. This kidney has all the characters above described, in a somewhat modified degree. The capsule here, also, covers the whole. The cysts are more numerous and smaller, as a rule, the largest not exceeding a small hen's egg in size. Only one of the dull yellow cyst walls can be seen, the rest being all remarkably transparent. The ureter is identical in every respect with the other just described. The hilum is well marked, but surrounded with innumerable small cysts.

The straw-coloured fluid in the transparent cysts, when boiled, is found to contain a very large percentage of albumen, becoming almost solid. Its reaction is feebly acid. It has no peculiar odour and remains clear after exposure for hours in an open vessel. There is nothing distinguishable in this fluid under the microscope. The dark-coloured cysts contain a thick substance resembling molasses in colour and consistence. Under the microscope this is found to consist of granular matter, broken down epithelium, and, here and there in the field, masses resembling in appearance small and disorganized malpighian tufts, which, however, no doubt, are quantities of granular matter arranged in that shape. The bladder was firmly contracted but healthy.

General cystic degeneration of the kidneys is a disease usually confined to adult life, and is not of common occurrence. I find, on looking into the subject, that in fifteen cases mentioned it had occurred principally about middle life; that it was of a chronic character, and that the clinical history of these cases has been but imperfectly studied; that both kidneys become affected, but not always in an equal degree, and that it usually terminates by the patient dying suddenly. On comparing the above statement of facts with the case which I have just now read, I think the analogy is fully borne out in many particulars. I have not made a section of the kidneys, but have here another fact illustrated, that their functions were properly performed; or, perhaps I should say that large quantities of urine had been secreted and voided daily, although not normal in character.

From what I can gather with regard to the pathology, I find that Queckett attributes the formation of the cysts to dilatation of the malpighian capsules, while Drs. Conway, Evans, and Bristowe, from observation made in the incipient stages, came to the conclusion that they owe their origin, as in congenital cases, to the expansions of sections of the uriniferous tubes and occlusion and atrophy of the intermediate portions. These independent sacs are generated, and often so minute as to require the microscope, but which dilate gradually into large cysts. The granular, atrophic form of Bright's disease resembles this affection much in many of its characters. In this disease, as you are well aware, cysts form from the size of a pin's head to that of a hazel nut, but many require the microscope for their detection.

I wish to say that for much and valuable information connected with the subject I am indebted to the very able and masterly work on "Urinary and Renal Diseases" by Dr. Roberts, of Manchester.

Surgical Cases occurring in the Montreal General Hospital. Under the charge of GEORGE E. FENWICK, M.D., Surgeon to the Hospital, and Professor of Clinical Surgery, McGill University.

Case of Calculus Vesicæ—Lithotomy by the Lateral Method of Operation—Recovery.

J. Y., aged 33, a spare but muscular man, was admitted into the Montreal General Hospital on the 17th January, 1873, with well marked symptoms of stone in the bladder. Although he had suffered from bladder irritation for a long time, it was only during the past two years that it had become so severe as to render his existence miserable. Occasionally, in emptying his bladder, the urine would be arrested in full stream. This gave rise to great and even agonizing pain, extending to the point of the penis and down the front and inner sides of the thighs, as also to the testicles, and these latter were sometimes retracted, drawn up tightly into the inguinal region. This was accompanied with much straining and tenesmus, which added to his misery. He states that he had been sounded on several occasions, but no stone had been detected, although his physician told him that he must have stone in the bladder. When admitted into the hospital he could not retain his water longer than two hours at a time. The urine was normal as to colour and specific gravity; it was rather turbid, and a considerable quantity of ropy mucus and pus was deposited on standing.

On Saturday, the 18th, a short beaked sound was passed into the bladder, and the presence of a stone readily detected. It was deemed to be of large size, felt rough on the exterior, and from its clear ring was supposed to be hard and compact. From these circumstances, as also from the bladder irritation, it was thought proper to adopt the operation of cutting as preferable to that by crushing; but, before deciding that point, I desired to ascertain the probable size of the stone, as also to determine whether it was single. Accordingly, on the Monday following, the patient, having been previously prepared, was placed under the influence of chloroform, a full-sized lithotrite was introduced and the stone seized. It was found to measure an inch and a quarter, but whether in the long or short diameter could not be determined. On moving it about no second stone was discoverable.

Several days were allowed to elapse, although he did not complain of increased irritation, the consequence of the exploration with the lithotrite; yet, I deemed it more prudent to allow all irritation to subside. Accordingly, on Thursday, 23rd January, the patient was placed on the operating table, in the usual lithotomy position, and chloroform administered. A dose of castor oil had been taken the previous evening, and the morning of the operation the rectum was well washed out by an enema. The patient had retained his urine since the morning. Being fully under the influence of the anæsthetic, a grooved staff was passed into the bladder, and it was held by my colleague Dr. Howard, and the lateral operation performed. After making the superficial incision I ascertained the exact position of the membranous portion of the urethra, with the finger in the rectum. I then introduced the point of my knife into the groove in the staff, in the usual way, and incised the prostrate gland. The finger was then passed into the bladder, the staff removed, and the stone extracted. After the extraction of the stone there was rather free hæmorrhage, which, however, proceeded from the transverse perineal artery, which had been cut across close to where it is given off, in consequence of the first incision being made further out than usual. A large-sized tube was passed through a sponge, the tube inserted through the wound into the bladder, and the wound itself plugged with the sponge and retained in its position by tapes. At the evening visit he was very comfortable; pulse 88; the urine flowing freely through the tube; it was slightly tinged with blood, but there was no bleeding from the wound. He was ordered diluents to drink, in the form of barley water, but no anodyne was required as he was without pain, and said that he felt very comfortable, and inclined to sleep.

January 24th.—Much the same as at the evening visit; passed a good night; urine flowing away freely; was not tinged with blood. As he was comfortable, and there was no distress from the pressure of the tube, I determined not to disturb it; pulse 84—full and soft. At the evening visit there was no change.

January 25th.—Progressing favourably; no bleeding; urine flowing freely; pulse the same as yesterday; determined to remove the plug; this was done; the wound was glazed, and presented, at several points, commencing granulation; these bled slightly on removal of the sponge, but it was not sufficient in quantity to produce any uneasiness. He asked for an extra allowance of food, as he had been placed on low diet after the operation. In the evening I found the wound again plugged with the sponge, as the House-Surgeon stated that after the removal of the plug in the morning he had lost four or five ounces of blood. I at once removed the sponge and gave instructions for the man to be carefully watched, and should bleeding recur to send for me. No further trouble ensued; the case progressed favourably and rapidly; the urine came wholly through the natural passage on the eleventh day after the operation, and the wound looked healthy and was rapidly filling up. The patient was allowed to return to his home on the 8th February.

The stone was sawn in two halves. I noticed in sawing it, for I did it myself, that it was very dense, hard, and waxy in consistence; it presented a uniform appearance, was somewhat crystalline on the exterior, the cut surface being of a yellowish white, with a slight reddish tint. Desiring to ascertain the chemical composition of the calculus, I collected the sawdust on a filter and submitted it to my friend Dr. Girdwood, Professor of Practical Chemistry, McGill University, who kindly gave me the following results, after a careful quantitative analysis:

Cystic Oxide,	89.6
Phosphate of Lime,	8.0
Organic Matter,	3.4
	100.00

Several microscopic slides of pure cystine were prepared, and both the hexagonal plates, as well as bundles of prisms, were obtained. The stone is rough and granular on the exterior, and weighs 364 grains, or about three-quarters of an ounce.

Case of Chronic Synovitis, Erosion of the Cartilages—Excision of the Knee-joint—Recovery with a Useful Limb—One inch and a half Shortening.

The following case of excision of the knee-joint is the sixth of

a series in which I have performed that operation, and the results, so far, have been very gratifying. I may state that of these six cases, four have recovered with useful limbs. In one case amputation had to be performed, and the results of one doubtful, as the boy was taken away by his parents from the hospital while under treatment, and I have lost all trace of him. I am indebted to Mr. Carmichael, one of the clinical clerks to the hospital, for the very careful report subjoined.

S. C., single, aged 21 years, was admitted to Montreal General Hospital, August 28th, 1871, suffering from an affection of the knee-joint. Had always enjoyed good health previous to the summer of 1868; is nervous and irritable in temperament; complexion florid; blue eyes; fair hair; digestion pretty healthy; stomach sometimes irritable; bowels and menses regular; habits moral, and the history of her family is that of health.

In the summer of 1868, while walking one day, she felt the knee give her some pain, but did not pay much attention to it, going about as usual, her occupation being that of nurse. At night, on resting, the pain was not felt, but next morning found that she could not stand without support, till gently flexing the limb, and chaffing it with her hands, she was enabled to walk pretty freely. She continued to walk about notwithstanding the pain in the knee, which gradually grew worse as the winter approached, and February, 1869, was admitted to hospital, and from that time onward has been more or less of her time in hospital, until August, 1871, when she was admitted for the last time. During the time which elapsed between first admission and the date of operation she was treated locally with stupes, leeches, blisters, bandages—simple and starched, keeping the limb extended on a long posterior splint for weeks, soap plaster, iodine, &c., &c., and at one time was treated for “hysterical knee,” all of which measures afforded but temporary benefit, and on the 11th October, 1872, a consultation of the staff pronounced the case a favourable one for excision.

The operation was performed by Dr. Fenwick on the 12th October, in the following manner:

Chloroform having been administered in the ward, the patient was removed to the theatre of the hospital, placed upon the operating table with the lower portion of the thighs resting on its lower end, the feet and legs projecting over the edge of the table. The affected limb was extended and supported by an assistant in that position. A semilunar incision carried around the anterior surface of the joint, at its lower part, extending from one condyle of the femur across the head of the tibia to the other, dividing the ligamentum patellæ and entering the joint. The flap was then

dissected back, the limb well flexed, the anterior and lateral ligaments carefully divided, the extremities of the bones cleaned, and the saw applied to the end of the femur, removing about an inch and a half of its lower extremity. In the same manner a thin slice was removed from the head of the tibia, extending beyond the diseased portion. The patella was removed. Considerable hæmorrhage occurred from a couple of small arteries (articular); these were secured by ligatures, the wound washed with a weak solution of carbolic acid, the extremities of the bones fitted together, the flap laid down, and the edges of the wound secured by eight or nine wire sutures. The leg was then placed upon a well padded, long, posterior splint of iron, provided with a foot-piece, and extending from the buttock to beyond the heel. The splint was secured to the limb by a bandage reaching from the ankle to within a few inches of the lower margin of the wound; the thigh was secured to the upper part of the splint by two straps carefully padded. The patient was then removed to the ward, placed upon a swing bed, and the wound dressed with a weak solution of carbolic acid. In a few hours the patient was given, hypodermically, morphine sulphat $\frac{1}{4}$ gr., and ordered beef-tea, broth, milk, brandy 4 ozs.

October 14th.—Temperature, 100 2.5 °; pulse, 120; respirations, 28; has slept a little during the night; the knee is very painful and there is some swelling; one of the sutures at the inner side of the wound was removed; thirst is great and the skin hot; has taken some beef-tea and a little toast; during the twenty-four hours has received three hypodermic injections, each containing $\frac{1}{4}$ gr. Morph. Sulph., and Sol. Plumb. Diacetatis was applied to wound.

October 15th.—Temperature, 99 4.5 °; pulse, 130; respirations, 30; fever slight, though the pulse continues high; knee is very painful, much swollen, and some discharge at the edges of the wound.

October 16th.—Temperature, 98 4.5 °; pulse, 128; respirations, 30; slight discharge from the edges of the wound.

October 17th.—Sutures removed; wound is painful; discharge healthy and small in amount; she eats little, but continues on the brandy, hypodermic of morphia, &c; procures some sleep, and the injection of morphia is of great service in diminishing the pain. From this time onward no item of importance occurred, the lead lotion being kept up, the hypodermic given regularly—thrice in twenty-four hours, and the brandy, beef-tea, &c., continued. Her appetite varies, sometimes taking food moderately well, at other times suffering from slight irritation of the stomach. Since the

operation her bowels have been relieved once every five or six days, sometimes with the assistance of a mild purgative, and the urine passed regularly two or three times in the day. The bandages and padding of the splint received any little attention demanded, such as alteration in and steadying the footpiece, tightening the bandages, removing portions of moist wadding, and careful attention to cleanliness.

On November 9th the splint was taken down, repadded, the limb washed and put up again. The wound has now united in the greater part of its extent, remaining open at the dependent edges. The discharge is not great, and great cleanliness of the wound is observed.

November 9th.—For the past few days some matter has been accumulating at the inner and front aspect of the wound. An incision was made and a small quantity of pus gently pressed out. Patient's health is pretty good, and she seems to be doing well. Dr. Fenwick remarked that in these cases it was necessary to the ultimate success of the operation that all collections of pus should be at once evacuated by early opening. Such was his own experience and it was in accordance with the teaching of other surgeons.

November 18th.—Splint taken down; wound examined, and a small sinus found at the outer side of the thigh running up from the external angle of the wound. Chloroform was given and a drainage tube inserted to the full extent of the sinus. The lead lotion was discontinued and a weak solution of carbolic acid, 1 to 60, substituted.

November 19th.—Pulse quick, 120—pretty full. Complains of weakness and irritability of the stomach.

November 22nd.—Feels better; pulse still continues high; knee is very painful, and considerable swelling about the lower part of the wound. The tube is discharging little pus.

November 23d.—To-day an opening was made at the lower part of the wound and about an ounce of sanious matter removed.

November 25th.—Had a slight chill or rigor about 6:30 a.m., followed by active perspiration; complains of thirst, weakness and headache; feels anxious; pulse, 130; cheeks slightly flushed; the temperature was not taken.

November 26th.—Feels better to-day, though she still complains of some weakness; the pain in the joint is sometimes severe; the swelling is diminishing, and the discharge is ceasing; drainage tube was removed.

December 1st.—Splint taken down and on examination firm union was found to have taken place between the bones; the splint was replaced and the lotion of carbolic acid continued, as a

small portion of the wound yet remained open on outer side of the knee.

December 17th.—The splint was taken down; firm union existed between the bones, and the wound was completely healed. From this time onward simple bandages were applied to the leg, with sandbags supporting it on each side. In a few days the swing bed was removed and the patient placed in an ordinary hospital bed.

On January 2nd she walked for the first time, supported by two persons, one on each side. After this feat she remained in bed one week, and since the 9th January up to the present date, February 15th, she has been sitting up three or four hours of the day, with the leg supported by a chair, walking a little each time with the assistance of crutches. Her appetite is good; she eats plenty of nutritious food, is in good spirits, looks well and seems to have made an excellent recovery. The hypodermic injections have been discontinued for some time, and the brandy has long since been omitted, but in lieu thereof she was ordered a pint of porter daily, which she still takes. It agrees well and, I have no doubt, has conduced to her satisfactory recovery.

By the most careful examination the amount of shortening in the limb is found to be only an inch and a half.

Two Cases of Morbus Coxarius—Excision of the Hip-joint—Recovery.

The record of excision of the hip-joint is certainly very encouraging. The cases reported on this continent as occurring in the practice of Surgeons of Eminence, has established this operation as not only justifiable, but where neglected in cases of advancing disease of the bones, as indicating a positive neglect of duty on the part of the surgeon. This position is strengthened by the very unpromising case, the first of the two here reported. I need hardly say that I despaired of benefit accruing in this particular instance, but I can only add that to my own mind it suggests lesson of great practical value, as indicating how rapid is the recovery, in cases apparently the most desperate, more especially in children, as soon as all source of irritation is removed. Mr. Robert H. Bell has given me the clinical report of this case here subjoined.

J. E., aged 9, a native of Canada, was admitted to the Montreal General Hospital on 7th September, 1872, with morbus coxarius of the left hip. His father is still living, but his mother died several years ago. He had been an inmate of the Ladies' Benevolent Institution of this city for the past three years. About six months after his admission to that institution he was first noticed to limp,

and complained of his hip being sore. It is supposed that he hurt it about that time in jumping off a porch about six or seven feet high. The attending physician of the house was called in and attended him for several months, keeping his leg on a splint. He was sent to the Montreal General Hospital about June, 1870, and remained there five months, but was discharged not much better, although he could still run about. About eight or nine months afterwards a sore appeared which suppurated freely and continued to get worse, sometimes discharging as much as one and a half pints of pus in the day, frequently mixed with blood. The attending physician at that time was syringing it out daily with carbolic acid. The boy was otherwise in pretty good health; however, from the constant drain on his system he became gradually weaker and thinner, till, on his admission to hospital on the 7th September, 1872, he was a mere skeleton. He was very much emaciated. The skin on his face seemed as though glued to the bones, being wrinkled and dried, giving him the appearance of an old man.

On October 1st he came under the care of Dr. Fenwick, who had very little hopes of his recovery. He lay in bed with both legs flexed on his thighs, one across the other, and both thighs on his abdomen. There was partial ankylosis of the joint.

On October 11th a consultation of the medical staff of the hospital was called, and it was then decided that his only chance of life was in the performance of excision of the joint.

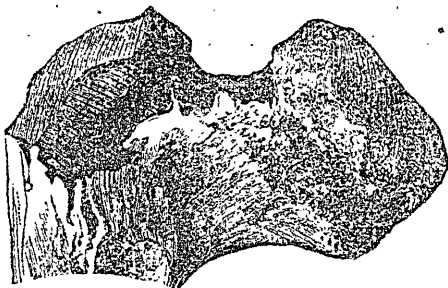
Saturday, October 12th, excision of the hip joint was performed by Dr. Fenwick in presence of the Clinical Class, and assisted by the medical staff of the hospital. Chloroform having been administered, a V shaped incision was made over the trochanter major, the apex of the flap running into a sinus situated below and between the trochanter and the tuberosity of the ischium. The attachments of the muscles inserted into the digital fossa were severed. The leg, having been carried well across to the opposite side, was strongly rotated inwards, the capsular ligament opened, the head of the bone thrown out of its socket and sawn off below the trochanter major. The head of the femur was found much diseased, as though it had been half worn away from constant friction.

The wood-cut on opposite page gives a faithful representation of the appearance of the bone.

The acetabulum was found diseased, in fact perforated. The rough edges of the diseased portion were carefully removed with the gouge. The cavity was then stuffed with oiled lint, and as the wound was unusually long it was partially closed with two sutures. It was

now found that the limb could not be extended in consequence of the rigid contraction of the tensor vaginae femoris and adductor longus, so that they had to be divided subcutaneously, as also the hamstring muscles, to enable the leg to be straightened, as it was flexed on the thigh almost at a right angle. The leg, after careful bandaging, was now placed on a well padded, long, iron gutter splint, having a deficiency opposite the situation of the wound, and was retained in position by bandages. The child was ordered liberal diet, with two ounces of port wine daily.

October 13th.—As suppuration was considerable the dressing was removed, the wound washed, and fresh lint replaced. The following day the splint was removed altogether as the child complained of great pain in the limb from its extended position. He lay on his side and expressed himself as feeling comfortable. The wound was dressed and a poultice applied. The wine was increased to four ounces daily.



October 18th.—Feels well and cheerful; is comfortable lying on his side with both legs drawn up; eats well, is hungry and asked for an egg. This was allowed, as also half a dozen oysters. Passed a good night; slept soundly, although he was awake several times through the night. His pulse is high, ranging about 140; respirations, 56.

October 19th.—This morning he was very dull, irritable and weak; rather more fever about him than during the past few days; his skin was hot and dry; pulse about 144; the wound looked red and as if threatened by erysipelas. Ordered *Syr. Ferri Iod. gttss x.* three times a day; otherwise no change in the treatment.

October 21st.—Much better; is more cheerful although still feverish; the redness about the wound is disappearing, and the granulations are looking florid and healthy; his pulse is lowering, and his appetite is improving; what he takes is with a relish.

From this date he steadily improved, but slowly; the wound filled up with healthy granulations; has gained flesh, and the

appearance of old age which was so noticeable before the operation disappeared. On the 14th November, or at the end of the fifth week, he received his clothes, was taken up, dressed and seated in an easy chair; this change of position agreed well with him. Nothing further of special interest occurred in this case; the improvement was slow; the discharge from the wound gradually lessened; as he gained strength he would creep about the floor of the ward on his knees, laying some stress on the affected limb. Towards the end of December he received a pair of crutches and commenced walking with them. At first his gait was unsteady, but very soon he acquired confidence and strength, and walked about freely without danger of falling. At the time of closing this report, 15th February, the child is well; has gained flesh wonderfully; there is hardly any discharge, the wound having all but closed; there is, however, a small opening at the lower part which still discharges; he can bear the weight of his body on the limb. There is about three inches of shortening.

Case II.—This case differs from the foregoing in the circumstance that the disease was not nearly so far advanced. The little boy was in a far better condition to stand an operation of such magnitude than was the one whose case has just been reported; nevertheless, he made a slower recovery, and when he left the hospital he did not present the robust and healthy appearance of the other child. I have to acknowledge the kindness of Dr. Roddick, the House-Surgeon, in furnishing me with the following notes of the case:

J. M., a pale-faced, scrofulous-looking boy of eight years, was admitted into the Montreal General Hospital, under care of the late Dr. Fraser, in the month of May, 1872. On careful examination there were found to be present the ordinary signs and symptoms of hip-joint disease in the earlier stage, viz.: apparent lengthening of the left leg, flattening of that buttock, and absence of the usual furrow of the nates on that side, besides pain referable to the inner side of the knee, tenderness on pressure, or tapping over the trochanter, or on the sole of the foot, &c. His parents are healthy people, and no other members of the family have ever been the subjects of scrofulous disease. The present condition of the boy can be attributed to no definite cause. There is no positive history of a fall or blow on the hip, although such accident might, as so often happens in such cases, have been overlooked by both the patient himself and his parents.

Immediately on admission the condition of things being recognized, the patient was ordered to bed and the affected limb put up on a long splint, with extension apparatus with weight, the

latter being about 5 lbs. In this position he remained comparatively comfortable, excepting at times when the apparatus became disarranged, until the month of October, when Dr. Fenwick took charge of the ward in which he was under treatment. He had emaciated considerably in the meantime, and was, if anything, more pasty-looking than before, while the signs and symptoms referable to the hip-joint were unimproved. Dr. Fenwick, thinking the case a suitable one for excision of the head of the femur called a consultation of the staff of the hospital for the 11th October, who coincided with him in his opinion, and the operation was arranged for the day following.

Chloroform having been administered, a V-shaped incision was made over the position of the trochanter upwards into the buttock. The flap thus formed, being raised from the point towards the base, exposed the joint, which was opened and the head of the femur forcibly thrown out. With a Butcher's saw the bone was divided immediately below the trochanter; but, finding a suspicious portion still remaining, another slice was removed. The cavity of the acetabulum was then carefully explored for disease, and found to contain a quantity of gelatinous matter. The wound was washed out with a weak solution of carbolic acid and the sides of the incision brought together by sutures, leaving the point free. The cavity was stuffed with strips of oiled lint, and the whole covered with the same and oil silk. The limb was then put up on a splint of perforated zinc, having a broad piece of metal to envelope the entire hip and side up to near the axilla, with an opening directly opposite the wound, and through which the dressings could be made without disturbing the limb.

As to the pathological condition of the part, there was no pus discovered in the joint or any of the surrounding tissues. There was a very interesting condition of the cartilage covering the head of the femur, namely, it was raised from the bone for nearly the whole extent of the articular surface and the cavity beneath filled with a serous fluid. The acetabulum was found denuded of cartilage chiefly at its upper portion.

At 6 p.m. of the same day, and about four hours after the operation, the boy's pulse was 160, but of medium volume. He had vomited several times from the effects of the chloroform, and still feels a constant nausea; the tongue is dry, and his nose has bled, probably from the exertion of vomiting. This condition of high pulse, dry tongue, with nausea and vomiting, continued almost uninterruptedly for the three days following the operation, notwithstanding the great care taken with his food. He was fed on limewater and milk, with beef-tea in small quantities.

October 15th.—To-day he was chloroformed and the wound dressed with carbolic oil on lint. This was done with facility through the opening in the splint, without in any way disturbing the latter. His pulse has now come down to 140 per minute and the vomiting has ceased. The boy expresses himself as quite comfortable in every respect, and is getting an appetite for his food.

October 20th.—Nothing remarkable has transpired in connection with the case during the past five days. The wound has been dressed twice since the last note was taken, and without chloroform. To-day, Dr. Fenwick removed two of the stitches on either side, the edges having united for about two inches from the base of the incision. Pulse 130; sleeps well; tongue cleaning; complains of no pain or uneasiness in any part. The wound has been regularly stuffed from the bottom with the strips of lint soaked in the carbolic oil.

October 28th.—The wound is granulating quickly from the bottom. The dressings now are removed daily, and the cavity syringed out with a very weak solution of carbolic acid. The external wounds are healed, excepting at the point of the V, beneath which the lint is introduced to the deeper parts. Dr. Fenwick to-day ordered two ounces of port wine to be taken during the twenty-four hours, and a rare steak, which the boy had pleaded hard for for some time. The pulse now remains steady at 120, and the tongue comparatively clean. The bowels have been opened about every second day since the operation, but for the last twenty-four hours there has been a tendency to diarrhœa. For the latter *Mixt. Cretæ Co.* is ordered.

November 6th.—The splint was removed to-day for the second time since the operation, and the padding renewed. The wound is so nearly filled up that only the smallest portion of lint can be introduced. The point of the V was found, some time ago, to be raised above the surrounding skin, but strapping down for a few days with adhesive plaster has brought it down to the general level. Red-wash is now substituted for the oil as an external application. The discharge from the first has been profuse, but it is now becoming less and less every day. The diarrhœa mentioned as being present a week ago has almost disappeared. The constant injection of carbolic acid, although in very weak solution, it is thought, might account for the diarrhœa coming on, as it did, gradually, and with that idea weak red-wash has been substituted as an injecting fluid. Bromo-chloralum has been also used for experiment, on one or two occasions, and found to correct the fetor very effectually, and also to give the sore a healthy appearance.

November 12th.—The boy has been dressed and sitting up for the past two days, and this morning made several vain attempts to walk on crutches, but is very awkward and not apt at learning. The discharge from the wound is very trifling. His general condition is also very much improved, and he has a more than ordinary appetite, while his pulse is good and steady, and his bowels are quite regular.

20th January, 1873.—The boy has been detained in hospital up to this time at the earnest solicitation of his mother who, having a large family to look after, begged that he might be kept until she could make arrangements to accommodate him. He was discharged to day, the wound being entirely healed, and he could bear the weight of his body on the affected limb without pain or uneasiness.

Cases of Wound of the Knee-joint. By T. SIMPSON, M.D.

Wounds extending into joints, especially the knee, whether the result of accident or purposely made in our endeavours to cure disease or remedy deformities, are of such importance from their frequency, immediate effects on the system generally, and remote consequences, that anything, however trifling, that adds to our experience in these lesions is of a certain value.

The condensed account of the three following cases is especially interesting, from the fact that the accidents occurred to young, healthy men, engaged in the same pursuits, living on the same diet, and subjected, as nearly as possible, to the same common influences, all were unmarried, and each case was treated differently.

In the first, J. O., aged 25, whilst engaged in wood-chopping (Feb., 1871), caught his axe on a twig, which caused it to swerve and strike him on the outside of the right knee, the corner of the axe entering the joint over the external condyle of the femur, close to the tibia, and inflicting a wound of about two inches in length, parallel with the bone. I saw him forty eight hours after the accident. The wound was covered with several folds of plaster clumsily applied, from among which synovia was plentifully oozing. I was shewn a six-ounce phial filled with a colourless, glutinous fluid which had escaped from the wound. There was a good deal of swelling and pain, and the wound was gaping and angry looking; constitutional disturbance slight, consisting of general *malaise* and acceleration of the pulse. The wound was gently closed by means of strips of plaster and a bandage, and a splint applied to the back of the joint; tepid water dressing. On my visit, four days after the accident, I found the joint enormously

swollen and distended, and extremely painful; the pain and swelling extended from the toes to the hip; fever running very high; pulse 120; great restlessness and no sleep. All the dressings were immediately removed. A pinkish, fungoid substance filled the wound and protruded about half an inch. A large pillow was placed under the joint, which gave it a slight bend. I directed a hot fomentation containing Plumb. Acet et Tinct. Opii to be diligently and constantly applied. The pain and restlessness were relieved by the frequent administration of opium. Diet, iced milk exclusively. It is needless to follow the case minutely. At the end of about a week the fever gradually abated, the swelling of the joint and immediate neighbourhood and the pain, were still great, but had almost disappeared in the other parts of the limb. The pinkish excrescence, which seemed to be bulging of the subcutaneous tissue rather than a mass of granulations, filled the wound so completely as to prevent any discharge from the joint, and the patient still required full doses of opium at bedtime to procure sleep. Linseed meal poultices were ordered to be applied during the night, and hot water and oil silk by day. This treatment generally was continued for a month from the time of the accident. The pain and swelling had now very much abated, though pressure or any degree of motion could not be borne. The little tumor still protruded, seeming to guard the contents of the joint, and the patient, who had run down to a mere shadow, was beginning to look brighter and respond to the strong animal broth, eggs, milk and wine, which had been gradually added to his diet as the inflammatory symptoms subsided. From this date the treatment consisted in the administration of Iodid. Potas. and Bark, the local application of Cupri Sulph. and pressure to the small tumor, and the daily painting of the joint with Tinct. Iodine. At the end of another month the patient was walking about and the joint perfectly recovered, with the exception of a little weakness and impatience of exercise.

The second case was that of a young man, G. S., aged 18, who was wounded (Sept., 1871,) in the same manner, and in exactly the same situation. A similar plan of treatment was recommended, but his friends, who could not be convinced of the gravity of the accident, became impatient and discontinued, after two or three days, the remedies ordered by me, substituting poultices of certain herbs collected and applied by an old woman who promised to heal the wound in a week, and into whose hands I reluctantly resigned the case. The patient, whose youth, good constitution and favorable surroundings enabled him to escape the very jaws of death, after being confined to bed for a period of four months,

was able to hobble about on crutches, with an ankylosed joint, shattered in health and lame for life:

Third case.—S. M., aged 34, was busily engaged (April, 1872,) in cutting up a stick of cedar with a large draw-knife, for the purpose of making a fire; one end of the stick rested against a bench, the other was pressed firmly against his breast. After a few strokes of the knife the wood suddenly broke and the man fell forward on the edge of the knife, which opened the knee transversely, severing the ligamentum patellæ immediately below its attachment to that bone, and exposing the smooth glistening cartilages of the joint. I saw him about four hours after the accident; he was pale, with a small, rapid pulse and bathed in cold perspiration; the patella was much displaced upwards; hæmorrhage trifling; pain not severe.

Treatment.—The leg was first firmly bandaged from the toes up; then a straight splint was applied behind the joint; the edges of the wound were well bathed with a strong solution of carbolic acid in water (the joint was not injected) and brought together by means of four carbolized silk ligatures. Two circular bandages were applied: one immediately above the patella, the other below the joint—the latter bandage being fastened to the splint; these were laced together on each side. Several layers of lint saturated with carbolic oil covered the wound, and over all gutta percha tissue and a firm roller. A full dose of opium was then administered. Four days afterwards the dressings and ligatures were removed, the wound was found in a fair state of union, though not perfectly healed, and the dressing scarcely stained by discharge. On the eighth day the wound was healed, except at the outer end, which presented a healthy, granulating surface, and closed in a few days without special treatment. Throughout there was neither swelling nor inflammation of the joint, nor, after the first dressing, was there any appreciable flow of synovia. In order to afford time for the union and consolidation of the ligament, the splint and bandages were retained for four weeks. At the termination of a little over two months from the receipt of the injury the patient walked a distance of six miles to see me and returned the same day. The joint was perfectly recovered, the only remains of the injury being a slight lengthening of the ligamentum patellæ.

In treating wounds of joints, the first and preeminent requisite is rest; all handling should be avoided; the injury is nearly always easily recognized, and probing and examination with the finger add materially to the danger. Taking my own experience as a guide I should hesitate to inject, in simple incised or punctured wounds of the knee-joint, unless I had good reason to sus-

pect the escape of blood into its cavity, or unless, indeed, the joint were laid open to a large extent. The skin only should be included in any sutures that may be required. The case of J. O. is, I think, an excellent example of the result of "Conservative Surgery." Rest and position; soothing remedies, general and local; good, nutritious, easily digested and unstimulating food, and great faith in the efforts of nature to right herself. Not very many years ago this man would have been considered fortunate to escape death at the expense of his limb.

The testimony in favour of the antiseptic plan of treatment, as pursued in the last case, is so conclusive that any further remarks on my part are unnecessary.

MONTREAL, February. 1873.

Removal of Tongue and Lower Jaw. By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., &c.; Surgeon to St. Patrick's Department, Hotel Dieu.

(Read before the Medico-Chirurgical Society of Montreal.)

There are occasions when surgeons, in the exercise of their oft-times anxious functions, hesitate between allowing a patient to drag out a few months of pain, or attempting, even at the risk of cutting short existence by a hazardous and most formidable operation, to arrest the progress of a fearful malady, relieve suffering, and prolong life. Such an alternative presented itself to me early in October last, and although at the time I shrunk from employing the knife, the result has proved, in a conclusive manner, the advisability of the procedure adopted.

An old man, William Murphy, aged 71, presented himself at the hospital in September, 1872; his general appearance was that of health; his countenance open; his complexion florid; his eye clear; his skin soft and ruddy. On a casual glance he had all the appearance of a hale, hearty, fresh old age; yet, on close inspection, an ugly-looking cancerous mass was visible through the ever half-open mouth, which involved the whole sublingual region, extended along the lower jaw, from a little below the median line on the right side to the second molar tooth on the left, and eating away, in its progress upwards, the frænum and a considerable portion of the under surface of the tongue. This large, open, cancerous surface emitted an odour of a most offensive nature; the movements of the tongue were much interfered with; and speech, as a consequence, was indistinct; deglutition was painful and difficult; and pain of a severe and lancinating character

troubled him by day, and disturbed his rest at night. He told me he had noticed a small pimple under his tongue in June last, which had been treated for some time by a neighbouring practitioner, when a physician from a distance, passing that way, recognized its true character, and suggested the patients going to New York or Montreal, to have its removal undertaken. After some time he directed his steps hither, and placed himself under my care. On a careful examination of the extent to which the structures were involved, I told him the disease had so spread as to render necessary the removal of the greater part of the lower jaw, and the whole of the tongue. He said he was prepared to submit to removal of the jaw, but he could not suffer the loss of his tongue, and urged me to remove the jaw, and to take from the tongue whatever seemed to be diseased. But believing, as I do, that partial removal of the tongue for malignant disease is objectionable, I was forced to decline a compromise whereby the original constitution and frame, "as from the Maker's hand," as Sir William Fergusson expresses it, "might be kept as nearly as possible in its normal condition." The patient now left the hospital. I cannot say I regretted his departure. Three days afterwards he returned, and urged me to proceed at once to the operation as I had proposed. Having explained to my patient the full extent and nature of the operative procedure; its immediate risk; its subsequent danger; its, perhaps, only temporary relief; the inconvenience to him of being thus mutilated; the loss of speech and of the power of mastication, I met with the same reply: "If I recover I'll be better without this thing, and if I die, thank God I am prepared for that too."

Never, during my professional experience, did I see a patient submit more cheerfully or courageously to an operation, the result of which neither of us could predict; and if, among the conditions favourable for operations, a tranquil, cheerful and hopeful disposition finds a foremost place, then would the patient in question, I was satisfied, withstand a mutilating, which, to most others of his years, would prove fatal.

Finding him in this satisfactory frame of mind I supported him by kind and sympathetic encouragement. My own was strengthened by my colleagues, Drs. Beaubien and Munro, as well as Drs. Rottot, Dagenais, Grenier and others, who subsequently afforded me valuable assistance at the operation. I also had the advantage of the valuable opinions of Mr. Gascoyne, of St. Mary's Hospital, London, and of Dr. Fenwick, both of whom happened to visit the hospital at the time, and both of whom considered the case to be one where an operation was justifiable.

On the 27th I performed the operation thus: Patient being placed under chloroform, with his neck well raised and head thrown back, I made a vertical incision, in the median line, through the lower lip, across the chin to the hyoid bone; another at right angles to the former, along the lower margin of the body of the inferior maxilla to the ramus; and a third, similar in direction, but of less extent, on the right side. The cheeks were separated from the jaw along the whole extent on both sides, and with them the levator menti, depressor labii inferioris, depressor anguli oris, and platysma mioides, as far as the anterior margin of the masseter muscle, on the left side, and the mental foramen on the right. The knife was then passed within the jaw and made to sweep along close to the bone. The genio glossi and hyoidei, genio hyo-glossi, mylo hyoidei and digastrici were divided, after a piece of twine, previously passed through the tongue, had been entrusted to an assistant. The bone was then sawed through on the left side at the ramus, and at the right at the mental foramen.

The tongue now engaged attention. Drawn well forward, with the cord still through its tip, I divided its substance, and investing mucous membrane at its base, and passing the chain of the ecraseur through the aperture, divided the hyo-glossus and genio hyo-glossus of the left side. Notwithstanding the employment of the ecraseur blood spouted from the cut lingual, but was readily arrested by a ligature.* The chain was then used in the same way on the right side. The advantage of dividing one side at a time was evident. Blood spouted from the linguals as if they had been divided with the knife, but the hæmorrhage was arrested in one before the other was divided. The stylo glossi, with any debris of mucous membrane, were divided with the knife, and the tongue was removed. There was very little loss of blood at the time, and not much oozing afterwards. The soft parts were brought into close approximation by interrupted sutures at short distances, and sufficient dry lint was inserted to keep the lower lip, chin and cheek from falling in. The patient was then placed in a prone position in bed. A couple of hours afterwards I proceeded to feed him. On opening his mouth and looking across the floor of lint, the whole epiglottis, from its broad, rounded, upper extremity, to its narrow thryoidean attachment, could be seen with ease. It stood almost erect, and like a watchful sentinel, bending slightly, as is usual in ordinary respiration, over the aperture whose function it is to guard and protect. The elastic feeding tube attached

* The third or fourth time only I have used the ligature within the last six years, acupressure having always sufficed.

to the stomach pump, pressing against the epiglottis, gave no trouble, produced no spasm, no effort at coughing, no resentment of any kind, but it permitted itself to be handled as if dispossessed of sensibility altogether.

The patient made a surprisingly rapid recovery. Union took place throughout the whole extent of the horizontal wounds, and throughout all but the most dependent part of the vertical incision, by first intention. The two ligatures came away on the ninth day, and on the following day he left the hospital, cheerful and happy, for his home near Rouse's Point. More than four months have now elapsed, and so far, there is no appearance of a return of the fell disease, for the removal of which the patient had submitted to the knife and saw.

He came to Montreal yesterday at my request. He presents a healthy appearance, swallows without difficulty, and evidently to good purpose, as his well conditioned state attests. He is now before you, that you may see the inconsiderable deformity which now remains, and hear to what extent speech is restored, notwithstanding the entire ablation of the chief organ which gave it articulate utterance.

MONTREAL, February, 1873.

[With reference to a review, in the January number of this journal, of a pamphlet entitled, "Meteorology and its Professors," the following statements, in contradiction of the allegations made, have been officially communicated to us from the University, and we beg to say that this journal has not been purposely made the medium of accusations which, from the statements subjoined, appear to be unfounded.—ED.]

"*Meteorology and its Professors.*" Statement of Facts with reference to the Charges against the Professor of Meteorology in McGill University. By THE AUTHORITIES OF THE UNIVERSITY.

I. *Instruction in Meteorology.*—Dr. Smallwood, the Professor of Meteorology, who receives no salary from the University, gives instruction gratuitously, in the use of Meteorological instruments, to such senior students as desire this. Of course the class is voluntary, and only a limited number avail themselves of it. In the present session six students have been receiving such instruction.

II. *Observations of Temperature, &c.*—Dr. Smallwood's observations are made with instruments tested by standard thermometers, and both in the observatory and in a separate thermometer-house. They are made with all the precautions dictated by the Professor's

long experience in this climate, and if they differ from those of amateurs, the probability is that the latter are wrong. The difference referred to as occurring when the sun shines, is probably to be accounted for by the less favourable position of the instruments of the objector.

III. *Position of the Observatory.*—The building was placed, after much consideration, on the best site afforded by the College grounds, and is in as good a position as it is possible to secure on the flank of the mountain. No doubt an anemometer on the top of the mountain, or on the other side of the mountain, might give other local variations of winds, but the University cannot afford a series of stations of this kind. In any case, the observation of a person who has been in a gust of wind in the rear of the mountain, and who, after driving round, finds it calm in Sherbrooke street, is of no value whatever as a test for the position of the observatory.

IV. *Instruments for Observing the Force, Direction, &c., of the Wind.*—The imputation that these are defective is especially unjust, as Dr. Smallwood has the credit of devising and constructing one of the most efficient instruments for this purpose—an instrument which Professor Henry of Washington described and figured in the Reports of the Smithsonian Institution, and even had a copy of it made and sent on for use in his observatory.

V. *Time-ball at the Harbour.*—This was attended to by Dr. Smallwood punctually, until last summer, when it was intimated to him by the Harbour Commissioners that they had engaged another person for the purpose. In the past summer, therefore, if the time-ball has been incorrect, Dr. Smallwood is not responsible, as he was quite willing to have continued his services in the matter. Dr. Smallwood still gives the time to Ottawa. The gossip of ship-masters as to the time-ball, even if it relates to the period during which it was in Dr. Smallwood's charge, is of no value, as the chronometers of ships are often incorrect, a fact well known to Dr. Smallwood, who has been in the habit of correcting them gratuitously for such ship-masters as applied to him.

The above statements relate to the charges specially selected for reiteration in the review of the pamphlet attacking the Meteorological Professorship of the University, and they are sufficient to show the groundlessness of the whole. It is, however, due to Dr. Smallwood to state that his observations relate to other Meteorological, Magnetic, and Astronomical Phenomena than those referred to in the pamphlet; that he has for about forty years, with little public encouragement, kept up a continuous series of Meteorological observations of inestimable sci-

entific value; and that he has at all times displayed the utmost readiness to give the benefit of his labours to the public; through the press, to sanitary reformers, to scientific travellers and visitors, and to scientific associations abroad. In this way he has earned a lasting title to the gratitude of this country, which both the English universities of this Province have acknowledged by conferring on him their highest degrees; while the McGill University, in appointing him Professor of Meteorology and placing him in charge of its observatory, was not only acknowledging great public services, but securing the highest experience and ability which the country affords in this department for the benefit of its students.

It is only to be regretted that the limited means of the University permit no more to be done; and it is to be hoped that the public, or some of the more wealthy friends of science and education, will take advantage of the undeserved attack made upon our veteran Meteorologist, by contributing the means to place at the disposal of the University, for his benefit, more ample apparatus, and an endowment to secure the services of an assistant to aid him in his declining years, and to continue and extend the work he has so well begun. The Department of Applied Science in the University is now training young men well fitted for entering on this work, could the means be obtained to secure their services; and with such aid, and a large telescope, the utility of the observatory might, no doubt, be greatly increased.

Correspondence.

THE "TOTAL ABSTINENCE" QUESTION.

To the Editor of the CANADA MEDICAL AND SURGICAL JOURNAL :

SIR,—In the *Montreal Gazette* of February 14th, 1873, I find a declaration, signed by a large majority of the medical practitioners of Montreal, in which the following words occur: "That total abstinence from intoxicating liquors, whether fermented or distilled, is consistent with, and conducive to, the highest degree of physical and mental health and vigour."

This is certainly a very arbitrary statement, unsupported, as it is, by any attempt at proof. It is due, I think, to the surprised numbers who have read this declaration, made without any apparent object by so many physicians, several of them of undoubted ability and large experience, that they should be informed of the

data on which this remarkable assumption is founded. If the statement be correct that *total* abstinence from all intoxicating liquors is conducive to the highest degree of physical and mental health and vigour, it follows that the Mohammedan nations are superior in every respect to those which profess Christianity. They are not generally considered so. I am really puzzled to know what this "new departure," *en masse*, of the Montreal medical men, may signify. One thing is certain, that no man in the possession of his senses, whether he be lay or professional, who believed in such a declaration, would ever, under any circumstances, taste a drop of liquor, and I cannot help expressing my opinion that this would be a change, in theory or practice, for many of the signers. For my part, I disagree with the declaration, whatever may be its object, and in my position as Medical Superintendent of an Insane Asylum, I have uniformly maintained the benefit of beer, wine and spirits, in certain kinds and phases of mental malady. I am therefore bound, in self-defence, to protest publicly against what I regard as an ill-considered concession to mere sentiment, unworthy of men of science. Science, like art, is long and slow; its conclusions are not stereotyped for popular use, but are the result of careful and patient study and observation; nor do the unlearned public constitute a proper tribunal before which these conclusions should be tested. At the same time, I beg to say that I yield to no one in my abhorrence of drunkenness, while I differ very widely from some of my medical brethren as to the means to be employed for its diminution amongst us.

I have spoken of my own system, in which I make medical and dietetic use of liquors in the treatment of the insane, and beg leave to give you a few extracts from my last report to the Board of Inspectors, hoping it may be of some interest to your readers.

Very truly yours,

St. JOHN'S, Feb. 1st, 1873.

HENRY HOWARD.

Extract from Annual Report to the Board of Inspectors of Prisons and Asylums, for the year 1872. By HENRY HOWARD, M.D., M.F.C.S., England; Medical Superintendent Provincial Lunatic Asylum, St. John's, P. Q.

"After twelve years' experience in the treatment of lunatics, with what success is known to your Board and to those few in the Province who are interested in the subject, but most of all to many persons whose voices are unheard in public, but whose gratitude I highly value, those whose relatives have been cured in this poor establishment, I am of the fixed opinion that beer, wine

and spirits are not only necessary but invaluable in the treatment of the helpless, woe-begone lunatics. I do not speak now of puerperal mania, mania a potu, or madness resulting from lesions of the head, as these come within the range of the ordinary, well educated practitioner, but of those mysterious cases which exhibit themselves without any known cause, immediate or remote, where the body is in perfect health but the intellect completely gone, 'the Ego,' the real, responsible man lost, where all that is God-like in the human being disappears, and nothing remains but the shell or case, reduced to the lowest order of animal creation. In such cases as these, if the Medical Superintendent be deprived of beer, wine and spirits the result will be that curable lunatics will become miserable incurables. The reason is (as I have written more than once in previous reports,) (1st) that in all such cases, how violent soever the lunatic may be, there is a want of vitality in the nervous system, and (2nd) that experience has taught me that, to rouse into action this devitalized, nervous system, beer, wine and spirits are the best and safest stimulo-tonics that I can use.

"From the wish expressed by the Hon. the Provincial Treasurer to your Board, I have reduced my beer, wine and spirit account as low as I possibly can with justice to my patients." * * * * *

After speaking of the expenses of the Asylum I make the following statement: "With all these disadvantages, Sir, should it not go to the credit side of my account that out of 308 lunatics I discharged cured, 130; for it must be borne in mind that, while a Medical Superintendent should not waste the money entrusted to him, his chief consideration should be the cure of those committed to his charge. Of the cures of the year 1872 it will be noted that the longest residence of any one of the seven patients in the Asylum was one year, while the others had been under treatment for terms varying from two to eight months, there being one of six, one of four, and two of three months treatment. On the other hand, as to the deaths, it will be found that they were all old patients who died, their term of residence extending from six to eleven years.

"Toronto has an Asylum worthy of any European city, provided with ample means for the classification and treatment of lunatics; is under the charge of a skilful, learned and careful Medical Superintendent, with an excellent staff of officers. The same may be said of the other asylums of Ontario; yet, the percentage of *discharges* from all the asylums of that Province, since 1841, is only 47 per cent., and as a large portion of the discharged were not considered cures, the percentage of absolute cures would, probably, not exceed 30. The percentage of the Halifax Provincial

Hospital for the Insane, since its commencement, is 39.6; that of Beauport not more than 16; that of the Missouri State Asylum about 15; that of Northampton Asylum, Mass., 29. The percentage of cures at the St. John's Provincial Asylum, since its foundation, is 43. This speaks for itself.

"It should be borne in mind, also, that in the Toronto and many other well regulated and well provided establishments for the insane, neither epileptics nor idiots are admitted; and I would respectfully direct attention to the fact that in Toronto and elsewhere the Superintendent has the right of veto, whereas I have to receive whatever patients the Government may send me, whether incurable or moribund. I would humbly suggest that the same privilege, as to admissions, as that possessed by the Superintendent of the Toronto Asylum be extended to me.

"Now, Sir, with your permission, I will say a few words on that strange disease which is known by so many names. It is to be regretted that science has, in a very deplorable degree, failed to discover the causes of insanity. All that has yet been written on the subject might be condensed and published in a small volume, bearing the well-known title of 'Guesses at the Truth.'

"The history of cases, and even *post mortem* examinations, throw very little light upon this mysterious subject. It is true that certain persons are predisposed to insanity, but whence this predisposition arises we know not; so that the various specific names by which the malady is known are as powerless to indicate the cause as a meteor is to take the place of the all-illuminating sun. Hereditary taints, intermarriage with relations, love, joy, religion, intemperance, fear, grief, &c., &c., are among the frequently alleged causes of insanity, but they are generally evolved from the minor consciousness of friends, naturally desirous of discovering some exciting cause; but in most cases the exciting cause (so called) is only an accident of the disease. In very rare cases have I found consanguinity or hereditary taint in my patients; so rare as to be almost valueless in dealing with the subject.

"Nor is it the case, as might naturally be expected, that insanity commits its most fearful ravages among the depraved portions of society. The great majority of persons who have come under my observation have been persons of good, moral character.

"Experience, however, and observations have shown that the best treatment for the restoration of reason, or, more properly, of intelligence, is found in the exercise of kindness and forbearance, and the use of all means likely to withdraw the patient from his own morbid thoughts. Hence the need of recreation, amusement and employment, for which a good government ought to supply all possible requirements to the Medical Superintendent.

"It is a fact worthy recording that not only in Europe and the Continent of America, but, also, in our own Dominion and our own Province, is lunacy increasing, and arrangements should be made accordingly, whatever be the cause of this increase.

"Thus much I have considered it my duty, as Superintendent of the Quebec Provincial Asylum, to lay before your Board, Sir, and I hope that my suggestions will not be altogether without good results, and that the Government will do what is best for the Province."

LONDON CORRESPONDENCE.

Many thanks for the *Canadian Illustrated*, which has duly arrived to hand. I have had two JOURNALS which came together some time since, but I have had no others. I must correct two things in my last letter. Instead of "nitrate" it should be *nitrite* of amyl, and by the galvanic cautery I mean the galvanic ecraseur, not the galvanic cautery as first applied by Mr. Marshall. I should have been more explicit. I heard Mr. Erichsen say that the galvanic ecraseur was the most beautiful adaptation of science to surgery of late years. He has removed several tongues with it, and the penis also, and always with the most satisfactory results, as an operation.

I went out of town at Christmas and spent a very pleasant holiday. Before leaving town about a dozen Canadian graduates had a dinner at the London Tavern, Fleet street. It used to be a famous place, but its glories are now somewhat eclipsed. However, we had a jovial time of it, and did not forget to toast our old professors.

The Royal College of Surgeons has been holding examinations for the last ten days. A gentleman who was up for the final examination of the M.R.C.S. told me that one of the examiners said that the lot who went in for their primary examination were the worst he ever remembered. Out of 105 who presented, 46 were sent back to their studies, and very few got first-class marks.

Napoleon's death has caused much sympathy here. Upwards of 50,000 people went to Chislehurst on the day of the funeral, and Prince Louis Napoleon, as he is now called, was cheered and greeted with cries of "*Vive l'Empereur!*" as he drove away after the ceremony. In an Italian paper, which I saw quoted in the *Standard* yesterday, an account was given of the Emperor's last moments, but by a curious mistake his confessor, whose name is Mr. Goddard, was rendered M. Goddam. Sir Henry Thompson has returned to his duties at the University College Hospital. He was in attendance on the Emperor, as you know. Sir

William Jenner has been at the Hospital for some time. In the autumn he was at Balmoral in attendance on Her Majesty the Queen. He is a splendid clinical teacher, very clear in his remarks, and painstaking.

I have not seen much surgery lately. A case of Paracentesis Thoracis came off at University College Hospital the other day. It was done with the aspirator, and thus done is a very neat operation. The man did not cough once during the operation, nor afterwards, while I was in the ward. About a pint and a half of pus was drawn off. I saw Mr. Durham operate at St. George's Hospital recently. It was a case of amputation, but presented nothing remarkable. Mr. Le Gross Clarke operated for a true case of galactocoele, at St. Thomas', some time ago.

On Saturday last, at the Women's Hospital, Soho Square, Mr. Christopher Heath performed colotomy on a woman for cancer of the rectum. The rectum was considerably blocked up by the cancerous mass, part of which, about the size of a hen's egg, protruded externally, but the passage was not so much obstructed as to prevent the passage of liquid feces. In fact she had been suffering, for some time, from obstinate diarrhoea, which had irritated and excoriated the parts external to the anus. The intestine could not be distended by an enema, owing to the impracticability of introducing the nozzle of a syringe. Mr. Heath had to operate without it. He performed Callisen's operation in the left loin. Owing to the flaccid state of the bowel he had some difficulty in getting it, but finally succeeded. He mentioned the case of a lady on whom he had performed the same operation about a year ago with the most gratifying results. She suffered no inconvenience from the abnormal position of the anus, and was not only able to see her friends as usual, but also go into society. If this is the case, the mechanical arrangements must be most perfect—far more so than I have been accustomed to see in similar cases.

Mr. Erichsen recently attempted to remove a growth from the rectum, in a man, by means of the galvanic ecraseur, but he did not succeed altogether, owing to the friable nature of the growth, which readily broke down under the finger.

We had a post-mortem on a case of phthisis, under Sir William Jenner, last week, in which, although the right lung was studded thickly, from base to apex, with grey miliary tubercle, and also tubercle in its latter stages, the left lung was extensively diseased, there was no marked rise of temperature, which had never risen above 100° , and very seldom was as high as that. Sir William remarked that he had seen two or three similar cases, but that it was an exception and one worthy of careful notice.

Subcutaneous injections of Atropine are sometimes used here for profuse sweating, as in phthisis; also, in the sweating of the hands and feet. It is also used as a liniment; or, rather, Belladonna, with the same object. When given internally it seems to have no effect as an antisudoral. It sometimes fails when hypodermically applied, or when used as a liniment. Dr. Ringer gives several instances of its employment in his manual of therapeutics, which is a valuable book. He also recommends nux-vomica in prolapsus ani in children.

A. A. B.

LONDON, January 30th, 1873.

Reviews and Notices of Books.

The Treatment of Syphilis with Subcutaneous Sublimate Injections.
By Dr. GEORGE LEWIN, Professor at the Fr. Wilh. University, and Surgeon-in-Chief of the Syphilitic Wards and Skin Diseases of the Charity Hospital, Berlin. Translated by Carl Proegler, M.D., &c., and E. H. Gale, M.D., &c. Svo.; pp. 249. Philadelphia: Lindsay & Blakiston. 1872.

Hypodermic medication has been in vogue for many years, and is in constant use in all countries. The employment of hypodermic injection of calomel suspended in glycerine, in cases of syphilis, was introduced by the Germans some years since, and has been found beneficial in certain cases. Professor Lewin, in the work before us, lays before the profession the results of 2,000 cases in which he says he has treated the disease (syphilis) by the subcutaneous injection of the sublimate of mercury. He has enjoyed unusual opportunities, as he is the Surgeon-in-chief of the Syphilitic Wards of the Charity Hospital, Berlin. It must be stated that in Berlin every prostitute is subject to a weekly inspection under the existing law, and when suspicion of syphilis exists the examining surgeon has the right of sending the patient to the syphilitic hospital for treatment. From March, 1865, up to the end of July, 1869, Dr. Lewin treated all the cases submitted to him by hypodermic injection of corrosive sublimate, and he states that of some 1,400 of both sexes so treated, not more than 20 females had returned to his wards on account of syphilitic relapses, and these were all slight in character.

It must not be thought that Dr. Lewin, in advocating this method, considers it the only means of cure to be adopted, not-

withstanding these remarkable results; he protests against being so interpreted.

To our mind this method of treatment presents several objectionable features. The difficulty of limiting the action of mercury thus given, and the pain and tendency to the formation of abscess at the spot selected for injecting the salt. If it were possible, in every case, to be certain that a minor degree of constitutional, as well as local, irritation would follow this method of employing the salts of mercury, then would we regard it as peculiarly suitable in the treatment of syphilis; but when experience teaches that with some individuals almost an inappreciable quantity of mercury will be followed by profuse ptyalism, it is certainly objectionable to risk the possible development of symptoms which cannot well be limited under the peculiar circumstances. Still, it is a method which has been attended with benefit in the hands of eminent and careful observers, and deserves more than a passing notice.

The author, in his opening article, states: "By the new method introduced by me syphilis may be destroyed in its various forms when the remedy is brought in contact with the system in the form of hypodermic injection of corrosive sublimate." This is certainly a bold assertion, and one which, we fear, will not be borne out in every case of syphilis. The instrument used is the ordinary hypodermic syringe, but the author advises, as a matter of precaution, that each patient shall retain his own needle for his own exclusive use. In the selection of the part of the body to apply the injection the author seeks those parts which are least sensitive, and he considers the infrascapular and sacral regions are the best. Care should be taken to "avoid those regions when there is a collection of glands because tedious and chronic abscesses may follow."

For injection the author recommends solutions in water ranging from grs. j. to grs. vi. to the ounce, and should the injection occasion much pain he adds morphia to the solution. The quantity injected at any one spot is not over fifteen drops, but these he repeats, in some cases, several times a day.

The author remarks: "Concerning the partial doses for every administration of the injected fluid, the smallest dose is 1-10 gr. sublimate, and the highest $\frac{3}{8}$ gr. These minimum and maximum doses I but seldom overstep, and the same are sufficient for most cases for one and the same day. In several exceptional cases I have used, experimentally, $\frac{3}{4}$ gr., and even a grain per day; but we must, in these instances, be on the alert for appearances of intoxication." This reminds us of the story told of an heroic hospital practitioner who always commenced his treatment

of any acute attack by what he himself termed "grand rounds," which consisted in administering to the patient, or rather ordering for him, grs. ij. of corrosive sublimate, to be followed by a dose of senna and salts. His house-surgeon always provided the whites of a dozen eggs, beaten up and ready to be taken immediately after the dose of bichloride, and by this means prevented the awkward results of such recklessness.

The rest of the work is taken up with the discussion of the appearances occurring after injection. These consist, in a detail of the local effects and general symptoms, and also what he terms symptoms of mercurial intoxication. Rules for diet are given, and in the next section the indications for injection. In this we have discussed the various syphilitic affections, illustrated by cases. The states of the system which contraindicate sublimate injection are next discussed; such as age, sex, menstruation, the existence of acute disease, discrasia, &c. Then follows the quantity of sublimate to be injected, with the statistics of 800 cases and the results; subsequently the relapses, and lastly the effect of subcutaneous injection in the pregnant state, with the influence on the fœtus. Altogether, this work is well worth perusal, and the method of treatment recommended deserves a fair trial.

On the Functional Diseases of the Urinary, Renal, and Reproductive Organs, with a General Review of Urinary Pathology.
By D. CAMPBELL BLACK, M.D., L.R.C.S., Edin.; Member of the General Council of the University of Glasgow, &c., &c.
8vo.; pp. 300. Philadelphia: Lindsay & Blakiston. 1873.

In the preface the author states that it was his intention, in embodying "the following pages," merely to have confined himself to an article within the scope of medical journalism, but that as he reflected on the literature of the subject and threw together his ideas, the "undertaking assumed proportions which necessitated its appearance, if at all, in the form of a volume."

The work is divided into seven chapters: In the first we have considered the conditions that affect the secretion of urine, with special reference to suppression. Here are discussed departure from healthy action; excretion, how induced, and the conditions requisite for healthy action; the structure of the lungs, kidneys, &c.; the secretion of the urine, how influenced; functional diseases; anuria; suppression of urine, varieties and characteristics symptoms of suppression, how arrested; treatment of suppression; suppression from gout and rheumatism, from renal calculi oxaluria; suppression from congestion, inflammation, and other diseases of the kidney.

The second chapter is devoted to the subject of retention of urine and its causes, both physiological and pathological, together with the treatment. In both these departments we fear the author has attempted too much, as all the various causes of suppression and retention considered *seriatim*, and taken up in the order as adopted by the author, would, if fully discussed, fill a volume of three or four times the size of the present treatise. We admire conciseness, but the conciseness that amounts to the absence of discussion is unsatisfying.

In chapter three we have *fully* laid before us the subject of irritable bladder and strangury, that is if these subjects can be brought down to the limit of five pages.

The rest of the work is devoted to the consideration of spermatic incontinence, sterility in the male, male impotency, and anomalous urethral discharges. The author, in his preface, takes occasion to apologize for mentioning or taking up the subject at all. He says: "There is yet, as already indicated, a subject treated of, of such a nature, or one that has been *made of such a nature*, that a regard for one's own respectability renders it almost incumbent to plead reasons for referring to it. I hold the mission of the physician in too sacred a light to consider that any ailment of the human body should be beyond his solicitude, and I believe that the weaknesses of our state are too general, that any one should be visited with neglect or contempt, because, forsooth, he may possibly labor even under a self-induced infirmity. It is gratifying, therefore, to find physicians of position manifesting the courage—for it can be called by no other name—of referring to the functional diseases of the *male* reproductive organs, for hitherto, to too great an extent, a false and highly mischievous delicacy, to me inexplicable, prevented their discussion in any beneficial way. Absolutely *there is, or there is not*, such a disease as spermatic incontinence, or spermatorrhoea, as it is generally called. If there is, it is ours to *treat it*; if there is not, it is ours to *expose the fallacy*" (Of this we can merely observe that to our mind it is an apology simply unnecessary. We had almost called it by a harsher term, but we perfectly agree with the author that "if there is such a disease as spermatic incontinence, it is ours to treat it; if not, it is ours to expose the fallacy; and, therefore, there is no need offering any explanation for discussing the subject.

We are far from considering this little book an unnecessary work; we trust, however, that in future editions the author will improve on this his first effort to illustrate the subject under discussion. What he has done is well done,

perhaps too concise, but what there is of it is written in a clear and graphic style, and contains many suggestions which are worth remembering.

Clinical Lectures on the Diseases Peculiar to Women. By LOMBE ARTHUR, M.D., Univ. Dublin; Fellow and Examiner in Midwifery, King's and Queen's College of Physicians, &c., &c. Second edition; revised and enlarged; with six lithograph plates and wood cut illustrations. Svo; pp. 241. Philadelphia: Lindsay & Blakiston. 1873.

This is the second edition of this little work. In the preface to the first edition, which appeared in 1871, the author states that "the following pages contain the substance of the lectures addressed to the class attending the Adelaide Hospital during the past year." These lectures were not given in any regular order; they did not form a regular course of instruction on uterine disease; but, as cases presented themselves, suitable, as illustrating any particular class of uterine affection, the author seized the opportunity and gave to the class attending the hospital a lecture on the subject, in illustration of the case presenting. The author did not intend publishing these lectures until requested by the members of the class to give them for reference a concise summary of the practice that they had seen carried out in the hospital. This, certainly, is a very commendable reason, and one sufficient for the occasion, but it is supplemented by a further statement: that in his capacity as Examiner for Queen's University, and afterwards in the College of Physicians, he was often struck by the ignorance of the great majority of candidates on the subject of diseases of women. He goes on to say that men who answered well on all other subjects were unable to state correctly a "single cause" "on which such a common and important symptom as menorrhagia might depend, and consequently showed themselves incapable of treating cases in which it might occur." These gentlemen, when remonstrated with, "alleged, as an excuse, that the numerous subjects they were required to study precluded their reading the admirable but somewhat voluminous works existing on uterine and ovarian affections, and which were the only ones attainable." This, certainly, does not speak well for the schools at which these gentlemen received their education, as it appears to us to be an extreme state of ignorance, in a person seeking academic honours, to be unable to mention a single cause of such an affection as menorrhagia.

These lectures are fifteen in number. In the first the author gives a few general introductory remarks and then passes on to

the consideration of the mode of examination, the use of the speculum, and of the uterine sound. He presents to the reader, clearly and concisely, the necessity for digital examination prior to, or as an aid in the use of the speculum. He says: "To use the speculum, without a previous examination by finger and hand, is not only wrong, but fails to convey to us anything like an accurate knowledge of the case." In speaking of a manual examination, the author alludes to the investigation of the pelvic viscera through the abdominal wall. He prefers Ferguson's glass speculum, silvered over and covered with gutta-percha, but admits that it is not the most easy of introduction; still, it is unquestionably the instrument of all others by which the best view can be obtained, when of sufficient size and properly adjusted. The use of the uterine sound is next considered, the author regarding it as one of the most useful, and, at the same time, when judiciously and skillfully handled, a perfectly safe instrument.

In the second lecture the author considers the subject of leucorrhœa, and he states that it is either vaginal, cervical, or uterine. Of the special characters of each, the vaginal is often purulent—sometimes greenish or creamy in colour; the cervical form resembles the white of egg in appearance. The discharge, when uterine, is not always definite or readily distinguishable. He is of opinion that in weak and delicate girls, when there exists a tendency to consumption, it is not unfrequently the precursor, if not the cause, of lung disease. He quotes Dr. Bennett's observations, wherein that observer noticed great improvement in many patients threatened with phthisis by the arrest, under appropriate treatment, of long continued leucorrhœa. This affection is so frequently associated with general debility of the system that its arrest would naturally follow improvement of the general health. He alludes to the distressing pruritus which accompanies sub-acute inflammation of the vagina, and states that he has found injections of tobacco most serviceable; these to be used once a day and with caution—ʒj of tobacco to the pint being sufficient, to which may be advantageously added two drachms of borax.

The next four lectures are devoted to the subjects: Amenorrhœa, Dysmenorrhœa, and Menorrhagia, and, as connected with the latter, we have a lecture on Polypus, with the consideration of intra-uterine operations for the removal of such growths. The author describes a modified form of ecraseur, which he has constructed, which consists simply in permitting the passage through the stem of the instrument of two slender silver tubes identical with Gouche's canula, and he states that these, armed with a wire of any strength, can readily be passed up to the

base of a polypus or fibroid growth, when, by holding one firmly, the other will very materially aid the operator in carrying the wire round the pedicle; the canulæ are then inserted into the end of the ecraseur, which is thus guided up to the pedicle of the growth. The canulæ can now be removed, the wire attached to the instrument, and the operation proceeded with. It is, in fact, the adaptation of the canulæ of Gouche to the ecraseur, and, we should think, a valuable addition.

We have the subjects of Fibrous Tumours fully discussed; two lectures devoted to Ovarian disease and its method of treatment, and the concluding lectures devoted to Inflammation of the Cervix Uteri, Induration, Displacements of the Uterus, and Cancer.

The work is written in a pleasing style, and is a useful if not valuable addition to the literature on this subject. It does not alarm the student by its huge and ponderous proportions, but can be read through almost in an evening: although, perhaps, it would take a very much longer time to digest and carry away the many valuable practical hints to be found in its pages.

A Manual of Qualitative Analysis. By ROBERT GALLOWAY, F.C.S.; Professor of Applied Chemistry in the Royal College of Science for Ireland. From the fifth re-written and enlarged London edition. Philadelphia: Henry C. Lea. 1872.

In this little volume of some four hundred pages we find complete instructions for the qualitative analysis of every substance, proceeding from the more simple to the more complex bodies. There are tables distributed through the book by which the analyst may separate his results into groups of individuals, and then identify the individual members of each group. The members of the different groups are so contrasted with one another as to lead the student to make observations for himself, and devise modes of analysis for himself when special cases require it.

The book is divided into three parts: The first part is devoted to separation and identification of the groups of inorganic bases and acids. Part two is devoted to the more complex substances found in matters of organic origin. Part three is devoted to the various chemical analyses, the blow-pipe, and photo-chemical experiments. There is a copious list of apparatus and reagents required. At the end of each section is a series of questions which the student will do well to carefully answer, both with and without the book.

The book is nicely printed in legible type, and has been made, as the author in his preface expresses his hope that it will be found to be, a student's book. We recommend it to the earnest consideration of all students in analytical chemistry.

BOOKS RECEIVED FOR REVIEW.

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. 984. Philadelphia: Henry C. Lea. 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.

Wöhler's Outlines of Organic Chemistry. By RUDOLPH FITTIG, Ph. D., Nat.Sc.D., Professor of Chemistry in the University of Tübingen. Translated from the eighth German edition, with additions by Ira Remsen, M.D., Ph.D., Professor of Chemistry and Physics in Williams College, Massachusetts. 8vo.; pp. 530. Philadelphia: Henry C. Lea. 1873.

 PREGNANCY WITH IMPERFORATE HYMEN.

Several cases have been at various times recorded, in which impregnation has taken place, although the hymen presented only a small opening. Dr. Karl Braun adds a remarkable instance. A married woman, aged 20, was sent to him from Galicia, to have the Cæsarean section performed, as she was pregnant, and the vulva was completely closed. On examination, there was found to be a membrane extending from the rectum to the urethral orifice, and presenting not the slightest trace of an opening. On introducing the catheter when the bladder was full, the result sometimes was the evacuation of a large quantity of urine, while, on the other occasions, only some white acid mucus, apparently vaginal, escaped. It was also found that a fine sound could be introduced into this opening and felt through the rectum, while, at the same time, the bladder was emptied by the catheter; and it became evident that the vagina opened with the urethral canal into a common outlet. Dr. Braun divided the membrane from the urethra to the rectum. The patient was in due course delivered of a healthy child, and returned home a month afterwards. Dr. Braun also adds an account of another case lately under his care, in which the opening in the hymen was only two lines wide.—*Wiener Medizin, Wochenschr.*, Nov. 9th.

CANADA.

Medical and Surgical Journal.

MONTREAL, MARCH, 1873.

THE CHOLERA AND QUARANTINE.

Of the contagious character of cholera there can be no doubt. Cholera appears to follow the highways of international intercourse. In India it accompanied the crowds of devotees from the holy fairs. In Persia, Egypt, Arabia and Turkey it becomes the companion of pilgrim and merchant, who travel in caravans. In Europe and our own country it follows the ordinary direction of human travel. Cholera has for some years past been hanging about Persia and some parts of Russia, so that it becomes a question if it may not be regarded as endemic in those countries. During the past year it has shown a tendency to advance westward and northward. In June and July it invaded St. Petersburg, Moscow, Berlin and other European cities, remaining until the end of September. Fortunately it did not exhibit that tendency to diffusiveness that has marked other epidemics of the disease. Throughout the winter it has been observed in various parts of Hungary and Galicia. Occasional outbreaks at different points giving a warning grumble that it still held a foot-hold and might break forth with increased virulence and spread with its usual rapidity. These facts being undeniable, as they are matters of history, it becomes a consideration how far the disease can be arrested or stayed in its onward progress by careful isolation, strict quarantine and the adoption of sanitary measures. All towns and cities should take warning, having before them the experience of Berlin. That city lost, in a few days last year, several thousands of its inhabitants by cholera, and, at the time, it was stated that the invasion of the disease was due, in a great measure, to the insanitary condition of that capital. It has long been known that filth and disease are boon companions, where the one exists the other is sure to present itself in some form.

That the advance of the disease, cholera, can be arrested in its onward progress we fear is impossible. Still we have the experience of Halifax and New York three or four years ago, when, by

strict quarantine and almost complete segregation, the spread of the disease appeared to be stayed. We can at least endeavour to arrest its progress by all precautionary means at our disposal. First—we would advise a thorough cleansing of our cities and towns, dwellings and localities. Let every good man be personally interested in the work. Our own city of Montreal, in a sanitary point of view, resembles somewhat Berlin, because there is running almost through the heart of the most populous locality a sluggish sewer, which is always two-thirds full of drainage from the higher evels of the town. We allude to the Craig street sewer, that monument of engineering skill. The emanations from that sewer have tainted the air of the whole city for some years past. We cannot see what is to be done as a remedy, as there is not sufficient time to enable us to make the necessary outlet at Hochelaga before the advent of cholera, if cholera we are to have.

As regards quarantine, we think it highly necessary that very strict measures should be insisted on. There should be no shirking of responsibility, no hesitation. Steamships as well as sailing vessels should be subject to the same quarantine regulations, more especially if they carry emigrant passengers. This may possibly interfere with the moneyed interests of individuals, as their traffic may for a time be stayed, but it will undoubtedly prevent the introduction of the disease, cholera, by the way of the St. Lawrence. There are persons who contend against the advantages of quarantine; with such there is no use wasting time in argument, because if they remain unconvinced in the face of the many facts bearing on this subject, no species of argument would suffice to alter their distorted views. Statements are often advanced of the inefficiency of quarantine, but, as a general rule, it has been found highly efficient in arresting the spread of epidemic disease. If it does not prevent the introduction of disease, at least it induces a feeling of public security, which is in itself beneficial, and will prevent the occurrence of that panic and fear of impending evil which is so often witnessed in small communities; besides which, we should ever bear in mind the good old maxim that "an ounce of prevention is better than a pound of cure."

BILL—"AN ACT TO AMEND THE ONTARIO MEDICAL ACT."

We have received several copies of the bill of amendment to the Ontario Medical Act which is before the Local Legislature at present in session at Toronto. In returning thanks to our several friends for affording us a chance of seeing the bill in question, we construe their action into a request for our opinion on the subject.

Medical men are, as a rule, bad legislators, and certainly this bill fully bears out that assertion. We will copy in *extenso* those clauses which are most objectionable, and which will give our readers an opportunity of seeing for themselves a portion, at least, of this remarkable document.

In section ten of the bill we read: "And the following shall be sub-sections, four, five, six and seven of section twenty-three of the said Act:

(4) "From and after the passing of this Act each member of the College shall contribute not less than two dollars, nor more than five dollars, in each year, towards the general expenses of the College, in return for which he shall receive an annual license, which said sum shall be payable on the first day of January in each year, and that it shall be in the power of the Council to collect such fees, &c., "and that the fee for the annual license, for the year one thousand eight hundred and seventy-three, shall be fixed at two dollars, and shall be payable the first day of May next ensuing."

(5) "If any member of the College of Physicians and Surgeons of Ontario shall fail to pay his annual contribution, otherwise called annual license fee, before the first day of June in each year, his name shall not be entered in the published register of that year; and shall not be so entered unless he pay, over and above all arrears and fines, the sum of two dollars.

(6) "No member of the College whose name has been left out of the Annual Register, in consequence of not having paid his annual contribution or license fee, shall enjoy any of the privileges of his registration, but he shall be liable to any pains or penalties that may be imposed by this Act, or are now in force in the Province of Ontario against unregistered practitioners."

On looking a little further on in the bill, at section twenty-two, we find the following, which is intended as an amendment to section forty-one of the Medical Act:

(3) "Any person, not registered under the said Act, who shall take or use any name, title, addition or description, implying or calculated to lead people to infer that he is registered under the said Act, or that he is recognised by law as a physician, surgeon, accoucheur, or a licentiate in medicine, surgery or midwifery, shall, upon summary conviction before any justice of the peace, pay a penalty not exceeding one hundred dollars nor less than twenty-five dollars;" and at the latter part of sub-section five, and such justices shall have power to award payment of costs in addition to the penalty; and in case the penalty and costs awarded by him be not, upon conviction, forthwith paid, to com-

“mit the offender to the common gaol, there to be imprisoned for any term not exceeding three months, unless penalty and costs be sooner paid.”

We have copied these clauses in full for the purpose of laying before our readers the bearing of the whole matter. We are not personally concerned in this bill and therefore are open to a hint to mind our own business, but as a public journalist we deem it a privilege to take up any question which is fairly before the public and discuss it. If we resided in Ontario we would oppose the passage of this bill of amendment in its present form, and if we failed, and that the Legislature of Ontario forced a bill of such a nature on the country, we would consider it a duty still to oppose it and test its legality. The profession in Ontario has been sufficiently degraded already, and however happily the Ontario Medical Act works to the exclusion of legally recognised quacks, it is powerless in repressing quackery. All those questionable members—members without qualification, who were in actual practice prior to the passing of the Ontario Medical Act, were admitted into the fold, and to-day hold the same legal status as do those members who fought for their spurs and won them honourably. But has the Ontario Medical Act put a stop to the practice of unlicensed men? Is it a fact that a large number of persons, year by year, go forth to the public in Ontario to practice medicine as Eclectics or Homœopaths without legal qualifications? What is the meaning of the remonstrance of the medical students of last November? The Ontario Medical Act has, without doubt, put a stop to any further legal recognition of Eclectics and Homœopaths. Persons hailing from, or pretending to be educated as such, will not submit to the required test by examination, even if they possessed a curriculum, because they could not come up to the required standard. Being, therefore, shut out from the possibility of obtaining a license by examination, they practice without it. Where is, then, the advantage of this boasted Ontario Act? Why is the Council not honest enough to admit its impotency? The Ontario Medical Act is signally a failure. The tenor of this bill of amendment is a tacit acknowledgment of its failure.

But having failed to give protection to honest men, upon whom it has been seriously oppressive, another scheme is submitted to the profession, and it is informed by official circular, emanating from the office of the Registrar of the College, that unless the profession agrees to the scheme of issuing an annual licence, the amendments to the penal clauses of the bill will be withdrawn. Thus the Medical Council, not content in putting an insult upon the profession generally by placing it on an equality with irregular prac-

tioners, seeks further to degrade the profession by silking it to the level of the rum-seller. The College of Physicians and Surgeons of Ontario require means for its support; this is admitted; it is a just claim, and we doubt not that the profession will fully acknowledge its indebtedness; but in doing so, we shall wonder greatly if it surrenders rights that it at present possesses, and that without the certainty of an equivalent.

The profession in Ontario has representation at the Medical Council by the election of members for certain territorial divisions. The qualification of the electors appears to be the fact of registration. Why not add to this an annual payment of a fee which shall be payable on the 1st January in each year. Those who fail to comply with this tax should be disfranchised. But to force upon the profession the support of a College which has done nothing but divide amongst its members an annual sum of some thousands of dollars does not appear fair, nor do we think the profession will agree to it. In the Province of Quebec a different state of things is seen. 'Tis true we have no central examining board, that is, we fully recognise the diplomas of all Canadian Universities in good standing, and grant our license ad practicandum on payment of fees without examination. Our meetings are held alternately in the cities of Quebec and Montreal, and are attended by a full board of 36 governors. At each meeting governors coming from a distance receive the specific sum of ten dollars for their expenses. It may be stated that some of these gentlemen come from near about Gaspé, and in the spring of the year must lose the greater part of a week before they can return to their professional avocations. Let it be understood that it is *not ten dollars a day*, but simply and only ten dollars current money of Canada. It matters not if they are engaged on College business for a month—the amount allowed is the same. Hence there is no object to prolong the meetings. We meet for specific business, and that business we transact in a business way. We have been told that candidates for examination before the Ontario College cannot possibly get through short of three weeks. We have heard that candidates last year were kept running after the Registrar for days at a time, and, strange to say, he never put in an appearance. We know that some of the men who fyled their credentials with the Registrar lost them; but we observe that the College has, wisely we think, substituted an old pine knot for the late official, who is represented as a man who will perform his duty with tenacity, regularity and precision. It need not be wondered that there is no urgent necessity to push through business by the Ontario board, because, as a placebo, “the medical gentlemen who come to conduct the

“examinations must be paid” (at the rate of \$10 per diem, so we have heard). “These gentlemen, it had to be remembered, in coming to conduct the examinations of students, were not merely giving them the benefit of their skill and experience, and putting themselves to considerable trouble and expense, but they were leaving their practice for the time being, *which was a very great loss*” We must be excused for quoting the speech of Dr. Campbell, as reported by the *Toronto Globe*, who acted as chairman of the Council when the deputation of medical students was received in December last, but it is so excellent and appropriate that we could not forego the pleasure of reproducing it.

OBITUARY.

At a meeting of the Medico-Chirurgical Society of Montreal, held on the 7th February ult., the following resolution was unanimously adopted:—

“*Resolved*,—That the Medico-Chirurgical Society of Montreal record with deep regret the death of their late friend and associate Dr. William Sutherland, Junior, whom they have ever esteemed as a young gentleman of high character and bright promise; and the members of this Society further extend their heartfelt sympathies to the family of deceased in their great bereavement.”

The Secretary was instructed to forward a copy of the above resolution to Dr. and Mrs. Sutherland.

Dr. William Sutherland had been in declining health for the past two years. He was noted for his amiability of character, good heartedness and ability in his profession, and we doubt not that, had he lived, he would have become, like his father, an ornament thereto.

We tender to our old and respected colleague and to Mrs. Sutherland our most cordial sympathy and condolences under this bereavement.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

At the annual meeting of this Society, held on the evening of Wednesday, 5th February, the following gentlemen were unanimously elected office-bearers for the year:

DR. JOHN MACKELCAN,	President.
DR. D. MACKINTOSH,	Vice-President.
DR. C. O'REILLY, (re-elected),	Secty.-Treasurer.

The thanks of the meeting were cordially tendered to the retir-

ing office-bearers, and to Dr. O'Reilly, for their valuable services during the past year. The meeting was largely attended and marked by great unanimity, both in the election of office-bearers and in the discussion of several matters of great importance to the medical profession. The affairs of the Society are so flourishing that it was deemed advisable to look out for a room suitable for a reading-room and library.

We take the above from the *Hamilton Evening Times* and are happy to see that our brethren in Hamilton are emulating other Western cities in the advancement of scientific medicine and surgery. We hope to receive, for publication in this journal, further evidence of the life and earnestness of the Hamilton Medical and Surgical Society.

STRUCTURE OF THE SCALP OF THE NEGRO.

In a paper read before the Microscopical Society, and reported in the *Monthly Microscopical Journal* for the present month, Mr. Charles Stewart gives the result of his investigation upon the appearance presented by sections of the scalp of the negro. In this, he says, besides the dark colour which is due to extra pigmentation of the deep layer of the epidermis, there are certain peculiarities that have not received general attention. The scalp is altogether thinner, and the hairs and follicles present the following remarkable differences from those of the European. In the first place, the portion of the hair and follicle imbedded in the skin is much longer, and is also remarkably curved, so that it commonly describes a half-circle. The papilla at the base of the follicle consequently either lies horizontally or even becomes directed obliquely inwards towards the subjacent bone. Lastly, the sebaceous gland is somewhat smaller.

RELIGIOUS MANIA.

A singular case of self-mutilation has recently occurred at Leicestershire, England, which was apparently prompted by a rather literal reading of that part of the Scriptures, "If thy right hand offend thee cut it off." The Rev. W. March, late curate of Melton Mowbray, requested his friend, at whose house he was staying, to take out his right eye. On repairing to his apartment that gentleman found that the reverend gentleman's right hand was severed from his body, and that he was endeavouring to pluck out his right eye. Medical assistance was summoned. Mr. March remained calm, did not appear to suffer pain, and throughout, complimented the surgeons on their skill and dexterity in performing amputation, which was found necessary, thus exhibiting that absence of the sense of pain so frequently met with in acute mania.

We remember, some years ago, the case of a criminal who had been condemned to death for murder. There was some question as to his sanity, and the gaol surgeon, with several other medical men, decided the subject by making him expose his back, when a red hot iron was applied at several points, the prisoner never wincing or exhibiting the slightest suffering under the infliction. Execution of the sentence was stayed, and the unfortunate man sent to an asylum for the remainder of his existence.

We copy the following from the columns of the *Salt Lake Daily Herald* as a specimen of gratitude amongst the saints of Salt Lake City. A somewhat similar course is sometimes practised by the sinners of ther localities :

PRO BONO PUBLICOLA!

BY GOD'S GRACE : I do hereby certify that on this blessed day of our Lord, December 24th, 1872, I called on Dr. Plant, Phillips' Buildings, Tenth Ward, of Salt Lake City, who, after prescribing certain remedies to him best known, &c., caused me to be delivered of a

MONSTER TAPE-WORM, 123 FEET LONG.

And I do hereby tender my humble and heartfelt thanks to Dr. Plant, after being troubled with the monster twelve years, for such a deliverance.

Signed, this 24th day of December, 1872,

TEUCUM KEMPTON.

Residence at Bingham Canyon.

LAST WORDS ABOUT THE EPIZOOTY.

These last words are in the form of horse doctors' bills. We have seen several, but the following from a St. Louis veterinarian is the most striking :

SANT LEWIS Ganewerry the 4d 1873

Mr. ——— to James HanKox

Vetturerinary physickian and Surgeant Dr.

Too medikle advice twict.	\$ 3 00
Konsultation over a ded mare sed too hev hed the eppzout.	75
Goin to see two sick hosses in the nite (very cold).....	2 00
To treatment of a kream kolered hoss two days with medisuns.	4 50
To making an obstetrikul examinashun of a hosses throat.	1 50
To settin up all nite in a barn with a sick hoss.	2 50
To writin a preeskripshun for botts, & also one for spaving	1 00
To holding a postmortim examinashun on a hoss who afterwards recovered.	1 50
To givin my opinyun one day on the street regardin the kause of the zoot.	4 00
Totil.	\$20 75

The gentleman who received the above will not contest the same on account of the charges, but will pay it cheerfully as soon as he receives a remittance from his parents.