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Original Communications.

(Reported for the Dominion Medical Journal.)

MULTILOCULAR OVARIAN TUMOUR AND ASCITES OVARIOTOMY AND RECOVERY.

By DR. T. MACK,
OF ST. CATHERINES, ONTARIO.

As it is most expedient just at this stage in the progress of pelvic surgery to record, faithfully, all cases of Ovariectomy, whether they terminate successfully, or otherwise, I take the liberty of transmitting, for publication, the following summary of the minutes of a case operated upon by me on the 21st November last, at the Suspension Bridge, New York :

Mrs. Eagan, a spare woman, of low stature, et. 41, came into the private wards of the "General and Marine Hospital" at this place, to put herself under my care, for the relief of a very considerable abdominal enlargement about the exact nature of which, she stated, that she had received very discrepant opinions from the various surgeons she had consulted upon the subject.

Upon a careful examination, with the assistance of my brother, Dr. F. L. Mack, we diagnosed dropsical effusion in the peritoneal cavity, and an ovarian tumour on the right side. Dr. J. Goodman, who was present, coinciding in the diagnosis, and pointing out, especially the probability of the right ovary being the organ involved. In a few days she left the Hospital, and returned home, avowing her purpose to submit to a surgical operation, if no relief could be obtained by purely medical means. After the lapse of about a fortnight she sent for me to perform the operation at once. I then fully explained to her the dangers, and serious nature of the operation, and she expressed her readiness to undergo it, and to commit herself entirely to my judgment. She could not be induced to come back to our little hospital here, preferring to remain

at her own residence, and there abide the issue. Finding her determination not to be shaken, I appointed the 21st. Nov. for the operation, although every external circumstance about her abode was unpromising for a successful result.

On the 21st November, 1868, in consultation with Professor J. P. White, of Buffalo, Doctors Ware, Eddy, Watson, Aberdeen, Clark, of Niagara Falls, and several other professional gentlemen, I proceeded to the operation, without previous tapping.

It was intended to secure the peduncle by the actual cautery a la Baker Brown, but we found that, by an oversight, the large clamp for the purpose had been left behind by Dr. White, who improvised a substitute, by wrapping a forked piece of shingle, with lint, and covering it with glazed paper, to render it a non-conductor of heat.

Chloroform having been administered by Dr. Aberdeen, I made an incision through the linea alba, down to the peritoneum, from the umbilicus, downwards towards the symphysis pubis, about five inches in extent. Having made sure that no vessels required securing, and a small opening having been effected, a director was introduced, and the peritoneum slit up the length of the external wound; a large gush of clear ascitic fluid followed instantly, and Dr. White pushed forward the tumour toward the opening. About forty pints of serum having escaped, the tumour was carefully examined, slight adhesions, chiefly omental, were easily broken down, the surface was found to be irregular and lobulated, the peduncle proved to be on the right side. Upon thrusting the large trocar into this mass, the contents did not escape. Upon attempting to eviscerate it, the parenchyma resembled hepatic structure in colour. After enlarging the incision, sufficiently, the tumour was drawn out, and a metal clamp was passed around the peduncle; this having broken, at one end, when screwing up tight, a silk cord was wound round the end;

the non-conducting contrivance was slipped over, beyond the clamp, and the peduncle was slowly and carefully seared with the hot iron, by Dr. White, until it was severed. The peritoneal cavity, as far as it was exposed, having been carefully cleansed by new soft sponges, the intestines and peritoneum appeared very red. Upon loosening the clamp a large artery spouted, the clamp was immediately screwed up, and we determined to secure the peduncle a la Spencer Wells.

The edges of the wound were then secured, in apposition, by deep silver sutures, passed through the peritoneum, a sufficient distance from the margins. Dr. White, with the assistance of Drs. Aberdeen and Laing, now completely encased the abdomen with broad adhesive straps, and a retaining light bandage was applied.

After the effects of the chloroform had passed off, she appeared to be remarkably well, and spoke of the operation as a thing yet to be performed. Brandy and beef tea were directed to be judiciously and freely administered, a suppository of morphine, containing one-third grain was ordered, and Mrs. Eagan was left in the care of Doctors Clark, of Niagara Falls, and Aberdeen, of Suspension Bridge. These gentlemen paid due attention to evacuating the bladder at regular intervals, and nothing could exceed the kindness and assiduity of the attentions paid to her by Dr. Aberdeen.

Upon inspection the tumour proved to be a multilocular cyst, somewhat larger than an adult head.

After the completion of the operation the prospects of recovery were by no means cheering—taking into account the wretched appliances for the care of an invalid.

During the first few days a variety of alarming symptoms made their appearance, the pulse going up to 142. Coma, at one time, appeared imminent—tympanites and nausea frequently came on. Nourishment—soup injections, stimulants and enemata of ol. terebinth and tr. assafetida, suppos. morph., iced champagne, &c. were the principal remedies employed. On the fifth day pneumonia, in the lower lobe of the left lung, supervened, but yielded slowly to treatment. On the tenth day the clamp came away, and free suppuration in the region of the pedicle continued

for some days. Bed-sores, on the eleventh day, yielded, after eight or ten days, to the skilful treatment of the Surgeons in charge. On the thirteenth day she got out of bed, and walked to a chair; and now, after many "ups and downs," she is perfectly convalescent. Having recovered completely, from the effects of removing the tumour, while we have every reason to indulge the hope that the ascites will not return.

On this day (January twenty-fifth) I saw Mrs. Eagan, at her house, and I am happy to say that her convalescence is thorough. She walks about her house, sits up all day, and says that in a few days she will come, over to St. Catherine's, a distance of about 13 miles, to see me. The wound has perfectly healed; no symptom of dropsy is present, and under the guidance of Dr. Laing, who is at present attending her, there is no doubt that her days are likely to be as many as those of any other woman of her age.

NOTES ON A CASE OF PLACENTA PRÆVIA.

By C. NEWLAND TREW, M. D.,

SAULT STE. MARIE.

While doing duty for Dr. Hamilton last October at the Bruce Mines, I had a case of placenta prævia, which from two or three points in it may be worthy of a place among obstetrical notes:

Mrs. S. N—, age 42, mother of nine children, twice married, with an interval of nine years between last child and date of present pregnancy. Had complained very much of pains in back and sides; left side worse than right, with general languor and depression. On October 21st patient had premonitory symptoms, which she described as "dull, heavy pains, deepseated in the bottom of the belly." These by degrees assumed the character of labour pains, and during the night she found she had passed per vaginam a quantity of blood. I was sent for at once, and saw the patient at 3 A. M., October 22d. She had then lost a large quantity of blood, and was pale and weak. The labour pains had become very much weaker. On examination I found the os dilated about the size of a half dollar, and exceedingly rigid. The placenta was presenting attached to the right side of the uterus, so that I could with my finger detect the edge, covering two-thirds of the os. The patient was suffering consid-

erably with nausea, but I succeeded in getting her to take and retain fluid ext. ergot ʒi., which I repeated in half an hour, with happy results so far as the flooding was concerned; but all efforts to induce greater dilatation or an increase of the pains, failed. The pains from the time I saw her had more expulsive nature about them than any other—the dilatation seeming to be produced by the pressure from above. The flooding was checked, and as the woman was getting stronger, I determined to trust to nature as long as possible.

Having again introduced my finger, and loosened the placenta as high up as I could reach, and finding the membranes intact and acting well in a double way, viz., preventing the flooding by pressure, and also dilating the os. I waited patiently, watching closely till 6 P. M., when judging the dilatation sufficient, I ruptured the membranes, and found the head descending in the first position. Repeated the ergot, when the uterus began to act more strongly, and at 10.15 A. M., October 22d, the child, a male, was delivered still-born; its head was completely crushed, all the bones being moveable one over the other. The child had evidently been dead for some days, as the scalp-skin was easily removed by the finger nail. Immediately following the expulsion of the child, there was a sudden large gush of blood, but although the placenta was retained for nearly an hour, the flooding ceased and did not again recur, except in very small quantity and for a short time. Patient was exceedingly weak and exhausted, and for four weeks recovered very slowly, but by that time she was quite convalescent. In this case the extreme rigidity of the os uteri was remarkable. The patient had already had nine children, and the time which elapsed since her last would hardly account for it. If desirable, it would have been impossible to use forceps, and the introduction of the hand for the purpose of turning, was equally out of the question; even the nausea and great loss of blood were inadequate to hasten dilatation. Had the membranes been ruptured sooner the case might have been shortened by turning and delivering at once, but the patient could hardly have borne the shock, and if ruptured without turning there was great probability of a return of the flooding and consequent sinking of patient. Another

noticeable point was the power which the ergot supplied in facilitating dilatation—that is, the os uteri became sensibly less rigid during the intervals of pain after its exhibition.

The compressibility of the head, owing to its crushed state, I am inclined to think allowed its filling the lower portion of the uterus more fully, and thus acting as a plug, preventing greater hæmorrhage, and also preventing its recurring at each pain as is usually the case. Paul Portal, whose views on some points of obstetrics are wonderfully like those of the present day, remarks in one of his "Observations," that "when the labour advanced the flooding would cease." Whether 'tis safer in such cases to turn and deliver at once can scarcely be questioned as a rule; but with such extraordinary rigidity, if the flooding can be controlled, I believe the course I adopted is the safer and preferable one, at least the chances both for mother and child are slightly increased.

Sault Ste. Marie, January, 1869.

Published by request from the Buffalo Medical and Surgical Reporter.

REMARKS UPON COMPOUND DISLOCATION OF THE ELBOW-JOINT.

Case followed by Tetanus—Amputation—Death upon the sixth day.

By THEOPHILUS MACK, M.D.,
ST. CATHERINES, ONT.

This extremely rare accident is but feebly or cursorily noticed by systematic surgical writers, while those who have confined themselves more exclusively to the affections of joints, with one exception, have not established any satisfactory course to guide the practitioner in the presence of such a casualty. The violent tearing open of any articulation, and displacement of the bones composing it, is at all times a formidable affair, but especially so in the ginglymoid joints of the extremities, and although several remarkable recoveries have occurred in the case of the knee-joint, very few are recorded of the elbow-joint, so few that it is fair to infer that although this dislocation is undoubtedly unusual, it is yet more rarely given to the profession through the medium of the press. The only cases I have been able to lay my hands upon are the following:

Samuel Cooper states, "in a modern publication, an instance of a dislocation of the heads of the radius and ulna backward is related, where the lower end of the humerus protruded through

the integuments, and as it could not be reduced, it was sawed off. The patient, a boy, recovered the full use of his arm."—(Evans' Pract. Obs. on Fracture, Comp. Disloc., etc.)

Sir Astley Cooper gives a case in the words of the dresser, Mr. Samuel White, in which "the condyles of the humerus were thrown inwards through the skin; the articulating surface receiving the sigmoid cavity of the ulna being completely exposed to view; the ulna was dislocated backwards, and the radius outwards; the lateral and capsular ligaments were torn asunder, with extensive laceration of the parts about the joint, but the artery and nerve remained perfectly free from injury." The displacement was remedied, the wound in the soft parts properly dressed, a splint of pastboard was applied, securing the arm in a semi-flexed position. On the third day v. s. to the extent of ten ounces was performed, and the boy, aged 13, made a good recovery in less than two months.

In the *Medical Times and Gazette*, July 5th, 1856, a case is reported of a boy aged 12 years, under the care of Mr. Curling: the lower end of the humerus was found to be protruding to the extent of three inches through a crescentic wound of about two inches in length on the inner side of the elbow. The olecranon and head of the radius are very prominent backwards and outwards. There is great injury of the soft parts; through the wound the biceps and brachialis anticus appear lacerated, and the median and external cutaneous nerves are stretched tightly over the anterior surface of the protruded bone, but are not torn." The dislocation being reduced a well padded angular splint was applied, the wound united by suture and wet lint applied, etc. Destructive inflammation resulting in exfoliation of about half an inch square of the external condyle ensued, and the boy recovered in about three months with a very limited amount of motion in the joint.

At the Salford Royal Hospital, under the care of Mr. Windsor, a boy aged 14, on 18th March, 1856, was admitted. "In front of the left elbow, joint there is a nearly transverse wound, through which the whole of the inferior extremity of the humerus has protruded; for about two inches of its extent, the median nerve is exposed, and thrown forwards by the humerus, on which it

rests; the brachial artery is exposed to the extent of half an inch, and is felt pulsating on the inner side of the wound: there is no hæmorrhage at present. The forearm is somewhat swelled and ecchymosed; both the radius and ulna are fractured near their middle. (simple fracture.) The projecting portion of the humerus was sawn off, the sharp edges rounded and reduction effected. Recovery took place in about two months.

These cases leave an ambiguity greater even than usual; as to the practice to be deduced from them, two recovered without loss of bony tissue, and two recovered with. I am led to surmise that there is so little self-gratulation in the management of such cases, that few men have experienced any desire to publish results so far from brilliant. I am also inclined to believe that so much injury to nerve tissue occurs, that severe constitutional shock or tetanus is more likely to follow compound dislocation of the elbow than in the majority of compound dislocations. In most other joints the most formidable consequences consist in the pathological changes of the synovial membrane, ulceration of cartilage, pyæmia, etc.

In compound dislocation of the elbow the protruding bone is usually the humerus; there is first laceration of the integuments of the front and inner side of the joint. Second; the fibres of the brachialis anticus and the tendon of the biceps. Third; the two lateral ligaments and the capsule of the joint. There may be also injury to a greater or less degree to the following important parts:—The broad ligament from the forepart of the humerus to the coronoid process and orbicular ligament, the musculo-cutaneous and median nerves, the brachial artery and veins. Externally there will be placed upon the stretch the supinator longus, the extensor carpi radialis longior, the musculo-spiral nerve and recurrent radial artery; the ulnar nerve in relation with the internal lateral ligament, and the posterior ligament, connecting the back of the humerus between the condyles with the base of the olecranon. The synovial membrane is also extensively reflected upon the other ligaments and surrounds the head of the radius, forming an articulating sac between it and the lesser sigmoid notch.

Druitt recommends generally that compound

dislocations should be reduced; the end of the bone sawed off, if it render reduction difficult. The evils to be dreaded are the consequences of inflammatory action generally; nothing is said of particular compound dislocation.

Fergusson recommends in the less severe cases "to try the chance of saving the limb, without or with excision," etc.

Gross recommends amputation, "*if the joint be extensively opened, the muscles torn and the bones seriously involved;*" to avoid the danger from protracted suppuration and ulceration; under more favorable auspices, excision of the ends of the injured bones.

Samuel Cooper reprobates the practice of resection, recommends amputation when unavoidable, but urges reduction and conservatism, and speaks only of the dangers of suppurative inflammation.

Eriksen alludes only to the perils from destructive inflammatory action, and advises in compound dislocations of the upper extremity when the injury is not very extensive, replacement of the bone followed by cold irrigation and antiphlogistic treatment.

R. M., aged 13 years, fell from a tree, a distance of a few feet, and in the act of falling, a heavy bench struck him upon the right arm. No more circumstantial or distinct account of the accident can be elicited. After the fall he walked a distance of about four hundred yards. Upon examination the lower end of humerus was discovered thrust through an oblique laceration upon the inner surface of the elbow-joint to the extent of more than two inches: the olecranon could be felt posteriorly, the head of the radius outwards. It was evident that all the ligaments having attachments to the condyles were ruptured, as well as the tendon of the biceps and the fibres of the brachialis anticus; it was also probable that the median nerve had been injured. Amputation appeared to be the only resource, and I before expressed my apprehensions to the boy's sisters that lock-jaw was to be expected without the adoption of that measure; but as both parents were far from home, and a certainty was expressed by the other members of the family that the operation would not be permitted, or any operative proceeding, I was obliged to entertain the alternative of replacing the bone; this was effected through the narrow opening in the integuments by the leverage of the handle of a silver spoon, with extension of the forearm semi-flexed, through the assistance of my brother; Dr. F. L. Mack. The wound having been united

by silver sutures, the arm was carefully and loosely secured to an angular splint, and carbolic acid dressing applied with lint covered with tin-foil.

At 9 P. M. 10th October, a few hours after the injury, the boy appeared easy, and he was ordered one-eighth of a grain of morphine, combined with twice as much tartar emetic, every four hours.

11th. 9 A. M. The little patient slept about three hours during the night, occasional spasmodic action in the wounded limb, not much pain, the intervals between the doses of medicine to be reduced to two hours. Bowels acted at noon, spasms abated in frequency towards night, but were attended with more pain, feverish, joint much swollen, complains of pain in back of neck.

12th, 9 A. M. Slept well most of the night, spasms relieved, removed splint, arm much swollen: it was laid upon a cushion; slight suppuration at the lower end of the laceration. Mother arrived to-day. Dressing as before: omit morph. and ant., beef-tea and wine; scidlitz to move the bowels, at 6 P. M.

13th. Rested well, no spasms, bowels not opened, a cathartic of hyd. chlor. rhei and bicarb. soda was administered.

14th. Passed a restless night, pulse 120, tense febrile symptoms increasing, bowels not opened. At 2 P. M. bowels acted freely, after enema of ol. ricini and terebinth, beef-tea and wine, etc., given freely. 7 P. M. very restless, suppuration increasing, spasmodic contractions of the extremity have returned, slight stiffness complained of in the lower jaw. Indian hemp was freely exhibited all night, and frictions of chloroform liniment used along the spine. Dr. E. Goodman in consultation.

15th. All the symptoms much aggravated, stiffness of back of neck and inability to open the mouth; the friends having been urged to allow amputation of the arm, the father was telegraphed to for permission. At 1 P. M., assisted by Drs. Goodman, Comfort, Oille, Sullivan and F. L. Mack, amputation at the lower third of the arm by a double flap was performed under perfect anaesthesia, the wound was secured by silver sutures, and a solution of sulphate of morphia applied on lint. Chapman's spinal ice-bag was kept applied. Answer to telegraph was received urging a delay of operation, unless gangrene had commenced.

For a few hours after the operation a slight amelioration of the symptoms took place, but severe opisthotonos soon supervened, the cannabis was given every half hour until unmistakable physiological effects were produced, and chloroform was freely inhaled according as the severity of the spasms demanded. At 1 P. M.

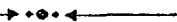
on the 16th, the face appeared anxious, pulse tense and quick, respiration frequent and difficult, tetanic spasms constant when effect of chloroform diminishes; from this time to the hour of death, at 6 A. M., the agony of the little sufferer was extreme.

In this case, from the very outset, I had an instinctive dread of tetanus, and amputation upon the spot appeared to me evidently to be the only expedient to avert the formidable catastrophe. Had I even, with the consent of the friends, been able to operate with the conflicting authorities, and from the *charité de métier*, I should, in any event, have been exposed to the charge of *nimia diligentia*, and it is to give weight to the decided opinion of my old mentor and friend, F. H. Hamilton, that I place this unfortunate case upon record. Professor Hamilton is the only author who has condemned the reduction of compound dislocation upon proper grounds, viz.: "the violent strain of the muscles, tendons, and other soft tissues."

In all cases of compound dislocation of the elbow-joint the two following rules should be considered absolute:

1st.—If injury to the nerves or artery has been done, amputate as soon as the pulse will warrant the operation.

2d.—In cases where amputation appear unnecessary, let reduction be effected after resection, never without.



The following tribute to the profession is taken from an address to the Montgomery County Medical Society, delivered by the President, P. B. Cook, M. D.

From Dr. Reid, Editor *Western Christian Advocate*:

The genuine, honest, laborious, self-sacrificing physician, who, by his knowledge, skill, persevering industry, and kindness, saves the life of his fellow, is entitled to as much honour as a Roman soldier for doing the same thing, though in a different way; and many are the people who know and feel this to be true, as an occasional tribute will show. Next to the minister, often beyond the minister, is the doctor a household favourite. If he has been with us amid much pain and peril, a deep and ineradicable gratitude is associated with his name and his benignant appearance. There have been times, perhaps, when, in our helplessness, we regarded him as the only arm strong enough to parry the blow that death was aiming at some object of our affections. We have watched the struggle with varying hopes and intense solicitude; but, when victory turned on the side of the doctor, we could have laid down our fortune at his feet, for the service he had rendered us. The doctor comes to our sick-room, day after day; he heeds the summons at night as cheerfully and promptly as if it were no pain to rise from bed and go out into the dark, damp, cold, cheerless streets, and into the chamber of suffering.

No hour is his own. Neither sanctuary, lecture-room, parlour, study, nor dining-room, is free from the imperative call. The darker the night, the more howling the storm, the more likely some hypochondriac will be to fancy that he is just about to die, and the attendant must be summoned. Such is this profession; in it no rest is possible; pain, pestilence, dying, are its constant attendants. This profession is distinguished, too, for its extensive charities. As a body, physicians attend as cheerfully upon the poor as upon the rich. Where it is absolutely certain there can be no remuneration, still they are as constantly watching and prescribing. The tone of this profession is nobly above the sordidness of most other pursuits in life. It bases itself and buries itself in the humanity of its calling. It regards itself as set for the alleviation of human suffering, and the preservation of human life. The noblest manifestations of this is in the principle so universally accepted by the profession, that there should be no secret medicines." The Professor adds: "Such is a part of the grateful and appreciative tribute which a noble minister of the Gospel has thought right to bestow on physicians; a tribute, we would fain hope, truthfully applicable to us, as a whole profession.—*Chicago Med. Examiner*.

A Good Move.

The physicians of Millville, New Jersey, have adopted the following sensible resolutions, which we should like to see universally held:

1. That when the patient has received the last visit, the Physician shall leave his bill.

2. That we have employed a collector, and if the bill remains unsatisfied ninety days, it will be placed in his hands for settlement.

3. That the said collector shall not retain the account more than six months, when, if unsatisfied, it shall go into the hands of a Justice of the Peace, and if not liquidated in three months, the person's name for whom the bill was made, shall be placed on a *Black List*, of which each Physician shall have a copy. (A person's name on the black list cannot receive our professional services unless all arrears are paid, or by an order from an overseer of the poor.)—*Med. and Surg. Reporter*.

Surgeons on Railways.

An arrangement has been completed on the Philadelphia and Erie Railroad which does credit to the humanity of its management. It is the appointment of a corps of surgeons along its line, under the direction of a surgeon-in-chief, who appoints an assistant in every town along the line in which the services of a surgeon may be required.

The object is to secure to any employee of the road who may be injured, the best of surgical treatment, and also to have a thorough organization to be called on in case of an accident on the road.—The best surgeons along the line have been appointed by the chief, Dr. H. A. Spencer, of Erie, Pa.—*Med. and Surg. Reporter*.

The *Lancet* says: "Some forty inmates of the Maryland Union Workhouse have petitioned to be sent to Canada, on the ground that they saw no prospect of improving their condition in this country."

AN ACT

To Amend and Consolidate the Acts relating to the Profession of Medicine and Surgery.

WHEREAS it is expedient to amend and consolidate the Acts relating to the Medical Profession, and to make more effectual provision for regulating the qualifications of Practitioners of Medicine, Surgery, and Midwifery, and to incorporate the Medical Profession of Ontario: Therefore, Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

Acts 29 Vic., chap. 34; chap. 41, Con. Stat. U. C.; 24 Vic., chap. 110, and Acts amending same repealed.

I. The Act of the Parliament of the late Province of Canada, twenty-nine Victoria, chapter thirty-four; the Act chapter forty-one of the Consolidated Statutes of Upper Canada; the Act passed in the twenty-fourth year of Her Majesty's reign, chapter one hundred and ten; and all Acts amending any of the said Acts, are hereby repealed; and the provisions of this Act shall stand in the place of the provisions of the said Acts; but all proceedings heretofore taken, and all matters and things done under the said Acts, shall be valid and effectual, notwithstanding such repeal, and may be carried on and completed under this Act as effectually as they could have been under the said Acts.

Council and Boards previously elected, and By-laws, &c., to be continued, &c.

II. The Council and Boards established, and the Members thereof elected under the provisions of the Act repealed, shall be continued, and shall act until after the first election as hereinafter provided, but subject in all other respects to the provisions of this Act; and all by-laws, rules and regulations heretofore made by the said Council and Boards, shall remain in force until repealed or modified under the provisions of this Act.

Officers formerly appointed to retain office, &c.

III. The officers appointed under the provisions of the Act first above mentioned, shall retain their respective offices, and perform their respective duties under the provisions of this Act; and all books and registers heretofore kept by them in conformity with the Act hereby repealed, shall be continued in use for their respective purposes under this Act.

Repealed Acts not revived.

IV. The repeal of the said Act twenty-nine Victoria, chapter thirty-four, of the late Province of Canada, shall not have the effect of reviving the Acts repealed by it, nor of modifying or restricting in any way whatsoever, the saving effect of the thirty-sixth section thereof.

Title of Act.

V. This Act may be cited as "The Ontario Medical Act."

College of Physicians and Surgeons of Ontario.

VI. The Medical Profession of Ontario is hereby incorporated under the name and style of "The College of Physicians and Surgeons of Ontario,"

and shall have a corporate seal; and every person registered according to the provisions of the Act twenty-nine Victoria, chapter thirty-four, and the Acts amending the same, shall be, and is hereby made a member of the said College of Physicians and Surgeons of Ontario; and every person who may be registered hereafter, under the provisions of this Act, shall be a member of the said College.

Council of College, &c.

VII. There shall be a "Council of the College Physicians and Surgeons of Ontario," to be appointed in the manner hereinafter provided for in this Act, and referred to in this Act as the "Council."

How Composed—Proviso.

VIII. The Council shall be composed as follows: Of one member to be chosen from each of the Colleges and bodies hereinafter designated, to wit: University of Toronto, Queen's University and College of Kingston, University of Victoria College, University of Trinity College, Royal College of Physicians and Surgeons of Kingston, Toronto School of Medicine, and of every other College or body in the Province now authorized, or which may be hereafter authorized to establish a Medical Faculty in connection therewith, and to grant degrees in Medicine and Surgery, or other certificates of qualification to practise the same: Provided always, that no teacher, professor or lecturer of any of the before mentioned colleges or bodies shall hold a seat in the Council, except as a representative of the college or body to which he belongs.

Additional members thereof.

2. There shall also belong to the said Council five members to be elected by the duly licensed practitioners in Homeopathy, who have been registered under this Act; and five members to be elected by the duly licensed practitioners in the Eclectic system of Medicine, who have been registered under this Act.

3. The twelve members who shall be elected in the manner hereinafter provided from amongst and by the registered members of the Profession, other than those mentioned in the next preceding subsection, shall be residents of the several Territorial Divisions for which they are elected.

Members to be registered practitioners.

IX. All members of the Council, representing the colleges or bodies in the eighth section mentioned, shall be practitioners duly registered under this Act, or the before mentioned Act.

One from each territorial division.

X. Of the twelve members to be elected from amongst the registered practitioners of Medicine in the Province of Ontario, one shall be so elected for each of the territorial divisions mentioned in schedule C to this Act annexed, by the registered practitioners resident in such division; and the manner of holding such election shall, with respect to the time thereof, and the taking of the votes therefor, be determined by a by-law to be passed at the next meeting of the Council; and in default of such by-law being made, then the Lieutenant Governor shall prescribe the time and manner of such election.

Provision as to period of election, and as to resignation, death, etc., of Members of Council.

XI. The Members of the Council shall be elected or appointed, as the case may be, for a period of three years; but any member may resign his appointment at any time, by letter addressed to the President or Registrar of the Council; and upon the death or resignation of any Member of the Council, it shall be the duty of the Registrar forthwith to notify the college or body, wherein such vacancy may occur, of such death or resignation, and such college or body shall have the power to nominate another duly qualified person to fill such vacancy; or if the vacancy be caused by the death or resignation of any member elected from the Territorial Divisions, the Registrar shall forthwith cause a new election to be held in such Territorial Division by a notice to be published in the Ontario Gazette, and in, at least, three newspapers published in the said division, for at least one month, fixing the time and place for holding such election; and such election shall be conducted in accordance with the by-laws and regulations of the Council; but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

Provision in case of death, etc., of representative of Homoeopathic or Eclectic systems.

2. In the event of the death or resignation of any member of the Council representing the practitioners in Homoeopathy or the Eclectic system of Medicine, it shall be lawful for the remaining representatives of Homoeopathy or the Eclectic system of Medicine in the Council to fill such vacancy by selecting a person from among the duly registered practitioners in Homoeopathy or the Eclectic system of Medicine, as the case may be.

First election.

XII. The first election under this Act for Members to represent the Territorial Divisions in the Council, shall take place on the second Tuesday in June, one thousand eight hundred and sixty-nine, at such places in the several divisions as shall be fixed by by-law of the Council; and it shall be the duty of the Registrar to cause a notice of the time and place for holding the said elections to be published in the Ontario Gazette, and in at least three newspapers in each of the said divisions for at least one month before the said second Tuesday in June.

First election of representatives of Homoeopathic and Eclectic systems.

2. The first election under this Act for members to represent the duly licensed and registered practitioners in Homoeopathy and the Eclectic system of Medicine in the Council, shall take place on the second Tuesday in June, one thousand eight hundred and sixty-nine, in such manner and at such place or places as shall be fixed by by-law of the Council; and it shall be the duty of the Registrar to cause a notice of the time and place for holding the said elections to be published in the Ontario Gazette for at least one month before the said second Tuesday in June; and in default of such by-law being made, then the Lieutenant Governor shall prescribe the terms and manner of such election.

First meeting of newly elected Council.

XIII. The said newly elected members of the

Council, as well as all members of the Councils to be hereafter elected, shall, together with the members to be appointed by the several Colleges and bodies as mentioned in section eight of this Act, hold their first meeting on the second Wednesday in July next after the said election in the city of Toronto, at such place as may be fixed by by-law of the retiring Council.

Subsequent elections.

XIV. Every subsequent election shall be held on the second Wednesday in June, in every third year after the said first election, in the same manner as is provided for holding the first election as aforesaid.

Who entitled to vote.

XV. The persons entitled to vote at any election under this Act, shall be the Practitioners duly registered under this Act.

Time, place, etc., of holding meetings—Future meetings—Notice thereof—Quorum.

XVI. The Council shall hold its first meeting under this Act, in Toronto, and at such time and place as the President of the Council, or, in case of his absence or death, the Registrar for the time being shall appoint therefor, and shall make such rules and regulations as to the times and places of subsequent meetings of the Council, and the mode of summoning the same as to them shall seem expedient, which rules and regulations shall remain in force till altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning of future meetings of the Council, it shall be lawful for the President thereof, or, in the event of his absence or death, for the Registrar to summon the same, at such time and place as to him shall seem fit, by circular letter to be mailed to each member: Provided always, that at least two weeks' notice of such meeting be given; and in the event of the absence of the President from any meeting, the Vice President, or in his absence, some other member to be chosen from among the members present, shall act as President; and all the acts of the Council shall be decided by the majority of the members present, the whole number not being less than nine; and at all meetings, the President, for the time being, shall have a casting vote only.

Expenses of members.

XVII. There shall be paid to the members of the Council such fees for attendance, and such reasonable travelling expenses, as shall from time to time be fixed by by-law passed by the said Council.

Officers of College, etc.

XVIII. The Council shall annually appoint a President, Vice President, and a Registrar and Treasurer, who shall hold office during the pleasure of the Council, and such other officers as may, from time to time, be necessary for the working of this Act; and the said Council shall have the power to fix, by by-law or from time to time, the salary or fees to be paid to such Registrar and Treasurer, and to the Board of Examiners hereafter appointed.

Funds to be paid to Treasurer.

XIX. All moneys forming part of the Council funds, shall be paid to the Treasurer, and shall be applied to carry this Act into execution.

MEDICAL REGISTRATION.

Register book to be kept, containing names of all persons complying with the Act.

XX. The Council shall cause to be kept by an officer appointed by them, and to be called the Registrar, a book or register in which shall be entered, from time to time, the names of all persons who have complied with the enactments hereinafter contained, and with the rules and regulations made or to be made by the Council respecting the qualifications to be required from practitioners of Medicine, Surgery and Midwifery in this Province; and those persons only whose names have been, or shall hereafter be inscribed on the book or register above mentioned, shall be deemed to be qualified and licensed to practise Medicine, Surgery or Midwifery in the Province of Ontario, except as hereinafter provided; and such book or register shall at all times be open, and subject to inspection by any duly registered practitioner in Ontario, or by any other person.

Duty of Registrars.

XXI. It shall be the duty of the Registrar to keep his register correct, in accordance with the provisions of this Act, and the rules, orders and regulations of the Council, and to erase the names of all registered persons who shall have died; and he shall, from time to time, make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable him duly to fulfil the duties imposed on him, it shall be lawful for him to write a letter to any registered person, addressed according to the address of such person on the register, to enquire whether he has ceased to practice or has changed his residence; and if no answer shall be returned to such letter within the period of six months from the sending of such letter, it shall be lawful for the Registrar to erase the name of such person from the register: Provided always, that the same shall be restored by direction of the Council, upon cause duly shewn to that effect; and the said Registrar shall perform such other duties as shall be imposed upon him by the Council.

Provision for registry of all persons properly qualified.
—*Proviso.*

XX. Every person now possessed, or who may, within the period of six months from the passing of this Act, become possessed, of any one or more of the qualifications described in the schedule A to this Act, shall, on the payment of a fee, not exceeding ten dollars, be entitled to be registered, on producing to the Registrar the document conferring or evidencing the qualification, or each of the qualifications in respect whereof he seeks to be so registered, or upon transmitting by post to the Registrar, information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained; and any person entitled to be registered before the first day of July, one thousand eight hundred sixty-five, may, on complying with the requirements in this section mentioned, obtain such registration on payment of a fee of five dollars: Provided he register within one year after the passing of this Act: Provided also no one registered under the Act first above mentioned shall be liable

to pay any fee for being registered under this Act.

Person not qualified until six months after passing of Act, to be examined before committee, &c.—Proviso.

XXIII. Every person desirous of being registered under the twentieth section of this Act, and who shall not have become possessed of any one of the qualifications in the said schedule A mentioned, before the expiration of the period of six months after the passing of this Act, shall, before being entitled to registration, present himself for examination as to his knowledge and skill for the efficient practice of his profession, before the Board of Examiners in the next section mentioned, and upon passing the examination required, and proving to the satisfaction of the Board of Examiners that he has complied with the rules and regulations made by the Council, and on the payment of such fees as the Council may determine, such person shall be entitled to be registered, and, in virtue of such registration, to practise Medicine, Surgery and Midwifery in the Province of Ontario: Provided always, that when and so soon as it shall appear that there has been established a Central Examining Board, similar to that constituted by this Act, or an Institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Ontario, as the sole examining body, for the purpose of granting certificates of qualification, and wherein the curriculum shall be equal to that established in Ontario; and the holder of such certificate shall, upon due proof, be entitled to registration by the Council of Ontario, if the same privilege be accorded by such Examining Board or Institution to those holding certificates in Ontario.

2. Any person who was actually practising Medicine, Surgery or Midwifery, or any of them, in Ontario, prior to the first day of January, one thousand eight hundred and fifty, and who shall have attended one course of lectures at any recognized Medical School, shall, upon such proof as the Council may require, be entitled to registration under this Act.

Provision for admission of Homœopathic and Eclectic practitioners.

3. Any person who was actually practising Medicine, Surgery or Midwifery, according to the principles of Homœopathy or the Eclectic system of medicine, before the first day of January, one thousand eight hundred and fifty, and for the last six years in Ontario, may, in the discretion of the representatives of the Homœopathic or Eclectic systems of medicine, be admitted to register under this Act.

Council to appoint committee to examine candidates.
—*Time and place for examinations.*

XXIV. At the first regular meeting of the Council, after the passing of this Act, and at the annual meeting in each year thereafter, there shall be elected by the members of the said Council, a Board of Examiners, whose duty it shall be to examine all candidates for registration, in accordance with the by-laws, rules and regulations of the Council; such examinations to be held at Toronto and Kingston, and at the same time as examinations for matriculation of students.

Board of examiners, how composed.—Proviso.

XXV. The Board of Examiners appointed under the preceding section, shall be composed as follows: One Member from each of the three teaching bodies now existing in Ontario, and one from every other School of Medicine which may be hereafter organized in connection with any University or College which is empowered by law to grant medical or surgical diplomas; and nine Members to be chosen from among those Members of the College of Physicians and Surgeons of Ontario, who are unconnected with any of the above teaching bodies: Provided always, that every candidate who shall, at the time of his examination, signify his wish to be registered as a Homoeopathic or Eclectic practitioner, shall not be required to pass an examination in either *Materia Medica* or Therapeutics, or in the Theory or Practice of Physic, or in Surgery or Midwifery, except the operative practical parts thereof, before any examiners other than those approved of by the representatives in the Council of the body to which he shall signify his wish to belong.

Council to make orders, as to registrars, fees, examining committees, &c.

XXVI. The Council shall, from time to time, as occasion may require, make orders, regulations or by-laws for regulating the registers to be kept under this Act, and the fees to be paid for registration; and shall, from time to time, make rules and regulations for the guidance of the Board of Examiners, and may prescribe the subjects and mode of the examinations, the time and places of holding the same, and generally, may make all such rules and regulations in respect of such examinations, not contrary to the provisions of this Act, as they may deem expedient and necessary; such examinations to be both oral and written; and shall also make by-laws and regulations appointing returning officers, and directing the manner in which elections shall be conducted, and the expenses of the same be paid for.

Persons not registered, not entitled to privileges, &c.

XXVII. Any person entitled to be registered under this Act, but who shall neglect or omit to be so registered, shall not be entitled to any of the rights or privileges conferred by the provisions of this Act so long as such neglect or omission continues.

Willful falsification by Registrar.

XXVIII. If the Registrar make or cause to be made any willful falsification in any matter relating to the register, he shall incur a penalty of fifty dollars, and shall be disqualified from again holding that position.

MEDICAL EDUCATION.

Provision as to persons obtaining higher qualification than that registered.

XXIX. Every person registered under this Act, who may have obtained any higher degree or any qualification, other than the qualification in respect of which he may have been registered, shall be entitled to have such higher degree or additional qualification inserted in the register in substitution for, or in addition to, the qualification previously registered, on the payment of such fee as the Council may appoint.

No qualification to be registered unless Registrar satisfied.—Proviso.

XXX. No qualification shall be entered on the register, either on the first registration or by way of addition to a registered name, unless the Registrar be satisfied by proper evidence that the person claiming is entitled to it; and any appeal from the decision of the Registrar may be decided by the Council, and any entry which shall be proved to the satisfaction of the Council to have been fraudulently or incorrectly made, may be erased from the register by an order in writing of the Council; Provided always, that in the event of the Registrar being dissatisfied with the evidence adduced by the person claiming to be registered, he shall have the power, subject to an appeal to the Council, of refusing the said registration, until the person claiming to be registered shall have furnished such evidence, duly attested by oath or affirmation before the Judge of the County Court of any County in Ontario.

Every one registered may practice, and recover his fees, &c.

XXXI. Every person who shall be registered under the provisions of this Act, shall be entitled, according to his qualification or qualifications, to practice Medicine, Surgery and Midwifery, or any of them, as the case may be, in the Province of Ontario, and to demand and recover in any Court of law, with full costs of suit, reasonable charges for professional aid, advice and visits, and the cost of any medicine or other medical or surgical appliances rendered or supplied by him to his patients.

Registrar to cause correct register to be published of names, &c., of persons registered with particulars, &c., which shall be prima facie evidence, &c.

XXXII. The Registrar of the Council shall, from time to time, under the direction of the Council, cause to be printed and published, a correct register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in schedule B to this Act or to the like effect, together with the medical titles, diplomas and qualifications conferred by any college or body, with the dates thereof, of all persons appearing on the register as existing on the day of publication; and such register shall be called "*The Ontario Medical Register*;" and a copy of such register for the time being, purporting to be so printed and published as aforesaid, shall be *prima facie* evidence in all Courts, and before all Justices of the Peace and others, that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be *prima facie* evidence that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy under the hand of the Registrar of the Council, of the entry of the name of such person on the register, shall be evidence that such person is registered under the provisions of this Act.

Council may appoint examiners, &c., for matriculation examination.—Subjects of examination.

XXXIII. The Council shall have power and authority to appoint an examiner or examiners for the

admission of all students to the matriculation or preliminary examination, and to make by-laws and regulations for determining the admission and enrollment of students; and the following shall be the subjects for such matriculation or preliminary examination: Compulsory,—English Language, including Grammar and Composition; Arithmetic, including Vulgar and Decimal Fractions; Algebra, including Simple Equations; Geometry, first two books of Euclid; Latin translation and Grammar; and one of the following optional subjects: Greek, French, German, Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics.

Graduates of Colleges in other Provinces not required to pass matriculation examination on producing certificate, &c.

2. It shall not be necessary for students graduating in any College in any of the Provinces forming the Dominion of Canada, other than Ontario, to pass the matriculation or preliminary examination in Ontario, prior to being examined by the Board of Examiners, as provided in the twenty-third section of this Act, if the person presenting himself for examination shall produce a certificate showing that he has passed a matriculation or preliminary examination at the College where he may have graduated, equal to that prescribed by the Council in Ontario.

What other persons exempted.

3. Any graduate, or any student, having matriculated in Arts in any University in Her Majesty's Dominions, shall not be required to pass the preliminary examination.

Council to fix curriculum of studies.—Proviso.

XXXIV. The Council shall have power and authority to fix and determine from time to time a curriculum of studies to be pursued by students, and such curriculum of studies shall be observed and taught by all colleges or bodies referred to in section eight of this Act: Provided always, that such curriculum of studies shall first receive the approval of the Lieutenant Governor in Council, and be published once in the Ontario Gazette; and that no change in the curriculum at any time existing shall come into effect until six months after the first publication in the said Ontario Gazette.

PENAL AND GENERAL CLAUSES.

Registered practitioner convicted of felony.

XXXV. Any registered medical practitioner, who shall have been convicted of any felony in any Court, shall thereby forfeit his right to registration, and, by the direction of the Council, his name shall be erased from the register; or in case a person known to have been convicted of felony, shall present himself for registration, the Registrar shall have power to refuse such registration.

Fees not to be recovered unless registration proved.

XXXVI. No person shall be entitled to recover any charge in any court of law for any medical or surgical advice, or for attendance, or for the performance of any operation, or for any medicine which he shall have prescribed or applied, unless he shall prove upon the trial that he is registered under this Act.

Interpretation of certain words.

XXXVII. The words "legally qualified medical

practitioner," or "duly qualified medical practitioner," or any other words importing legal recognition of any person as a medical practitioner or member of the medical profession, when used in any Act or law shall, in so far as such Act or law applies to this Province, be construed to mean a person registered under this Act.

Registration necessary for appointment to hospitals, &c.

XXXVIII. No person shall be appointed as medical officer, physician or surgeon in any branch of the public service of the Province of Ontario, or in any hospital or other charitable institution, not supported wholly by voluntary contributions, unless he be registered under the provisions of this Act.

Validity of certificates.

XXXIX. No certificate required by any Act now in force, or that may hereafter be passed, from any physician or surgeon or medical practitioner, shall be valid, unless the person signing the same be registered under this Act.

Penalty for persons wrongfully procuring registration.

XL. If any person shall wilfully procure, or attempt to procure, himself to be registered under this Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person knowingly aiding and assisting him therein, shall incur a penalty of fifty dollars.

Punishment of persons falsely pretending to be physicians.

XLI. Any person who shall wilfully and falsely pretend to be a physician, doctor of medicine, licentiate in medicine or surgery, master of surgery, bachelor of medicine, surgeon or general practitioner, or shall practice medicine, surgery or midwifery for hire, gain or hope of reward, or shall falsely take or use any name, title, addition or description, implying, or calculated to lead people to infer that he is registered under this Act, or that he is recognised by law as a physician, surgeon or accoucheur, or a licentiate in medicine, surgery or midwifery, or a practitioner in medicine, shall, upon a summary conviction before any Justice of the Peace, for any such offence, pay a sum not exceeding one hundred dollars, nor less than twenty-five dollars.

Member of Council to notify death.

XLII. It shall be the duty of the member of the Council representing each territorial division, to notify the Registrar of the Council of the death of any registered medical practitioner occurring within his division, so soon as he shall become aware of the same; and upon the receipt of such notification, the Registrar shall erase the name of the person so deceased from the register.

How penalties recovered.

XLIII. All penalties imposed by this Act shall be recoverable, with full costs of suit, by the Council in the name of the College of Physicians and Surgeons of Ontario.

SCHEDULE "A."

1. License to practise Physic, Surgery and Midwifery, or either, within Upper Canada, granted under the Acts of Upper Canada, fifty-nine George the Third, chapter thirteen, and eight George the Fourth, chapter three respectively.
2. License or diploma granted under the second Victoria, chapter thirty-eight, or under the Consolidated Statutes for Upper Canada chapter forty, or any Act amending the same.
3. License or authorization to practice Physic, Surgery and Midwifery, or either, within Lower Canada, whether granted under the ordinance twenty-eight George the Third, chapter eight, or under the Act ten and eleven Victoria, chapter twenty-six, and the Acts amending the same, or under chapter seventy-one of the Consolidated Statutes for Lower Canada, or any Act amending the same.
4. Certificate of qualification to practice Medicine, Surgery and Midwifery, or either, hereafter to be granted by any of the colleges or bodies named or referred to in section four of this Act.
5. Medical or surgical degree or diploma of any University or College in any of Her Majesty's dominions, or of such other Universities or Colleges as the Council may determine.
6. Certificate of registration under the Imperial Act, twenty-one and twenty-two Victoria, chapter ninety, known as "The Medical Act," or any Act amending the same.
7. Commission or warrant as Physician or Surgeon in Her Majesty's Naval or Military Service.
8. Certificates of qualification to practice under any of the Acts relating to Homœopathy or the Eclectic system of medicine.

SCHEDULE "B."

Name.	Residence.	Qualification and Additions.
A. B.	Toronto, Co. of York.	M. A., M. D., Toronto University.
C. D.	Kingston, Co. of Frontenac.	M. A., M. D., Queen's University.
E. F.	Etobicoke, Co. of York.	Licentiate, Medical Board.
G. H.	Toronto.	Do. Toronto School of Medicine.

SCHEDULE "C."

1. Western and St. Clair Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
2. Malahide and Tecumseth Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
3. Saugeen and Brock Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
4. Gore and Thames Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.

5. Erie and Niagara Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
6. Burlington and Home Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
7. Midland and York Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
8. King's and Queen's Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
9. Newcastle and Trent Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
10. Quinté and Catarqui Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
11. Bathurst and Rideau Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.
12. St. Lawrence and Eastern Electoral Divisions, as established previous to the Confederation of the British-American Provinces, for election of members of the Legislative Council of the late Province of Canada.

(From the New York Medical Journal.)

On the Microscope, as an Aid in the Diagnosis and Treatment of Sterility.

By J. MARION SIMS, M. D.,
NEW YORK.

(Read at a Meeting of the Medical Society of the Co. of New York, December 7, 1868.)

(CONTINUED FROM PAGE 118.)

The present advanced state of physiological knowledge warrants us in saying that conception is impossible without spermatozoa; and that it is impossible if the spermatozoa cannot pass into the cavity of the uterus; and, to these acknowledged truisms, I must add another, viz., that it is equally impossible if they die in the cervical canal, or are dead when they reach the uterine cavity. It is, therefore, self-evident that these three points must be determined—it matters not what other complications may exist. Fortunately, as I have said before, they are all easily and quickly settled by the microscope. Without the microscope, it is impossible to determine either of them. Without the microscope, then, our treatment of the sterile state

is simply blind empiricism. With it, our diagnosis becomes absolutely certain, and our treatment, at least, rational. What, then, are the first steps in this investigation? How can we begin? Where shall we begin? Now, as it is upon this very point that I have been so stigmatized, I will tell you exactly how I manage this delicate affair.

Given a case of sterility for examination, the physician examines the state of the uterus and its appendages. His patient may have a frightful dysmenorrhœa, a flexed cervix, a contracted cervical canal, some malposition, a polypus, a fibroid, or something that would possibly prevent the passage of the semen to the cavity of the uterus. He may feel convinced, in his own mind, that conception cannot take place unless some surgical operation be performed—perhaps incision of the cervix uteri. This operation is usually done to permit the passage of the semen into the uterine cavity. But in this, or in any case, what right have we to say that the semen does not or cannot pass into the cavity of the uterus? We must not take it for granted that it does not, simply because the os barely admitted a small sized probe; and we know very well that spermatozoa now and then pass along the Fallopian tubes, which ordinarily admit a bristle. If the semen enter the cervical canal, we may lay it down as a rule, that a dilatation of the cervix by incision, or otherwise, is not necessary; but if it do not, it may be necessary. We may perform any rational operation for the relief of suffering, and for the restoration of health; but I insist that we have no right to perform any operation, or to institute any treatment whatever, solely with the view of the cure of the sterile condition, till we have first settled the three propositions, above laid down, touching the presence and viability of the spermatozoa. To find out all at once, and with the least delay and trouble, I usually say to the husband or wife, as it may be, "It is very important, before instituting any treatment, to be sure that the seminal fluid enters the neck of the womb, for without this conception is impossible. We must also ascertain if the uterine secretions kill the semen; if so, a certain treatment will be necessary. If you will, then, send your wife here, or come with her any day, five or six hours after coition, it will be easy to settle these points at once." In nineteen cases out of twenty, the wife presents herself the next day. The speculum is introduced (and when I say the speculum, I always mean the one that bears my name,) and some vaginal mucus is removed by the syringe, and placed on an object-glass. Then some cervical mucus is drawn out and placed on another object-glass. These two specimens are then examined under the microscope. If we find spermatozoa, well and good; but if we find none, neither in the vaginal, nor cervical mucus, our fears are at once aroused. What then is to be done? I simply say that I am not quite satisfied with the examination, and would like to see the wife again, at some future time, under the same circumstances. But, suppose we find no spermatozoa on this second examination? Then two questions immediately arise: either, that there are no spermatozoa, or that the semen has all passed off before the case came under observation. Sometimes the semen is all thrown off by the vagina, and then it would not do to pronounce the husband

sterile till we are sure of a specimen of his semen, for investigation. If I fail to satisfy myself on this point, I then explain the possibility of the semen all passing off, in the act of rising and dressing, and show the absolute necessity of making the examination half an hour or so after coition, and before the erect posture is assumed. When the subject is presented in this plain, practical manner, and treated seriously, no man or woman of sense could oppose it; and with me, it has never, in a single instance, been objected to. When I am sent for to make the examination, if I find in the vagina a fluid with the characteristic seminal odor, I am satisfied with the microscopic examination. I have never, in but two instances, been compelled to resort to Mr. Curling's plan, of asking the man to squeeze a drop of mucus from the urethra, on to a bit of glass, immediately after sexual intercourse. But as this is sometimes necessary, it is well to remember it.

If we eventually find that the semen contains no spermatozoa, then all uterine treatment is at an end. But if we are at last satisfied that it contains spermatozoa, then we must determine if these enter the cervix uteri, and if so, do they there find a fluid favourable to their existence alive? And all this can be done only by the microscope.

The question of the entrance of the semen into the cervical canal, and of the effect of its secretion upon the spermatozoa, can be fully and satisfactorily ascertained only during a very brief period. We are sure to make a mistake if the microscopic examination be made just before the expected return of the menses; and why? Because there is always, a certain amount of fullness of the uterus—of engorgement, so to speak—which precedes the menstrual flow; and the cervical canal may not admit the semen from mere turgescence of its walls. Besides, at this time, its secretions are almost sure to kill the spermatozoa, even if they should happen to enter this canal.

Physiologists are generally agreed that conception takes place during the week following menstruation. Avrard says we have fourteen days of active uterine life and fourteen days of uterine hypnotism. He says that conception can occur at any time after menstruation up to the fourteenth day, counting from its commencement. For instance, if menstruation should last for three days, then we would have eleven days for the possibility of conception. But, if menstruation should last eight or nine or ten days, then we would have respectively but six or five or four days as the time possible for conception. After this time, the uterus, according to Avrard, lapses into the hypnotic state, when conception is impossible. While I am disposed to accept Avrard's dictum as the rule, I think I have seen exceptions to it, if we can always depend upon testimony seemingly reliable. Be this as it may, I am sure of this fact; if we wish to determine the effects of the cervical mucus upon the spermatozoa, we must make the experiment the week that follows menstruation. About the fifth or sixth day after the flow is the best moment; for then the uterus is in the most favourable condition. The cervical mucus, which just before menstruation was perhaps thick and opaque, then becomes clear and translucent. If, by examination made at this particular period, we should find spermatozoa in

the cervical mucus, we could safely say that it will not be necessary to incise the neck of the uterus. But if the sperm do not enter the canal, then the probabilities are in favor of the necessity of some surgical interference. The semen may enter the cervix in great abundance, and we may find the spermatozoa all dead, even but a few minutes after coition. Then, as said before, we must find out the source of the poisonous secretion, and remedy it; for a vitiated secretion shows some organic condition requiring a special treatment.

When I wish to examine the condition of the cervical mucus upon the spermatozoa, I order sexual intercourse in the morning—the dorsal decubitus to be retained for an hour afterward; and I expect a visit from my patient four or five or six hours after coition. Sometimes we find spermatozoa in great abundance in the cervical canal, and not one living. (I have occasionally examined the mucus, six, eight and ten minutes after coition, and found all the spermatozoa dead.) Sometimes we find half of them dead; again, only about a third; again, about two-thirds. Sometimes, in one portion of the mucus, every spermatozoa is dead; while, in another portion of the same sample with fewer epithelial scales, we find them alive. Now and then, after treatment for a month or more, I have found the mucus drawn from the lower segment of the cervical canal full of living spermatozoa, and I have supposed that the case was cured; but when I came to examine that drawn from the upper segment of the canal, near the os internum, they were nearly all dead. This was evidently because the mucous membrane lining the lower segment of the cervix, being more easily reached and more thoroughly treated, had assumed a healthier character, and consequently its secretion was restored to a normal condition; while that higher up, and more difficult to reach, had not been so much improved, and hence its secretion was still abnormal—a condition requiring further treatment.

The vaginal mucus, by its natural acidity, kills very quickly every spermatozoon. I do not now remember ever to have found one alive in the vagina, except when the examination was made very soon after coition; when, indeed, the vagina was full of semen but slightly mixed with other secretions. Examined three or four hours after intercourse, the spermatozoa found in that portion of the mucus of the vagina adhering to its walls are always all dead. Indeed, the normal vaginal secretion seems to be a perfect poison for the superabundant spermatozoa.

When, after a month's treatment, I wish to know whether the case is cured or not—in other words, whether all possible recognized barriers to conception are removed—I order sexual intercourse (just after menstruation) at night, and examine the cervical mucus twelve or fourteen hours afterward. If the majority of the spermatozoa be alive and active, I have great hope of conception. Before dismissing a case as cured, I think it necessary to examine the mucus thirty-six hours after coition; and, if it is then all right, of course I suspend the treatment, and patiently wait the hoped-for result.

So much care is necessary in the removal of the mucus for microscopic examination, that I may be pardoned for referring to it again. The patient is placed in the left lateral semi-prone position, as I

have elsewhere so minutely described, and my speculum is introduced, and some of the vaginal mucus drawn up with a small glass syringe, previously washed out with warm water. This is deposited on the object-glass; the vagina is then cleared of all secretion, whether vaginal or cervical, the whole of the vagina and the os uteri being thoroughly wiped over with a pledget of cotton. This is for the purpose of guarding against the possibility of mixing vaginal with cervical mucus, which would, of course, spoil the whole experiment. The cervix is then brought forward either by the depressor or a tenaculum, if necessary, which enables us to look directly into the cavity of the cervical canal. The syringe is then to be again thoroughly rinsed in warm water; its nozzle is passed into the gaping canal for half an inch, and the cervical mucus in its lower segment is drawn out. The instrument is emptied, washed out again with warm water, and reintroduced up to the os internum, and another portion of mucus is drawn out, provided there is any left after the first effort. Thus we have three specimens of mucus; i. e., one vaginal and two cervical. The cervical secretion should be clear and translucent, and about the consistence of the white of egg. If it contain any little opaque specks of milky whiteness, it invariably poisons the spermatozoa to a greater or less extent. We sometimes find the cervical mucus perfectly clear, and yet poisonous to the spermatozoa. Here we would naturally expect to find excessive alkalinity of the secretion; but I have not been able to detect it. In these cases, it has seemed to me that the spermatozoa were killed—drowned, as it were—by the very abundance of the secretion. I do not here allude to cases of uterine catarrh, where the secretion is very thick and albumino-purulent; for, of course, this is a deadly poison to the living principle of the semen. But I allude wholly to such cases as have been changed by treatment to a condition giving rise to a secretion seemingly normal, so far as an ordinary ocular examination is concerned. Here the microscope is our unerring guide. The mucus may be clear, and perfectly normal in appearance; but, if it kill the spermatozoa, then there is still some point in the canal of the cervix, or in the cavity of the uterus, that gives out a vitiated secretion; and this must be found out and corrected before the case is wholly cured. When we find living, active spermatozoa high up in the cervical canal thirty-six or forty hours after coition, we can pronounce the case cured, so far as it can be by surgical means, and not till then.

It is time for us to pause, and consider if there is not something more to be done for the sterile condition, than to split up the cervix uteri. I look upon this operation as one of great importance, as one of the most valuable in uterine surgery, but I think that we have followed too blindly the example and teachings of its illustrious author, Sir James Y. Simpson. For myself, I am now sure that I have cut open the cervix uteri, perhaps scores of times, when it was both useless and unnecessary; and I know that others have done the same thing. Do not misunderstand me. I speak here solely of the operation with reference to the sterile condition, when it would be wholly useless if the husband happened to be sterile, and certainly unjustifiable unless imperatively called for by considerations of

health. Incision of the cervix for dysmenorrhœa is one thing; incision of the cervix for sterility, even if there be dysmenorrhœa, is another, and it behooves us to draw the line of distinction in every case, and not to take it for granted that every woman is sterile who may have dysmenorrhœa or feeble health, or that every man is prolific who may be vigorous and enjoy good health. I am sorry to say that I have had the misfortune to incise the cervix in half a dozen cases of sterility, where I found afterward, to my great mortification, that the husbands were incapable of procreation, because their semen had no spermatozoa, and that, too, since I have known the value of the microscope. In each case the operation was called for to restore health, but was totally useless for the relief of its incidental accompaniment, sterility, and would not probably have been submitted to for considerations of health alone, had it not been for the hope of offspring afterward. I made the mistake of operating on these cases, because the social position, moral character, and appearance of health in the husband, conjoined with the excessive dysmenorrhœa and utter prostration of the wife, led me to operate without the preliminary step of ascertaining whether there were spermatozoa or not. I wish others to profit by my mistakes; and I am less ashamed to tell you of them, than I am to own them to myself.

[TO BE CONTINUED.]

TORONTO GENERAL HOSPITAL.

TAKEN BY PERMISSION FROM DR. HODDER'S CASE BOOK.

LARGE FIBRO CYSTIC TUMOR.

MRS. McCALLUM, AGE 59.

Admitted October 5th, 1892.

UNDER THE CARE OF DR. HODDER.

She states that about sixteen years ago a small lump formed on the cheek about the anterior edge of the masseter, and an inch or more above the angle of the jaw. It gave her no pain or inconvenience for some time, for two or three years, it scarcely increased in size; but, at the end of this period, a second tumor formed posterior to the first, which increased more rapidly in size, pushing as it grew the former to the front.

As the inconvenience was slight, and she suffered no pain, she did not apply for advice, the tumor slowly increasing in size. About six or seven years ago it took on a more rapid growth for a time, and again became indolent. Nine months ago it grew more rapidly than it ever had done and increased from the size of a goose egg to its present dimensions. She showed it to one or two medical men in the country who

declined to have anything to do with it, and she was sent in under my care.

On her arrival here, the tumor was large, firm and elastic, giving an indistinct sense of fluctuation in the posterior portion, while it was firm, hard, and lobulated anteriorly. It extended from near the angle of the mouth on the left side to two inches behind the ear, and from the malar process to an inch or more below the lower jaw.



It measured fifteen inches in circumference ten and a half inches antero posteriorly, and ten inches from above to below. The skin was thinned and somewhat adherent on its most prominent part, and the veins were numerous and large. It was firmly bound down by the platysma and fascia, yet a certain amount of mobility existed which induced me, with the previous history, to believe that the parotid gland was not implicated.

Furthermore, the fingers could be pushed under the angle of the jaw, and the facial artery could be felt dipping under the tumor after its passage round the jaw.

Her general health was good, she felt no severe pain, only inconvenience from its weight and pressure, appetite good and functions well performed, and as she was desirous of having it removed, I agreed to do so, if after consultation, it was deemed desirable. Drs. Beaumont, Wright, Aikins, and Richardson, saw the case with me, and the operation was fixed for Saturday, 17th October, at (1) one P.M.

The operation consisted in making two incisions from its anterior to its posterior edge, including an elliptical portion of the integument about three inches wide on its convex surface. The flaps were dissected off and the fascia and

platysma binding it down divided on a director. By careful touches of the knife the attachments were severally divided and the tumor removed without much difficulty. No large vessel was divided and only one or two required ligature. The facial nerve, however, was divided in removing the tumor. When the oozing had ceased the cut surfaces were wiped over with carbolic acid and oil, and the edges brought together by several points of suture and a strip of lint soaked in carbolic acid and oil laid over the cut edges and kept in its place by a few strips of plaster and a bandage.

Sunday, Oct. 18.—She did not recover entirely from the chloroform for two hours after removal to her bed; passed a quiet night, free from pain, but sleepless; no bleeding, feels comfortable and takes her nourishment without much trouble.

The cheek looked puffy, as if blood had collected in the cavity from which the tumor had been removed; I therefore removed the dressings and found the edges united and the puffed appearance the result of a pad placed on the inferior maxilla. This was removed, and a single piece of lint, with a few strips of plaster, and a bandage, applied.

Pulse 84, soft; tongue moist; and she feels well, except from want of sleep.

To have Liq. Opii Sed. m. xxx, h. s.

Monday, 19.—Doing well in every respect.

Tuesday, 20.—Bowels not moved since operation; wound dressed; perfect union, except for half an inch at the anterior angle, and which may probably arise from the escape of saliva, as the duct may have been divided.

Ol. Ricini, ʒvi. Cras mane.

Sunday, 25.—Two ligatures came away to-day; there has not been any suppuration, even in the course of the ligatures, which were brought out at the posterior angle, and union is complete, except at the ant. angle, where, if the duct was divided, a fistula will exist. General health good.

Ol. Ricini, ʒj. Cras mane.

Wednesday, 28.—Doing well. To have two eggs daily, as she cannot yet masticate solid food.

Friday, 30.—The last ligature came away to-day, and every part of the wound is now firmly healed. The anterior portion of the wound which did not heal by the first intention, is now closed, and therefore the duct must have escaped. To have a chop or bit of steak daily.

Monday, Nov. 2.—Continue.

Saturday, 7.—She was attacked with slight erysipelas, some days ago, which ended in the formation of matter along the ramus of the jaw. It made its escape at the anterior angle of the wound. In other respects, doing well.

Sunday, 8.—

R. Quin. Sulph. ʒ ss.

Tinc. Ferri Mur. ... ʒ iv.

Aq. Menth Pip. ad. ʒ xvi. m.

Two table spoonfuls three times a-day.

Saturday, 14.—Continue.

Wednesday, 18.—The wound is now quite firm and healed, and in every respect she is quite well. To leave the Hospital. Discharged cured.

The principal interest in this case was, its very large size, and the question as to whether the parotid gland was involved or not.

From the positive statement of the patient that the tumor commenced at the anterior edge of the masseter, from its partial mobility, from the facial artery dipping between the tumor and the jaw, and from the space behind the angle of the jaw being comparatively free, I was induced to believe that the parotid gland was not implicated, and I therefore decided on the operation.

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, MARCH 1st, 1869.

MEETING MEDICAL SOCIETY STATE OF NEW YORK.

The *Medical Record* of the 15th February contains a very full account of the meeting of the Medical Society of the State of New York, held in the city of Albany, 2d of February. The President, Dr. J. V. P. Quackenbush, of Albany, delivered the inaugural address. He congratulated the Society upon the number of members and delegates present. He then eloquently discoursed on the advancement of the science of medicine, of the various instruments that we were enabled to bring to our assistance, mentioning some of the most prominent, but particularly recognizing the sphygmograph and dynamograph.

The important advancement in the method of representing the appearance of diseased organs by means of the pathological plates now furnished by the stereoscope, which fully equals a view of the specimen itself, was dilated upon. He called upon the County Societies to wake up to more extended usefulness, to hold their meetings more frequently, only by this means could the members elevate the profession to its true position; recommended

further action on the question of renewal of prescriptions by apothecaries, and to the sale and dispensing of medicines by unqualified persons. The different committees were appointed and business proceeded with. The Merritt H. Cash prize was awarded to Dr. J. C. Hutchinson, of Brooklyn, for a paper on acupressure.

Dr. Corliss reported on a case of ovarian dropsy, in which he tapped through the vagina. Dr. Bozeman read a very elaborate paper on the certainty of the operation for vesico vaginal fistula. Dr. Henry D. Noyes, of New York, made some very interesting remarks on the subject of glaucoma. Dr. Hutchinson read his prize essay on acupressure, describing the different methods, and exhibiting by drawings the direct effect of the needles upon the vessels. Dr. Miner, of Buffalo, reported a case of aneurism of the femoral and lower portion of the external iliac artery; the tumour was of three months' standing, the size of the closed hand. All other modes of treatment being considered inapplicable, the external iliac was ligatured in the usual way, at its middle part, in presence of the class of the Buffalo Medical College, and nearly the entire medical profession of Buffalo. No unpleasant symptoms followed; the ligature separated from the vessel on the twenty-third day after operating, and the patient may be reported as cured. Dr. T. A. Emmett, of New York, reported a very interesting case, in which a large abscess, with several smaller ones, in a common sac on posterior wall of uterus, was mistaken for a fibrous tumour; the patient died from rupture into the rectum.

In the evening session, second day, the Society listened to an eloquent address by the President, Dr. Quackenbush, on "Individual Effort." Sketches of the lives of the pioneer discoverers in medicine were given, for example: Jenner, Harvey, Laennec, Bright, and others. A telegram was received from the Michigan State Medical Society, which we give with the answer:

"The undersigned, in the name of the Medical Society of the State of Michigan, send fraternal greetings to the Medical Society of the State of New York, health and happiness to its members, and durability to their honourable and ancient organization."

The following answer was sent:

"The Medical Society of the State of New York have instructed the President and Secretary to acknowledge the receipt of the telegram from the State Medical Society of Michigan, which was announced immediately after the delivery of the Presidential address at the Capitol. This fraternal greeting from a distant sister State, demonstrates a

triumph of modern civilization, the brotherhood of medicine, and renders instantly apparent that warm current of affectionate professional sympathy, which distils its benign influences over the hearts of men as the Gulf stream over the climates of distant countries.

The third day was occupied in the consideration of the case Freeman vs. Westchester County Medical Society, in which he was charged as erroneously representing himself as a member of the American Medical Association, and also with conduct derogatory to the honour and dignity of the medical profession. The committee to whom this case was referred confirmed the action of the Westchester Medical Society, which Society had expelled him from membership. Some cases of trichinae were reported, and after moving a series of resolutions thanking the President, etc., the report of the nominating committee was read, and the following gentlemen were elected as the officers for the ensuing year.

PRESIDENT.

Dr. James P. White, of Buffalo.

VICE-PRESIDENT.

Dr. George Burr, of Binghamton.

SECRETARY.

Dr. Wm. H. Bailey, Albany.

TREASURER.

Dr. John V. Lansing, Albany.

The Society then adjourned to meet the first Tuesday in February, 1870.

Professor J. C. Dalton, of New York, has, in a letter written to the *Boston Medical and Surgical Journal*, given a very favourable criticism of a paper on the cerebellum, read by Prof. William Hammond, before the New York Medical Society. He says the paper was a very elaborate one, and went over the entire history of the principal theories of the functions of the cerebellum, which have been in vogue as physiological doctrines for the last twenty-five years. Of these the theory of Gall, which regards the cerebellum as the seat of the sexual instinct and of the reflex actions necessary to its activity, has been practically abandoned from facts drawn from comparative anatomy and pathological observations. Prof. Hammond considered that the theory of Gall had been rejected by physiologists for good reasons. The theory of Flourens—viz., that the cerebellum is the seat of a co-ordinating power for complicated muscular actions still remains the debatable ground. For, however differently the experiment of Flourens may be interpreted by various writers, their direct results have never been invalidated since he first announced them in 1842.

Prof. Hammond cited at length the singular facts which have been observed since the discovery of Flourens, viz., that birds which have lost their co-ordinating power, owing to a removal of a portion of the cerebellum, may again recover this power without the reproduction of the missing nervous substance. How is this to be accounted for? It is because the effect of an operation on the cerebellum is not wholly due to the simple loss of its substance, but partly to the shock or temporary violence inflicted on the cerebellum as a whole. Prof. Hammond thinks that injury to the cerebellum produces a state of vertigo, and that the subsequent irregularity of the voluntary motions is due to this condition alone. After all, the greatest difficulties in the way of a positive doctrine of the cerebellar function, are those presented by the results of pathological investigation. In the estimation of Professor Hammond these cases are damaging, and even fatal, to every received doctrine of the present day. It is always a good thing to have our opinions overhauled from time to time, and summoned anew to the bar of criticism by such a résumé as that given in his paper.

The *Boston Medical and Surgical Journal* of Feb. 11, 1863, contains an account of a case of cutaneous horn of the eyelid, reported by Dr. Shaw, Boston.

J. C. came to the Mass. Charitable Eye and Ear Infirmary vigorous looking man; history good. About six years previously had a small growth on the middle of the free border of the lower lid, which increased slowly in size. On its anterior surface there soon appeared a fine hair like outgrowth which was very hard. This continued to grow gradually, assuming the appearance of a horn, until about a year and a-half ago, having reached the size of an inch and a-half in length, and the same at the base, it dropped off, leaving a pimple as at first. Another horn commenced in the same place, and in a few months attained the size of the previous one, its weight having produced partial eversion of the lid, and consequent displacement of the lachrymal puncture and trouble from the overflow of tears. It was removed by making a circular incision around the base; care being taken to avoid the tarsal cartilage and hair bulbs, and also to preserve as much healthy skin as possible; the base was firmly imbedded, but easily separated with the scalpel, and the parts brought together by means of a stitch, leaving a small portion to granulate. This case is important only from its rarity, not having been noticed in the works of Stellwag, Wecker, Wells, Mackenzie, or other ophthalmologists.

The Wayne County, State of Michigan, Medical Society has forwarded a small pamphlet, entitled, "Life Assurance and its relations to the Medical Profession." The attention of the profession is called to the rate of compensation for examining applicants for Life Insurance, and the following resolutions were adopted:—

Resolved, That the fee for examination for life insurance companies shall be the sum of *four dollars* for each and every primary examination.

Resolved, That we will not give a certificate as "family physician" without the verbal or written assent of the person to be insured, and even then reserving the right to withhold the same if for the interest of the family of the applicant.

Resolved, That the fee for such certificate shall not be less than *three dollars*, if the blanks can be filled in the physician's office; and if further labor be entailed, a further fee of *two dollars* be added, the whole to be paid by the insurance company; and

Whereas, A united action of the profession is necessary to perfect the above recommendation, and carry the resolutions into proper effect; therefore,

Resolved, That the Wayne County Medical Society respectfully and earnestly ask of the profession, not members of the Society, in the city of Detroit, to cordially unite for the common good in our effort for remunerative fees for examination and certificates in life insurance, as we believe the charges demanded are equitable and just.

Resolved, That the physicians of the State be requested to take like action in this matter; and that to further the same, your committee be empowered to present this report and resolutions to the State Medical Society at its next meeting in June.

H. SLATER, M.D., F.R.S., recommends the use of belladonna in asthma, illustrating its beneficial effects by the report of five cases in all of which it proved beneficial, he gives it in large doses and until its physiological effects are produced. He gives the tincture commencing in doses of ten minims and gradually increasing, we sum up in his own words as re-printed in the *Lancet* of January 30, 1869.

The advantages of administering it in the way I have described are:—

1. That, giving it at night, you bring the full force of the drug to bear upon the disease at the time at which it is most liable to come on, and thus, if you are successful, tide your patient over the critical time.

2. By gradually feeling your way up to the required dose, you are able ultimately to reach without fear a dose which you would be unwilling to prescribe without such a tentative approach.

3. In those cases in which the therapeutical dose is reached before the physiological—that is, in which the asthma yields before the sight or head is appreciably affected—it enables you to stop short as soon

relief is obtained, and thus spare your patient any of the disagreeable effects of the drug.

4. By giving it only once in the twenty-four hours, you are able to give a larger dose than you would be able to do if oftener repeated.

5. By confining the dose to bedtime, the patient's days are, in spite of a large dose, passed in comfort; for, as the morning advances, the dulness of head, confusion of sight, and drought of mouth pass away.

6. You are thus enabled to find out what is the dose for the individual—a very important point. People differ very much in their toleration of belladonna. Some of my patients have been unable to take more than twenty minims once in the twenty-four hours without very unpleasant symptoms; while I have known others able to take a drachm three times in the same interval without any inconvenience. And as they differ in their tolerance of the drug, so do they differ in the dose at which their asthma will yield. The only way to ascertain what that dose is, is to make each case a separate experiment, and this can only be done in the way I describe.

7. By giving the remedy three or four hours before the attack is likely to come on, the treatment becomes prophylactic. If by taking a dose every night for thirty nights the attacks have been for that time prevented, the patient has ceased to be an asthmatic for a month. This is a very different thing from having had thirty attacks in the same time which have been cut short by the remedy. In all "habitual" diseases, in which the recurrence keeps up the tendency, prophylactic treatment has, in relation to final cure, a pre-eminence it does not possess in diseases in which habit has no place. For such diseases it is the treatment. It does more than spare your patient an attack of his malady; it breaks, *pro tanto*, that chain of sequences which is the very life of the morbid tendency.

Editorial Notices.

At the request of a number of medical men, we this month give the amended Medical Bill.

We believe that some action has already taken place with regard to the election of a representative for the York and midland division in the Medical Council.

It is the generally expressed desire that our present representative will, as early as convenient, call a meeting of the electors, in the city of Toronto, so that the opinion of the profession can be taken upon this important matter.

Wm. Wood & Co., New York, announce the appearance of a new periodical called the Archives of Ophthalmology and Otology. The first number will appear in May, and will consist of about 300 octavo pages of entirely original matter, contributed by men of eminence in this country and in Europe, illustrated by fine engravings and chromo-lithogra-

phic plates. The second number will appear in six months after the first issue. Subscription price—\$7.00 per annum in advance.

GYNECOLOGICAL SOCIETY.

We have received a copy of the Constitution and By-laws of the Gynecological Society of Boston; the object of which is the advancement of Gynecic science and art.

The founders are: G. H. Bixby, S. L. Dutton, H. M. Field, W. Lewis, J. C. Sharp, H. R. Storer, L. F. Warner, W. G. Wheeler.

Officers.—Winslow Lewis, President; H. R. Storer, Secretary; G. H. Bixby, Treasurer.

CANADA LIFE ASSURANCE.

We have received from the Canada Life Assurance a statement, showing the advantages they offer over the various American Companies transacting business in these Provinces.

The following are some among the numerous advantages:

- 1st. Less rate.
- 2nd. Assurances granted on payment of half the premium in cash; the remainder to be wiped off by profits.
- 3rd. No notes for unpaid halves.
- 4th. The Policies non-forfeitable.
- 5th. Assets larger.

NOTICES OF BOOKS RECEIVED.

We have received the following Medical works from the publishing house of Lindsay & Blakistoun, Philadelphia, through W. C. Chewitt & Co., of this city.

History of the Medical Department of the University of Pennsylvania.

MACKENZIE on the Laryngoscopic, Hoarseness, and Loss of Voice.

GREENHOW on Chronic Bronchitis.

Pronouncing Medical Lexicon, by C. H. CLEVELAND, M.D.

WYTHE'S Pocket Dose Book.

And the following from the publishing house of H. C. Lea, Philadelphia, through the same firm.

FLINT'S Practice of Medicine. Third edition.

Diseases of Children, by J. LEWIS SMITH, M.D.

ELLIS'S Medical Formulary. Twelfth edition, enlarged and improved, by ALBERT H. SMITH, M.D.

Lectures on the Study of Fever, by ALFRED HUDSON, M.D., F.R.I.A.

Essentials of the Principles and Practice of Medicine, by HENRY HARTSHORNE, M.D. Second edition.

Half-yearly abstract Medical Sciences.

Notices of Books.

PRONOUNCING MEDICAL DICTIONARY :

Containing the Correct Pronunciation and Definition of Terms used in Medicine, and the Collateral Sciences; with Addenda, containing Abbreviations used in Prescriptions, and List of Poisons and their Antidotes. By C. H. CLEVELAND, M.D. Eleventh Edition. Lindsay & Blakiston, Philadelphia. W. C. Chewett & Co., Toronto.

THE PHYSICIAN'S DOSE AND SYMPTOM BOOK :

Containing the Doses and Uses of all the Principal Articles of the *Materia Medica* and Official Preparations; also, Table of Weights and Measures, Rules to Proportion the Doses of Medicine, Table of Poisons and Antidotes, etc., etc. By J. H. WYKES, M.D., Author of the *Microscopist*, etc. Eighth Edition. Lindsay & Blakiston, Philadelphia; W. C. Chewett & Co., Toronto.

THE MEDICAL FORMULARY :

Being a collection of Prescriptions, derived from the writings and practice of many of the most eminent Physicians in America and Europe, with the usual Dietetic Preparations and Antidotes for Poisons; to which is added an Appendix, on the Endermic use of Medicines, and on the use of Ether and Chloroform, with a few brief Pharmaceutical and Medical Observations. By BENJAMIN ELLIS, M.D., late Professor of Mat. Med. and Pharmacy, in the Philadelphia College of Pharmacy. Twelfth Edition. By ALBERT H. SMITH, M.D. Henry C. Lee, Philadelphia; W. C. CHEWETT & Co., Toronto.

To Physicians who have only read of the new remedies, and who are often deterred from using them by their want of knowledge of the subject, this work is invaluable.

Communications.

To the Editor of the Dominion Medical Journal.

SIR,—I observe an extract in your last number from "The Practitioner," upon the subject of Belladonna as an application in surgical affections. Perhaps to some this recommendation, coming from the old country, will be promptly received. But, with your permission, I desire to say that this remedial agent was recommended in my "Principles of Surgery," published in the beginning of 1866, as the following quotations will show. Speaking of the treatment of Passive Congestion, upon page 104, I remark that Dr. Brown Séquard "highly recommends Belladonna in passive congestion of the spinal cord; he has found by experiments on lower animals, that it has a very decided effect upon the unstriped muscular fibre; it may be given internally,

or applied externally in the form of a plaster." I have used it to great advantage in passive congestion of the leg. In the treatment of chronic sores, I use the extract, to which is added water, so as to form a lotion." Upon page 127, I recommend it as a local application in the treatment of carbuncles. Again, page 158, I have given it as a valuable application in the treatment of indurated glands, resulting from syphilis. And again, page 189, speaking of the treatment of unhealthy ulcers, I remark, "In addition to the lotions commonly in use, I have to mention one particularly, which I have found exceedingly useful, it is a lotion of belladonna, formed by water and the extract. In some cases of obstinate, weak, and indolent ulcers of the leg, I have succeeded in healing the sore, after everything else had failed. The lotion was applied in the morning, and then a bandage applied to the limb."

The idea of using this drug in surgical affections suggested itself to my mind from reading Dr. Brown Séquard's recommendation relative to passive congestion of the spine; but I claim to have first used it in connection with surgical diseases, especially as a local application. Since I first used and recommended it, I have continued to employ it with a degree of success that nothing else has afforded. It is infinitely preferable to carbolic acid, about which so many are excited at the present time. I do not recommend any medicated lotion in a healthy wound or ulcer, knowing that nature will invariably heal if not interfered with; and am convinced that pure air possesses no element to retard the work. It is only when there is disease that carbolic acid is found useful; but belladonna is much better.

I remain, &c.,

Toronto, Feb. 17, 1869.

WM. CANNIFF.

THE LATE DR. O'DEA.

At the last ordinary meeting of the Medical Section of the Canadian Institute, the following resolutions were adopted:—

"The society having heard with regret of the death of Dr. Martin John O'Dea, one of our members, therefore,

"Resolved—That the society tender to the family of the deceased deep and heartfelt sympathy in their bereavement.

"Resolved—That out of respect to the memory of our late fellow-member, we as a society attend his funeral.

"Resolved—That a copy of these resolutions be sent to Mrs. Dr. O'Dea, and that these be published in the Toronto daily papers, and in the Dominion Medical Journal.

"Resolved—That this society do now adjourn.