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## THE CANADA LANCET:

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MEDICAL AND SURGICAL SCIENCE.

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## Original Communications.

## ON BLOODLETTING.

BY WM. KERR, M.D., GALT, ONT.

The tide of medical practice which has for many years been setting in against bloodletting, till now, perhaps most, practitioners never bled at all, is now beginning to ebb. Having been educated in a period when to omit the abstraction of blood in an inflammatory disease would have been considered most culpable neglect, permit me to make a few remarks, the result of the experience of a good many years. Without attempting to generalize, I shall take a case of enteritis, and tell how it was treated; say that the pain in the abdomen was severe, and increased by the slightest pressure, that there were vomiting and the bowels minutely constipated. If the patient had taken a purgative it had been vomited, or if retained had produced no effect. Sir Thos. Watson tells what happened to himself when seized with enteritis. The time referred to he was a young lad, and a medical attendant for two or three days gave drastic purges, with no other effect than that of increasing his sickness, and adding to the pain of the abdomen. Another physician was now called, who at once bled him copiously, with the immediate effect of producing a call to the night. The remainder of the treatment is not mentioned, because most likely there was nothing to be done, nursing for a short time would complete the cure. Sir Thomas in relating the good effect of bloodletting only states what occurred in every case of enteritis, where the remedy was not too long delayed, and what may be now met with, if medical men would only lay aside groundless prejudices, and use their lancets. During the whole of my own experience I have seen no ex-

ception, and no year in which it was unsafe to bleed, the constitution of the disease remaining all along unchanged. I cannot say how often I have without delay, bled the patient to faintness, this being accompanied by a copious evacuation of the bowels, and immediate subsidence of pain. Not unfrequently in the course of twenty minutes, when the patient had rallied, more blood was allowed to flow till some degree of faintness again occurred. Those, like myself, familiar with this mode of treatment, will agree in saying that one or perhaps two free bloodlettings at the beginning, and not very distant from each other, are infinitely preferable to a greater number of small bleedings spread over a longer period. Years ago I was called to a gentleman who had become ill during the night; the attack being so recent I hoped to relieve him by a purgative enema, but it came away bringing nothing with it, and not even discolored. I then proposed to bleed him, but his friends strongly objected, and wished to have the opinion of another medical man, who however did not arrive till sixteen hours had elapsed. He advised calomel and opium, and assured me that bleeding would sink the patient, who it was true was about fifty years of age, always pale looking, and not robust. Notwithstanding this adverse opinion, I bled to faintness with the immediate effect of opening the bowels, followed by great diminution of pain; as soon as he was a little restored the vein was reopened, and more blood allowed to flow. It might be said that the treatment was now ended, he did not sink, calomel and opium were not required, and rest and warmth in bed completed the cure.

Before the use of the lancet had gone into desuetude, the application of leeches was adopted by some, as a sort of compromise, I suppose, but the process being tedious, the medical man, if his time is valuable, cannot wait to determine when the bleeding is to be stopped. By using the lancet the flow of blood is completed in a short time, of itself an important circumstance for the relief of pain, and lastly he judges, and not inexperienced attendants, when a sufficient quantity of blood is abstracted.

Take a case of pneumonia as another illustration of the efficacy of blood-letting. The patient complains of severe pain in the chest, so much increased by inspiration that breathing is short and frequent. He has cough, but every cough greatly aggravates

the pain, and the expectoration has a rusty color. Let a vein be opened, and before the blood has ceased to flow, even before the accession of faintness, he is easier. One or perhaps two bleedings will be required, though seldom so much blood must be abstracted as in enteritis, and in most instances recovery will go on.

The immediate relief given by bloodletting in a case of laryngitis related by Dr. Macnamara in the *London Lancet* had many parallels in former years. In croup, a kindred and more common disease, many illustrations might be found every winter. In one season I treated eleven cases; one of these required only an emetic, the remaining ten were not relieved till they were timeously, I am glad to say, bled to faintness. In every one the cessation of distress was speedy or almost immediate, and recovery rapid. At that time I knew nothing about the narcotic combinations described in this journal; these have enabled me to cure some whom I formerly would have bled, and to save life at a more advanced period of the disease, but my belief in the utility of bloodletting is unchanged.\*

A few more diseases will complete the list of those benefitted by bloodletting. Let us now enquire why such a potent remedy has, till of late, been abandoned by most medical men. The answer must be that it was carried too far, and a revulsion was the natural consequence. At one time, bleeding was employed for most diseases, and an idea became prevalent that besides those highly inflammatory, there were others of a more obscure and insidious character, which required to be treated by small bleedings repeated every few days. Even phthisis was placed in this list; pain in the back, in many instances only rheumatic, was called incipient disease of the spine, and too frequently doomed the unfortunate patient, not to a comfortable bed, but to lie for many months on a thinly covered board, and to have leeches applied once or twice a week, with blisters on the intermediate days. Were I to say how often I have heard such patients were bled and blistered, I would most probably be accused of want of veracity. The Sangrados of those days seemed to think that the extension of bloodletting was a proof of the advance of the art of healing. I can remember medi-

cal men boasting of bold and heroic practice, the heroes not being the patients who were in danger, but the doctors who were in none. The good which bloodletting is capable of accomplishing in the comparatively few cases where it is required, was lost sight of in the evil effects in the greater number where it was employed, but not needed.

There is a marked hesitation in the tone of writers regarding the employment of bloodletting in pneumonia, and a want of precision in the rules of practice very embarrassing when a dangerous case has to be faced. As a contribution to the subject, and in the hope of removing at least one difficulty, I published in the *Edinburgh Medical and Surgical Journal* for April, 1840, a paper entitled "On collapse occurring during the treatment of some Acute Pneumonic Diseases," which I shall take the liberty of transcribing nearly in its original form.

The object of my remarks is to call the attention of the medical public to a dangerous train of symptoms immediately succeeding, in some instances, the inflammatory stage of pneumonia and pleurisy. In those to which I allude, a state of sinking, suddenly and unexpectedly occurs within a day or two after the removal of the pain, when the patient is much easier, and apparently about to be restored to health. The following cases were intended for publication, and probably would have been printed, had I not found from conversation with several gentlemen of considerable eminence in the profession, that they were ignorant not only of the treatment, but of the occurrence of the above dangerous attendant upon acute pneumonic complaints. With this apology for cases which do not possess the copiousness of detail which I could have wished, I proceed to relate them, hoping that they may at least serve as guides till further and more minute observations are made.

One forenoon in March, 1836, I visited a man 50 years of age, who complained of severe pain in the right side of the chest, which prevented him from lying in the horizontal position in bed, and was greatly aggravated by inspiration and coughing. The pain had come on some days previously in consequence of cold, but had not required much severity, and was unaccompanied by cough till twenty-four hours before my visit. I immediately opened a vein, and abstracted six ounces of blood, with such great and immediate

\* See this Journal for Dec., 1873, where my experience of blood-letting in Scarlet Fever is also given.

relief, that I flattered myself that the disease was subdued. I also gave a dose of calomel, and paid attention to secure a comfortable warmth of body. Next day, pain having returned during the night, I bled him a second time to the extent of sixteen ounces, with immediate relief; however in a few hours pain was again felt, but in a very mitigated degree, and for this a sinapism was applied. On the third day he was better, though not free from pain; on the fourth he was so well that, on entering the house, I found him its only inmate, his wife having gone out for a short time, thinking that he now required little attention. Previously to this day, his breathing during sleep was always oppressed, but it had now become easy, and as a consequence he slept much longer. On the next day, the fifth, to my astonishment I found him greatly worse, his pulse frequent, and his manner abstracted, like that of a patient in typhus fever, to which the symptoms now bore a strong resemblance. In the evening he began to be incoherent. Next afternoon he was quite insensible, and unconscious of being in existence. Bewildered with symptoms which I did not anticipate or comprehend, I knew not what to do, and in twenty-four hours he died.

On the 2nd of August, 1836, I was sent for in haste to visit a farmer 58 years of age, who had gone that evening to visit a neighbour; after tea while walking in the fields with his friends, he was seized with pain in the left side of the chest so severe that he required to be taken home in a carriage. I caused him to be made warm in bed, opened his bowels by an enema, and gave a purgative. For a short time there was considerable remission of pain, followed however by great aggravation, which rendered inspiration or the slightest movement of the body very painful, and prevented him from lying on the affected side. There was no cough. I now opened a vein, but the result of the last case having made me timid, I abstracted scarcely a soup-plateful of blood with very little mitigation of the pain; to remove the remainder a dose of opium was given, which was repeated during the night, but without benefit. Next day I requested the advice of another medical gentleman, who recommended sinapisms and a blister. Death occurred about 84 hours from the commencement of the illness. During the last day of his life the pain was lessened, but the breathing

was more frequent, and the oppression greater; at his own request he had six or eight ounces of wine. Incoherence was at no time present. During the whole illness, though slumbering occasionally from opium, he could not be said to sleep.

In June, 1837, I visited a farmer, 41 years of age; he felt himself unwell, his body generally pained, and his appetite bad; these he attributed to cold caught two days previously. I caused him to take a purgative, and go to bed. Next morning a message was sent that severe pain in the lower part of the left side of the chest had come on during the night. I forwarded one grain of opium, directed the application of a sinapism, and in two hours visited him. He was not in any measure relieved, the pain was severe, preventing free respiration, and obliging him to lie on the opposite side; cough was frequent, and caused great aggravation of pain. Suspecting that in the last case the inflammation had not been subdued, owing to timidity in not taking away the requisite quantity of blood, and that in the first case, I had possibly taken too much, I began to be of opinion that the fatal sinking, which so unexpectedly followed the abstraction of blood, might perhaps have been remedied, had stimulants been given freely whenever the change of symptoms appeared. I therefore determined in the present instance to put a stop, if possible, to the inflammation in as short a time, and with as little loss of blood as possible, and to give wine liberally, as soon as any degree of delirium should appear. Accordingly I opened a vein, and abstracted nearly a soup-plateful of blood. Finding at the end of an hour that the pain was mitigated, but not removed, I re-opened the wound, and allowed more blood to flow till he had lost altogether 24 ounces. This gave great relief, and after having waited for several hours, satisfied with the result of the treatment I left him. Next day the pain was very slight, and he was evidently much better. On the succeeding day, the third of my attendance, pain not being wholly gone, tartar emetic was given in small doses, but having sickened him he refused to persevere in its use. Since his illness commenced he had slept ill, and therefore this night one grain of opium was given. Next morning, the fourth, his bowels were freely opened by a purgative, and feeling himself, as he imagined much better, notice was sent, at his request, that I might dispense with visiting him that day.

Aware however of the deceitful nature of the disease, I disregarded the message, and on my arrival found him complaining peevishly of the opium having caused a restless night, and uneasy dreams. Some of his expressions were decidedly incoherent, and his pulse was frequent. I now learned that since the night of the second day, he had talked incoherently when slumbering, and yesterday had manifested obstinacy and peevishness. He had had no appetite since my first visit. I ordered two ounces of wine to be given every three hours, and 25 drops of laudanum every six, till sleep was procured. I then left him for two hours, and on my return found the frequency of the pulse somewhat lessened. Next day, the fifth, I was informed that sound sleep had not come on, till after the third dose of laudanum, but that since that time he had slept with little intermission. He relished the wine, and had taken it as directed. This night he slept without laudanum, and next day, the sixth, was only slightly incoherent. Appetite gradually returned, but for some weeks he required several glasses of wine daily.

In May, 1838, a gentleman 24 years of age, was seized with pain in the left side of the chest which yielded under the application of warmth, and the use of opium which he required for three days. On the fifth, pain returned, and at bedtime became so violent that he durst scarcely cough, and was obliged to lie on his back, having his head and shoulders considerably elevated; the expectoration was not reddened; pulse 120. This patient had for several years been confined with phtisical symptoms arising from disease in the right lung, and had not till within a year or two recovered any measure of health. On this account scarcely more than ten ounces of blood were abstracted, which on cooling exhibited a buffy coat. The pain was immediately so much relieved that he could lie in the recumbent position, nevertheless through the night he was very restless and uneasy, and during the succeeding day was only partially soothed by opium. Next morning, 36 hours after the blood-letting, learning that he did not enjoy above five or ten minutes sleep at one time, and was incoherent for a short period after he awoke, symptoms which occurred in the early stage of sinking in the other patients, two ounces of wine were prescribed every three hours. He was still not altogether free from pain in the chest, and cough would, but

for opium, have been very troublesome. Pulse 126; there was considerable thirst, but the tongue was not dry. After commencing to take wine, he was observed to sleep longer, and to be less incoherent on awaking. Next morning the pulse was 116; he relished wine, and felt stronger. On the succeeding day the pulse was 104, and the incoherence gone: wine was still relished, and taken in the same quantity. At the end of a week he was much better, so that the doses of wine were greatly diminished.

A middle aged servant maid was seized with pleurisy for which I bled her once pretty freely, with immediate relief of pain; two days afterwards on the appearance of symptoms of sinking, wine was given at the rate of two ounces every three hours with decided benefit. The recovery was tedious, however, in consequence of a large abscess forming in the left cavity of the pleura, which burst into the bronchiæ.

An elderly gentleman one of my patients, while on a visit to his son in Edinburgh, was seized with pneumonia, and was attended by two of the most eminent medical men in that city, who bled him with great and immediate relief. On the fourth day I saw him. Contrary to his usual manner he was peevish, and I learned that on awaking from slumbers he manifested some degree of incoherence. Founding my opinion on these symptoms I advised wine, but was met by the objection that loss of blood had but a few days previously been imperiously demanded. Incoherence increased, and culminated in insensibility, when wine was given at the same rate as in the other cases, with similar benefit.

I do not suppose that the train of symptoms indicating sinking is confined to pneumonic affections, though most commonly met with in them; but that collapse may follow other inflammatory diseases, if the severity of the attack renders necessary the abstraction of a greater quantity of blood than the constitution can support. I remember only one such case. A somewhat elderly gentleman who had had in the course of years several attacks of enteritis, and these having been in every instance cured by free bloodletting, had ceased to regard them as dangerous, so that on the last occasion a day or two after he was bled he went out to his fields to inspect work which was going on. This caused a relapse, for which

again bled him freely. Typhoid symptoms, such as I have described in the others, soon followed, and I at that time, not knowing the appropriate treatment, he died after having been incoherent, and latterly insensible, resembling a patient, in an advanced stage of typhus fever.

I may mention that all those whose cases I have given were temperate in their habits, and all, the consumptive gentleman excepted, were previously in good health.

From the time the preceding cases were published I ceased to take notes, but I can remember no instance at variance with the conclusions drawn from them. In the inflammatory stage I have never hesitated to bleed to the extent of relieving, though perhaps of not wholly removing pain; during the next two or three days of comparative ease, the advent of typhoid symptoms was carefully watched at least if the patient was no longer young; sleep broken and unrefreshing excited suspicion, especially if followed by increased frequency of pulse; then came fretfulness, and some incoherence on awaking from sleep, next incoherence was seldom absent, and lastly the patient became too insensible to be able to answer a question. Whenever this train of symptoms is distinctly recognized, wine ought to be given with as little hesitation as blood-letting was employed in the inflammatory stage. For many years I believed that typhoid symptoms rarely occurred when the patient had been bled to the full extent that his strength permitted, but I can now remember at least three cases, where they came on without being preceded by blood-letting. One was a middle aged female of spare habits of body, the second a previously healthy and robust boy seven years of age, the third a previously healthy boy of fifteen. In none was the pain severe, but its character was distinct, and I had almost made up my mind to bleed, when, I observed incoherence; guided by this, I gave wine freely, when recovery commenced, and went on to perfect health.

Dr. Stokes, in his work on diseases of the chest, (Dublin, 1837), does not mention delirium or the train of symptoms I have related. He recommends blood-letting in the early stage, "a single or most two bleedings," and afterwards, as time advances, wine, or simultaneously with wine, the application of leeches, but no attempt is made to point out what symptoms indicate the employment of

these opposing remedies. Dr. Cullen says, that "delirium coming on during pneumonic inflammation is constantly a symptom denoting much danger." Sir Thomas Watson speaks of it in similar terms of apprehension, and though he has frequently met with it, does not connect it with collapse, or mention the precursory symptoms, and draws no conclusion respecting the appropriate treatment. If my observations are correct, it is a light in darkness, telling indeed of danger, but at the same time pointing the way to safety.

## TWO CASES OF TRANSFUSION.

BY DR. D. CLARK, PRINCETON, ONT.

It was not my intention to report, at present, the two cases of transfusion here described, until a number could be grouped, and the average results of this mode of treatment known by a number of cases, but as the irrepressible newspaper reporter has given one of the cases to the public it is, perhaps, best to record them in a professional journal. The first case was that of a married woman 33 years of age, and the mother of four children. She has never been of robust health, and of a consumptive family, several of whose members died of it. The disease had shown pronounced symptoms of it for nearly two years, until at last the patient was confined to her bed the most of her time. It is unnecessary to enter into details, for such cases are unfortunately common in Canada. Transfusion was determined on as a last resort, and Dr. Meldrum of Ayr, was found a willing and able assistant. Aveling's instrument was used, and the husband was chosen to furnish the blood. He was a strong and healthy man, who scarcely knew what sickness was, and seemed an eligible subject. The direct method was decided on, and partially adopted. After the bulb had filled twice with blood, and this had been injected into the patient's vein the efferent flow ceased, and no coaxing could induce the blood to fill the instrument. We feared that either air had got into the tube, or that a clot had formed in some part of the intermediary course, or possibly both causes were hindering the current and might end in disaster, so it was decided, rather than run any risk, to use defibrinated blood by the indirect

method. The nozzle was taken out of the husband's arm, and he was bled about ten ounces. This blood was thoroughly beaten with a twig, and strained through a cambric handkerchief. The temperature was kept up by immersing the vessel in water of the normal heat of blood, and about six ounces injected, making eight ounces altogether. A small quantity of spirits of ammonia was mixed with the injected blood, as well as with the water first used to fill the tube, thus a tendency to clot was prevented, and a diffusible stimulant introduced into the circulation. In spite of the utmost care and caution in regard to all the details, alarming symptoms supervened. The temperature of the body fell to such an extent that the finger nails, lips, and nostrils became livid, the "goose-skin" showed prominently, the pulse was scarcely perceptible and weak, and the patient complained of feeling exceedingly cold. It was impossible at that time to procure a thermometric test, but the physical signs were such as to indicate a speedy death unless the animal heat could be restored, and the circulation stimulated. Brandy and ammonia were freely administered. Hot fomentations were applied to the legs, arms and trunk. Friction was used vigorously to the limbs until nature began to react, and assert its power. When the heat began to return and reaction set in, violent hæmoptysis followed, and large quantities of blood and mucus were coughed up. Vomiting brought up a small quantity of blood. It is possible, however, that this had been swallowed, when it escaped into the throat from the lungs. A few hours afterwards blood was found in the stools, probably finding its way to the intestines by the mouth. Violent pains were felt in the limbs, flying in an erratic way from one to the other, and the uterus was excessively tender upon external pressure. In a few hours after the operation, the menses came on with copious discharges, (or possibly it would be more correct to call the flux menorrhagia,) although they had only been absent four days. It became evident to me that more blood had been thrown into the system, than it could temporarily dispose of or find room for, and that nature sought relief from its superabundance through its weakest barriers, or in other words, the blood vessels gave way to the strain on their capacity. It is needless to say that Dr. M. and myself passed an anxious and unenviable half hour, in watching and assisting

the patient's excellent nurses by every means at our command, to prevent a fatal termination to our efforts. The sudden fall of temperature has not yet been accounted for in my own mind. In all the cases I read of the temperature rose; Why the difference in this instance? The injected blood was of normal heat. The ammonia could undergo no decomposition to produce such results. The blood could not chill sufficiently *in transitu* to lower the heat of the whole body to such an extent. It was not a "nervous" chill, for the woman had been perfectly cool, and showed no signs of trepidation during the operation, at the same time there was an absolute want of heat. Whence this coldness? It may have been from a partial shock to the heart, consequent on distension, seeing that an unusual demand had been made not only on its capacity, but also on its vital action, which it was unable to fulfil, hence languid circulation, imperfect oxidation of blood, and thus a partial suspension of natural processes for the production of animal heat. In about 20 hours afterwards violent reaction set in, and fever supervened. The pulse rose to 120, and the temperature ranged from 97° to 99°. Copious perspiration followed the rise in heat. The cough was slight and dry. No blood from the lungs flowed after the first 48 hours, and the expectoration ceased. After a few days the patient enjoyed her meals more than she had for months, and not only been able to take considerable exercise about the house, but has been visiting friends a number of miles from home. The operation was performed on the 23rd of January, and it yet remains to be seen what success will result permanently. Auscultation and percussion indicate no change in the parts affected. Will the diseased lungs heal and cicatrize, as many have done by nature's efforts? will the tubercular deposit and disintegration only receive a temporary check from the introduction of healthy and active corpuscular workers into the system?

The second case was also a woman of middle age, residing about six miles south of Woodstock. She had been an invalid about a year with phthisis pulmonalis, and for a short time previously under the care of Dr. A. H. Millar, of Burford village. A healthy young man of 19 years of age was selected to furnish the blood, and the direct method was adopted. No such results as the

mentioned above followed; but, on the contrary, the pulse rose rapidly. The face and ears became suffused with a florid and healthy glow. There was no depression, but on the contrary, tonic results were immediately apparent. The patient said she felt "as if her veins were bursting." Only about six ounces were injected. Dr. Millar had provided himself with the improvement on Aveling's instrument by having two bulbs, and a receiving vessel with attachments, if the indirect method were resorted to. It seemed to answer the purpose well. Instead of ammonia being used with the water which filled the tube, a small quantity of table salt was put into the vessel. The operation was performed on the 8th of March, so it is not possible to say what the result will be. Although the operation is far from formidable, yet it is evident from the records, that great care is necessary in order to prevent disastrous consequences. It may prolong life in phthisical cases, but it is to be feared that the tubercle will come out conqueror in the end. In hæmorrhages, anæmi and such like, transfusion will doubtless be of great service to the practitioner, and any assistance to the study of such an occult art as that of healing, will be received with thankfulness by the profession. It is my impression that an aspirator like that of Dieulafoy's, fitted with proper nozzles would be an improvement on Aveling's instrument in one cardinal respect, viz: that by immersing the receiver into hot water the transmitted blood could be made a few degrees warmer than blood heat, and thus a high temperature maintained in the patient at a critical time. There is no doubt that in passing from one person to another a good deal of heat is lost, and our thermometers tell us of great effects flowing from a very few degrees of difference in the heat of the body, when inflammatory or febrile diseases are in the ascendant.

of Beds," especially in rheumatism. Since that was written I have had a case of acute rheumatism in practice, in which I tried insulation, and of which the following is a brief history.

E. O., aged 17 years, assistant in an office in Toronto, son of a clergyman. On Thursday, Feb. 11, first felt pains in the feet and ankles. Continued to get worse until Sunday 14th, when I first saw him. Feet, ankles, and knees then somewhat swollen, hot, and very painful upon motion,—quite unable to stand upon them. Ordered perfect rest, 4 grains of mass hydrarg, to be followed by Seidlitz powders to act moderately on the bowels, which had been rather inactive, poultices to the most painful joints, and a mixture containing potassium nitrate, potassium bromide, and colchicum.

Feb. 16; still rather more pain; ordered bed to be insulated which was done by placing the legs of the bedstead in four glass salt-cellars, the mixture to be continued, and a Dovers powder at night. Feb. 17 patient decidedly easier, though the previous night had been the worst he had passed. He continued to improve rapidly, and was entirely free from pain in three or four days more, and able to walk about the house.

The constitutional symptoms in this case were not of a very marked character. The heart's action was labored and irregular in the beginning, but not quickened, tongue slightly coated, white, considerable thirst, but perspirations not profuse; though these symptoms, excepting the heart's action, were gradually becoming more aggravated until Feb. 17th.

The patient had had two previous attacks, similar, but of much greater duration; from which he had entirely recovered. His father had suffered from two or three very severe attacks of acute rheumatism.

One such case does not prove much in favor of insulation, but the improvement in the one above referred to, commenced earlier, was more rapid and decided, than that of any other case of like severity which I have treated, in a practice of about fifteen years, and if you see fit to make use of this, in any way, that you think may be interesting or useful to your numerous readers, you are at liberty to do so.

#### INSULATION OF BED IN THE TREATMENT OF RHEUMATISM.

BY EDWARD PLAYTER, M.D., TORONTO.

In the last number of the *Sanitary Journal* there was an article referring to a paper by Dr. Regenhals, which appeared in the *Philadelphia Medical and Surgical Reporter*, upon the "Insulation



## Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I inclose an advertisement of an old Botanist, Cancer Doctor, and General Practitioner of Medicine and Surgery, (for he claims to be all these and a good deal more) which I clipped from the Carleton Place *Herald*. He has no legal standing, yet he charges exorbitant fees, which he contrives always to get in advance. Why don't you prosecute him, some one will say? Well here is my reason which I think is a good one. If I should do so, I might as well remove to some other quarter at once, for he has an extensive family connection which would rise *en masse* against me if I were to prosecute, and through their influence I would lose my business, which is a good and paying one, and no man is so foolish as to destroy his practice in this way. This man is a quack in the widest sense of the term and should be prosecuted, but the various physicians residing nearest to him will not prosecute.

**NOTICE TO THE AFFLICTED.** The Subscriber will treat successfully the following diseases: Cancer, without the use of the knife; Scrofula, such as Evils, Salt Rheum, and all kinds of Scurvy; a sure cure for Neuralgia, Dropsy, Gravel, &c.

JOHN TENNANT, Botanist.

This is only another instance of open defiance of the late Medical Act, and a good reason why a public prosecutor should be appointed in each territorial division at the next sitting of the Council. Various medical gentlemen with whom I have come in contact lately, desire this to be done as soon as possible, and then we will have something substantial for the dollar we have paid. Come, gentlemen of the Medical Council, wake up, and make a move in this matter or else we will have to vote a *five years* hoist in June next.

Yours, &c., M. D.

March 10th, 1875.

To the Editor of the CANADA LANCET.

SIR—Permit me to ask, would it not be advisable for the Medical Council to appoint a public prosecutor, that the Act may be carried out to the letter, and members of the profession protected who have spent much valuable time and money to procure registration. I am for one continually annoyed

by an ignorant pretender, practising daily before my face, and who hesitates not to contradict my diagnosis, and in every manner conceivable, endeavour to injure me. According to the Act my only redress is by prosecuting the offender myself, as friends do not feel disposed to meddle with the affair. Is it not time something should be done? I am not the only who experiences this difficulty, as there are several even in the county in which I reside who are practising in open defiance of the law. It seems rather hard after all the legislation in connection with the profession, to be compelled ourselves to do the prosecuting.

I would be glad to have your opinion and the opinions of some of our brother practitioners.

Yours, &c., M. D.

March 8th, 1875.

## Selected Articles.

## CLINICS VIENNA HOSPITAL.

At the clinic (Vienna Hospital) a girl about ten years old was shown, suffering from dribbling of urine. This occurred in the day-time, and never at night. The diagnosis made was weakness of the muscles of the bladder; because of this muscular debility, the elasticity of the organ forced out urine, when the patient was in motion, in the upright position. Interrupted electric shocks were given, one pole of the battery being applied to the abdomen, and the other inserted in the vagina; the operator remarking that cystitis or urethritis might follow, if the wire were introduced into the bladder or urethra. Shocks were given for ten minutes; to be increased a minute daily till five or ten minutes should be reached. By the fourth day the patient was able to keep herself dry. It was stated that such early success was unusual, but that in three weeks or less one half the cases were relieved. After ten days the patient had been reapplied for treatment.

In the treatment of gleet, Dr. Auspitz uses an olive-pointed probe, the point consisting of a mixture of tannin and glycerine. This is introduced into the bladder and slowly withdrawn. If pain is felt at any especial part, he considers that to be the seat of unhealthy granulations that are kept up the discharge, and introduces the probe to that point every day for a few minutes.

He is also experimenting by cutting out the chancres as soon as they are discovered; and includes in the removed tissue some of the healthy margin, in the hope of destroying the disease. These experiments have not yet been completed.

over a long time, or made in a large enough number of cases, to warrant conclusions. If they should prove satisfactory, the results will probably be published.

In Hebra's clinic, a patient with eczema of some duration, affecting all the limbs equally, was treated as follows: One arm was wrapped in rubber cloth, and the other was treated with corrosive sublimate, one grain to the ounce of water. One leg was treated with diachylon ointment, and the other with tar. These methods of treatment have been continued some time, and the leg treated with diachylon ointment is recovering most rapidly, while the arm treated with mercury is the slowest in its progress.—E. M. B.—*Boston Medical and Surgical Journal*.

### OLEATE OF MERCURY.

Much difficulty has been experienced in the preparation of this really valuable mercurial compound. The mistake generally made arises from erroneous idea that heat is required to effect the union of the constituents. The fact is that the effect of even a gentle heat is detrimental to the preparation, generally causing a reduction of the metal, with the formation of an unsightly grayish-black deposit. Most authorities recommend the use of the yellow oxide of mercury, representing that it is more readily dissolved by the oleic acid, than the red oxide. Undoubtedly this is in some sense true, but unless the yellow oxide is sifted into the oleic acid, and well mixed with it by careful stirring, it is apt to aggregate in solid lumps which resist the action of the solvent a long time. On the other hand the oxide, if reduced to a fine powder, dissolves with sufficient rapidity, and requires no special precaution to prevent the formation of lumps.

The following formula in our hands has always yielded a satisfactory product:

R.—Red oxide of Mercury in fine powder ʒvi.  
Oleic Acid, purified, Oi.

Mix the oxide with the acid in the cold, and occasionally until a transparent solution is obtained. Keep the product in well stopped bottles, protected from the light.—*Detroit Review of Medicine*.

Max Müller says that the value of association settings is twofold: (1) "They enable us to take back, compare notes, to see where we are, and to find out where we ought to be going. (2) They give us an opportunity, from time to time, to tell the world where we are, what we have been doing in the world, and what in return we expect the world to do for us."

### CLINIC ON DIAGNOSIS OF TUMOURS OF THE BREAST.

BY THOMAS BRYANT, F. R. C. S., GUY'S HOSPITAL.

GENTLEMEN,—Six months ago I removed from a woman thirty-three years of age a cancerous tumour connected with the breast, which I mistook for an adenocoele, or simple chronic mammary glandular tumour; and I then made up my mind to keep the case before me, and to make it the text for one of my future clinical lectures. Indeed, my intention had gone a little further than this, for I had designed to devote every clinical season one or more lectures to the consideration of my mistakes during the past year.

It is true that to dwell upon past errors is not so pleasant as to talk about our successes, but it is far more profitable; and as I may honestly admit that it has been from the errors I have committed and seen committed that some of my most useful lessons have been learnt, I would fain hope that the consideration of my mistakes will form no exception to this experience, and that good will come of it to you as well as to myself.

The mistake you saw me commit on Tuesday last (January 26) has led me, at once, to adopt the practice I had arranged to follow. I propose, therefore, to-day, to consider with you the different points of the two cases in which I have fallen into error, at the same time drawing such useful lessons from their consideration as may present themselves.

You all remember the case on which I operated last week.\* The patient was a woman forty-seven years of age, married, but had had no children. An aunt on her mother's side died of cancer of the breast. Her health was good up to six months ago, when she observed a tumour of the right breast, about the size of a pigeon's egg. It caused very little inconvenience until about two months ago, when the breast became painful, and she consulted a surgeon, who prescribed an embrocation, which produced a rash, but failed to give relief. He therefore recommended her to consult a hospital surgeon. On admission we found a hard roundish tumour of the right breast, about the size of a small tennis-ball, freely moveable over the pectoral muscle. The skin over the tumour was not adherent, the nipple was not retracted, neither were the axillary glands affected. The tumour could not be separated from the gland. When the tumour was moved the whole breast moved with it, indicating that the growth was in the substance of the gland-tissue. It thus appeared to be a chronic cancerous infiltration of the gland in an early stage. I therefore advised immediate removal of the breast, for all experience points to

\*Reported in the *Medical Times and Gazette* of Jan. 30.

the wisdom of removing the entire breast as soon as it is discovered to be the seat of carcinoma. Accordingly, I excised the breast yesterday week, and was surprised to find that the tumour was a simple cyst.

Now, you may ask—Why did you not ascertain by puncturing whether the tumour was cystic or not before operating? My reply is that the age of the patient, the history, and the characters of the tumour pointed strongly to cancer. It clearly was not inflammatory; it had none of the characters of adenoma, and there was nothing about the growth to raise a suspicion of its being a cyst. If you ask me why I did not suspect that it might be a cyst, I would ask you to look at the preparation, and you will observe that the tumour has fully three-quarters of an inch of gland structure in front of it, so that it felt irregular, hard, and resistant, not smooth, round, and fluctuating, as cysts usually are. I am sorry that the possibility of its being a cyst did not cross my mind, for then a puncture would have corrected the diagnosis, and a less severe operation would have been performed.

Ought we, therefore, in all cases of tumour of the breast to make an exploratory puncture before operating? To this I must answer, decidedly not; for the practice of employing in all cases what may be called for in exceptional instances alone cannot be recommended. I must advise you, however, and very strongly, to puncture all doubtful tumours; for the surgeon is bound to employ every means at his command to arrive at a correct diagnosis. (On the other hand, given a tumour with all the evidences of carcinoma,—fixedness to the muscles beneath the gland, adherency of skin, retraction of nipple, and enlargement of the neighbouring lymphatic glands—a puncture is wholly unnecessary. The same remarks apply to cases of adenoid tumours of the breast, in which their distinguished features are so marked as to leave no room for doubt. If we exclude these two classes, there is an intermediate class of breast tumours which cannot be diagnosed with certainty unless a puncture be made. Looking at the case on which I operated on January 26, by the light of the knowledge gained after the event, I might say that this was one of the intermediate class of cases in which puncture would have been advisable, and in similar cases I shall in future do so before proceeding to operate. Although in this case we have removed the entire gland, we have done no great harm; it had long ceased to be active, and would never be required for its natural function, whilst at any time it might have become the seat of carcinoma. Our respected consulting surgeon, Mr. Cock, tells me that his experience of the clinical history of such cases enables him to give the opinion that, sooner or later, if allowed to remain, carcinoma will develop around the cyst-wall. You saw an illustration of this in that beauti-

ful case on which Mr. Birkett operated in our theatre yesterday.\* In this case there was not the slightest suspicion of cancer, and Mr. Birkett hoped to save the breast by dissecting out the cyst-wall. On reaching the posterior wall of the cyst, he found it to consist of a mass of carcinoma, which had also infiltrated the pectoral muscles, necessitating the removal of the entire gland.

I will now return to the other case of mistaken diagnosis to which I referred at the commencement of this lecture. The patient, a married woman, thirty-three years of age, was admitted to this hospital under my care on June 13, 1874, with a tumour about the size of a hen's egg, situated at the sternal margin of the mammary gland. She was a healthy-looking woman, and the mother of three children. The youngest was two years of age, and had been weaned only six months. The tumour began as a small lump six months before admission, and had been steadily increasing in size. It was of rounded outline, lobulated, freely movable over the subjacent tissues; as far as could be made out, it was unconnected with the substance of the gland, the skin and subcutaneous tissue were not implicated, the lymphatic glands were not affected, and it was free from pain. Here there were all the typical of adenoma occurring in a woman whose breasts had been in an active condition up to the appearance of the tumour; and I, as well as those of my colleagues who examined the case, concluded that that was the nature of the growth. Whilst removing the tumour I suspected my diagnosis, and accordingly cut into it, hoping to see it encapsuled, and that it would readily turn out. I found, however, that it was undoubted carcinoma, and that it was connected by means of a neck with the substance of the gland itself: it was, in fact, cancer of an outlying lobe of the gland, and I was therefore obliged to remove the whole of the breast. Here, although the diagnosis was wrong, the practice was right. Had we formed a correct diagnosis at first, it would not, as in the other case, have prevented our removing the entire breast. The only error on my part was in pronouncing such a definite opinion as I did before operating.

And here let me remark that although we are here as teachers, we do not profess to be infallible. When a case is presented to us we can only weigh the evidence derived from the facts before us, and state our opinion accordingly. It is not for us to hesitate or refuse to pronounce an opinion because the case happens to be a difficult or somewhat obscure one; and I would caution you, as young surgeons, not to be too mistrustful of your power of diagnosis, especially in breast cases. It is not enough to say that a tumour is a tumour. The clinical characters of the various classes of tumours

\*Reported in the *Medical Times and Gazette*, Feb. 6, 1874.

are well known, and it is for you to weigh well all the facts derived from examination, the clinical history and the general condition of the patient, and then give your opinion as to the particular class among which the case under examination should be placed. Exceptional cases will now and then arise when you may be mistaken in your diagnosis, but you may derive some consolation from the reflection that the best among us make mistakes occasionally.

We will now for a few moments glance at some of the leading points in connexion with diseases of the breast, confining my remarks chiefly to those characteristics which aid us in arriving at a diagnosis. Excluding acute and inflammatory diseases, tumours of the breast may be divided into three classes:—

1. Cancers;
2. Adenomas;
3. Cysts (simple or complicated).

The first and second are of common occurrence; the third is an intermediate class, and are comparatively rare.

Cancer of the breast is a disease of adult life, and usually occurs at the age of forty and upwards. In looking over the notes of some 500 cases which have come under my notice, I was struck with the fact that cancer attacks unmarried women earlier in life than it does married women. The cause probably is that in the unmarried the breast ceases to be active at an earlier age than in the married. The period at which the breasts are most prone to the attack of cancer is that of functional decline.

Cancer attacks the breast in two forms—as a general infiltration and in the tuberous form. In the infiltrating variety the elements are thrown out around and between the ducts, separating the ducts from each other, and putting them as it were on the stretch. If the infiltration is at no great distance from the nipple, this tension of the ducts draws the nipple down, causing what is called retraction. The cancer-cells go on multiplying, and as the disease progresses the cancer disseminates its elements into all the tissues with which it comes in contact. In this particular it differs from all other morbid processes. In other growths the natural issues are not invaded—they are simply pushed on one side. If the tumour is very large, the skin may be stretched to the point of ulceration, yet it remains freely movable over the tumour, and so far healthy that if the tumour be enucleated the parts become restored to their normal condition. But it is otherwise in cancer. As the cancer elements increase they spread to the subcutaneous tissue, and finally the skin itself becomes infiltrated, and is no longer moveable over the tumour. If the tumour be not removed, the skin after a time loses its vitality and ulcerates. So with the tissues

beneath the gland; each in turn becomes infiltrated with the elements of cancer—cellular tissue, muscles, and bone. When this occurs there is a fixedness about the tumour; the breast can no longer be moved over the pectoral muscle. In these cases it is often doubtful whether a surgeon is justified in operating or not. But no case should be allowed to advance to this stage; the rule of surgery is to excise as soon as the diagnosis is made out. You often hear reference made to the axillary glands being affected in cancer. One of the characteristics of cancer is its tendency to spread to distant parts. How the elements spread is not in all cases clearly made out; but in the case of the lymphatic glands it is well ascertained that the cancer-cells are taken up by the lymphatic vessels, and are thus conveyed to the glands. In the same way cancer-cells may be propagated by means of the systemic circulation—a contingency which should make us always very guarded in our prognosis.

The tuberous form of cancer differs from the infiltrating in that it is more circumscribed. It has, however, the same clinical course, and will lead to the same results—infiltration of skin, muscles, etc.

Adenoma generally occurs in the breasts of young healthy women during their period of developmental perfection. Among married women it often occurs in those who are suckling. It usually grows slowly, and as it enlarges, it pushes the breast aside; it never infiltrates it. It may grow to a great size, and stretch the skin even to the point of rupture; but the skin is never infiltrated, nor the tissues beneath. The tumour is encapsuled, and usually moveable, and can be readily turned out. It is never associated with any secondary glandular enlargement. Although the breast is the most common seat of adenoma, the disease may appear in other parts.

I had intended to say a few words on cyst disease; but as I have already trespassed beyond the time usually allowed for these lectures I must reserve this part of the subject for another occasion. I only hope that what I have said, and the experience gained from these two cases, may be the means of preventing you making similar mistakes under like circumstances.—*Medical Times and Gazette.*

A FAINTING MIDWIFE.—The sub-editor of the *Union Médicale* relates that a young lady belonging to one of the most respectable families of Paris refused in her third confinement, the aid of a doctor, and was attended by a midwife. After the delivery she was seized with a hemorrhage which rapidly became formidable. Seeing her impotence to meet the emergency the midwife fainted, and during her syncope the woman succumbed.

## WHAT HAS VIVISECTION DONE FOR HUMANITY?

*The Br. Med. Jour.*, of January 9th, says. "Recent circumstances render it desirable that some attempt should be made to answer the question whether or not the practice of making experiments on living animals has materially aided the progress of medical science. To answer this question with completeness would involve an encyclopædic investigation of the sources and history of our present knowledge. It would be a work into which a great fund must be brought of patience, time, and labor. We shall, however, endeavor to present here at once and hastily, some leading data, such as may be gathered from a cursory review of the subject. We offer them as *memoirs pour servir*, and shall hope to be able to finish the picture by filling these rough outlines as time and circumstance will permit. We invite assistance and criticism from physicians, surgeons and physiologists. We present to-day a first contribution in the following skeleton sketch :

A. *It has succeeded in advancing our knowledge of physiology*, by 1. Discovery of the two classes of nerves, sensory and motor, by Sir Charles Bell. 2. Discovery of the functions (motor) of the *portio dura* of the seventh pair by Sir Charles Bell. Previously to this discovery, the *portio dura* was often cut by surgeons for the cure of neuralgia! 3. Discovery of the functions of the anterior and posterior roots of the spinal nerves by Sir Charles Bell. 4. Discovery of the functions of the anterior and posterior columns of the spinal cord by Sir Charles Bell and others. 5. Discovery of one of the functions of the cerebellum in co-ordinating muscular movements, by Flourens and others. 6. Discovery of the functions of the gray matter on the surface of the cerebral hemispheres as connected with sensation and volition, by Flourens, Magendie, etc. 7. Discovery of the motor functions of the gray matter covering certain convolutions in the interior part of the cerebral hemispheres by Hitzig, Fritch, Ferrier, Gudden and Nothnagel. 8. Demonstration of the circulation of the blood by Harvey. 9. Measurement of the static force of the heart and discovery of other hydraulic phenomena, of the circulation by Stephen Hales, Ludwig, and others. 10. Discovery that atmospheric air is necessary to the maintenance of life, and that, when stupified by its withdrawal, animals may be resuscitated by readmitting it, by Robert Boyle, in 1670. 11. Discovery that atmospheric air by continued breathing becomes vitiated and unfit for respiration, by Boyle. 12. Discovery that the air was not only vitiated but also diminished in volume by the respiration of animals, by Mayon, in 1674. 13. Discovery of the relation, as regards respiration, between animal and vegetable life, by Priestly, in 1722. 14. Great discovery by Lavoisier

on the physiology of respiration, from 1775 to 1780, namely, that respiration acts only on the respirable portion of the air, or oxygen, while the remainder, nitrogen, is entirely passive in the process; secondly, that when animals are confined in a limited space, they die when they have absorbed, or converted into carbonic acid, the greater part of the oxygen, and so reduced the air to the state of an irrespirable gas. 15. Numerous facts in the physiology of digestion observed by Blondlot, Schwann, Bernard, Lehmann, and others, by experiments on animals. 16. The discovery of the functions of the eighth pair of nerves in relation to deglutition, phonation, respiration, and cardiac action, by John Reid, and others. 17. The discovery of the functions of the sympathetic system of nerves, by Pourfourdu Petit, in 1727, Dupuy in 1816, Brachet in 1837, John Reid and Brown-Sequard. 19. The discovery of the phenomena of diastolic or reflex action, by Marshall Hall. 20. The discovery of the action of light on the retina, by Horngren, Dewar, and McKendrick. 21. The discovery of the glycogenic function of the liver, by Bernard Macdonnell, Pavy, etc. 22. The discoveries of the whole series of facts in the domain of electro-physiology, by Matteucci, Du Bois-Reymond, Pfluger and many others.

B. *In aiding Medicine and Surgery*.—1. The transfusion of blood, and introduction directly into blood of medicines; first proposed by Robert Boyle, in 1665. In 1665 Lewis transfused blood from vessels of one animal into those of another. First done in human beings by Dumis and Emmerts, in France, in 1666. Blundell's celebrated experiments on animals in 1818. Since done by many others—Dumas, Milne-Edwards, Dieffenback, Bischoff, Doubleday, Brigham, Waller, Burton Brown, Klett, Lane, Pavy, Bernard, etc. 2. Artificial respiration. Vesalius showed that by blowing up the lungs with air, after the chest was opened, stoppage of the heart's action might be delayed for some time. Hook, in 1664, first demonstrated the possibility of artificial respiration. Brodie, Hope, Le Gallois, Wilson, Philips, Marshall Hall and Silvester have practised it on human beings. 3. The cause of the cardiac sounds have been determined entirely by vivisectional experiments. 4. Phenomena of the circulation within the cranium examined experimentally by Kelly, Burrows, Reid, etc. 5. Hunter's operation for aneurism was first demonstrated and tried on living animals. This he did in 1785. He also found by experiments on animals, that in many cases the arterial coats were diseased immediately above the aneurism, and that consequently it was necessary, in order to avoid secondary hemorrhage, to place the ligature higher up. 6. The office of the periosteum in regeneration of bone, has been demonstrated experimentally by Dr. Hamel in 1740, Hunter in 1772, Lynn in 1837, Wagner in 1853, and Leopold

Ollier in 1858. The practical importance of these observations is recognised by all surgeons who have had much to do with diseases of bones and joints. 7. The researches of Redfern into disease of cartilage. 8. The researches of Stricker, Cohnheim, Von Recklinghausen, and many others, on inflammation, more especially of the cornea and serous membranes. 9. Without vivisection experiments we would know almost nothing of the phenomena of inflammation. 10. Experimental inquiries into many zymotic diseases, showing occurrence of micrococci.

C. *In advancing Therapeutics, Relief of Pain, etc.*

1. Use of ether. 2. Use of chloroform. 3. Chloral discovered experimentally by Leibreich. 4. The action of all remedies are only definitely ascertained by experiments on animals. 5. Action of Calabar bean by Frazer. 6. Antagonism between active substances and the study of antidotes—many observers.

The above are simply examples which have readily occurred to the mind. To record all the facts given to physiology by experiments on animals, would simply be to write the history of the science. Therapeutics is yet in its infancy; but nearly all the facts definitely known regarding the actions of remedies have been gained by experiments on animals. To stop experiments on animals would as surely arrest the progress of physiology, pathology and therapeutics as an edict preventing the chemist from the use of the retort, test tubes, acids and alkalis would arrest the progress of chemistry.

### ON BAPTISM AT BIRTH.

In every community composed of religious bodies holding different tenets of faith on some points, it is believed to be conducive to harmony and good feeling, as well as consistent with that broad and liberal catholicity of sentiment that should always characterize the professors of the healing art, to conform to the usages of his patrons respecting rites having, in their views, important religious significance.

As containing an authorized expression of the views of the Roman Catholic church respecting baptism, the following translation from the "Cours d'Accouchments," a recent great work on obstetrics by Dr. L. J. Hubert, Obstetric Professor in the Catholic University of Louvain, is submitted to your professional readers:

"This work is especially dedicated to the young gentlemen who come to this Catholic University to receive their medical education. Believing that it may be useful to those who may be frequently called to administer this sacrament to draw their attention to the teaching of the church, I have de-

ecided to finish this 'Cours d'Accouchments' by a special chapter on the subject of ante-natal baptism of infants.

When an infant is not in immediate danger of death, it is at the church and by a priest it should be baptized; but when its life is imperilled, baptism may be conferred everywhere and by everybody (ecclesiastic or laic, man or woman, believer or infidel), and it is valid, provided it is administered with the *intention*, the *material*, and with the *formula* required.

Who, in case of peril, should administer baptism?

If the child is born, and a priest is present, he should always perform the rite. The father or mother may perform it only in the absence of any other qualified person. If the infant is born, and there is a man present capable of performing it, he should do it in preference to any woman, or even a midwife. If the fetus is not born, baptism in utero should be administered, either by the obstetrician or midwife in attendance.

The general purpose or intention to do what the Church does is sufficient.

The material is water, pure water, from spring, river or well, and whether previously blessed or not.

The formula is: I baptize you in the name of the Father, of the Son, and of the Holy Spirit.

This formula should be distinctly articulated, and loud enough to be audible to the person himself.

The baptism is absolute or conditional according to circumstances, as we shall proceed to show. The manner varies as to whether the child is born or not.

A. If the child is born, the baptizer should himself pour water on the head of the child at three times, corresponding with the mention of the respective names of the Holy Trinity.

If there is any doubt respecting the life of the new-born, the formula should be modified thus: If thou art living, I baptize thee, etc.

If there exists any doubt of the human nature of the being to be baptized (viz., if a marked monstrosity or rudimentary embryo), it should be added, "if you are a rational being, I baptize you," etc. Abortions should receive the rite in the same manner and modified in the same manner as the infant at term.

If the ovum should be expelled entire, the baptism should first be done through the membranes saying: If you are fit to receive baptism, I baptize you, etc., then having opened the membranes the rite is repeated, adding if thou has not been baptized. When the baptism is thus conditional, the conditions mentioned must be distinctly articulated, it is not sufficient merely to think or to will it. Such is the canonical law.

B. Supposing the fetus is still in whole, or in

part unborn it then becomes necessary to baptize it in utero, varying the method according to circumstances.

(a.) If the head is delivered, it may be baptized either absolutely or conditionally, as if the birth were completed and no subsequent baptism will be required.

(b.) But if an arm or foot present those parts should be baptized, and the danger persisting, the chest and the head should be successfully baptized, with the formula: If thou has not been baptized, etc.

(c.) But if the foetus is still enclosed in the uterus, the baptism should be performed by carrying the fingers, or a piece of lint, or sponge, or using a syphon or syringe, and with the formula as before stated, and modified according to the circumstances—after birth it may be rebaptized if alive.—*Peninsular Journal of Medicine.*

#### GENERAL HOSPITAL OF VIENNA.

The Vienna General Hospital has as usual been filled to its utmost capacity during the winter, and as it contains about four thousand beds, we have had no want of interesting material. The out-door department, the ambulatory service, also furnishes an almost infinite variety and number of patients, particularly in the Eye, Ear and skin departments; and perhaps I might also add, the Laryngeal department, which, since the time of Turck, is a most important branch in the hospital, and in which several hundred are daily treated. There is scarcely a doubt but that in hospital experience Vienna surpasses the world. The method of instruction is in perfect accord with that which you have so long insisted upon, viz.: bedside observation and examination. Notwithstanding there are a thousand students, there are so many lecture-rooms, and they are arranged in such a manner that each student has abundant opportunity for special examination. Such is particularly the case in the Laryngeal and Ophthalmological wards, where each student has his own table and light, and makes his examinations and applications under the immediate direction of the Professor or one of his assistants. Each lecture continues from one to two hours, half of the time being spent in examinations, the other half in explanations by the Professor. Hebra, whose name is almost a household word the world over, is as active and interesting as ever. He is punctually at his post every morning at eight o'clock, and has been absent from his clinic once or twice the entire winter. The last volume of his work on skin disease is recently published, but owing to its high price, twenty five dollars (50 fl.), it will not have a large circulation, as the general practitioner and student will prefer some less voluminous work.

The method adopted by Gruber for aural instruction is most excellent. Aside from several large wards, he has a great many out-door patients who come regularly to be inspected and treated by the class, of course under his direct supervision. Each patient is numbered, and a corresponding number with the characteristic appearance of the *membrani tympani*, is placed upon a blackboard, so that each student cannot fail to fully comprehend the pathological change. In this manner twenty to thirty cases are daily examined. Students are daily called upon to make a diagnosis, and also give explanations of abnormal appearances. Prof. Gruber has recently divined a suction syringe, for the purpose of draining pus from the middle ear, which he considers of the greatest value to the aural surgeon.

He says by means of the air balloon alone it is impossible to empty the middle ear of pus, even if the membrane should contain a large perforation, which is by no means always the case, as the pus is more or less tenacious, and lies at the bottom of the chamber. Then, too, there is always danger of driving the pus into the mastoid cells, where it must excite further inflammation. By the timely use of the instrument, he thinks inflammation of the mastoid cells can often be averted. He generally uses the instrument with the head mirror, so that he can have both hands quite free, the one to use the instrument, the other to adjust the speculum. Scarcely a day passes that he does not demonstrate the value of the instrument and skill with which he makes use of it.

Much more attention is given to the microscope here than with us. With us students are obliged to understand practical anatomy, and why not also histology? How can they comprehend histology without practical or personal work with the microscope?

Professor Schenk, formerly assistant to Brucke, now professor of Embryology, is the great favorite with American students here who are devoting any time to microscopy, as most of them are. His laboratory, which can accommodate from forty to fifty students, is open from 8 o'clock in the morning until 12 at night, not excepting even Sundays, so that one can easily select the most convenient hours for work. The Professor is untiring in his attention to the students, and is in the laboratory from 9 a. m. until late in the afternoon. Although a young man, he has already created for himself a European reputation in Embryology. Yet, with all his skill, in the earlier stages of embryonic life he is unable to determine the higher from the lower forms of animals, Man and Monkey being quite the same.—DR. WARE, *Med. Ex. Chicago.*

Dr. Keith, of Edinburgh, is said to have performed ovariectomy now one hundred and ninety-seven times, with the low mortality of late years of only ten per cent.

## TREATMENT OF ACUTE AND CHRONIC BRONCHITIS AND ASTHMA.

Dr. W. H. Spurgin writes to the *British Medical Journal*, that he has tried iodide of potassium in the treatment of these maladies, in over one hundred cases, with almost invariable success; in fact, with such success that patients have expressed themselves by saying "it has acted like a charm"; others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respirations, perhaps overcoming spasms. Almost after the first dose patients have stated they have felt the medicine touch their complaint.

He usually prescribes it with carbonate of ammonia, and, when the cough is very troublesome, adds tincture of belladonna and ipecacuanha wine.

In one case of very severe broncho-pneumonia he tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

He adds, in conclusion, that he has purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, without finding much benefit; after which he added iodide of potassium, and found the patient relieved almost at once.

He confidently recommends iodide of potassium as the remedy in these troublesome complaints.—*Druggists' Circular—Med. News, Cincinnati.*

## THE "BRITISH MEDICAL JOURNAL" ON MEDICAL ADVERTISING.

We observe with much pleasure that the *British Medical Journal*, of Saturday last, has a very smart and pungent article against the system of advertising medical works and publications in lay papers, and we hope it will be the means of checking a practice which has been greatly on the increase of late, notwithstanding the resolutions condemning it, which have been passed by the Royal College of Physicians and Surgeons.

Recently the *Lancet* has been extensively advertised in the lay papers, together with the names of some of the contributors to that journal, among others Sir W. Jenner, Sir H. Thompson, and Dr. Barnes. This gave the *British Medical Journal*, an opportunity of being somewhat severe on its aged and less vigorous cotemporary for its inconsistency. "No journal," says the *British Medical Journal*, "has been stronger in denouncing medical advertising than the one we mention, which even went so far as to blame a London physician by name for allowing copies of his works

to be upon the table of his waiting-room. Nevertheless, it avails itself of placards and railway bills to announce to gaping railway passengers the names of medical men who deal with all sorts of subjects which are to the multitude *curiari*, and to the laity unclear. The names we have quoted are those of distinguished men, yet we find them, owing to the act of the oldest medical journal, and of the most respectable of publishers, figuring prominently in a half-page advertisement across the back of a leading evening paper," the *Pall Mall Gazette*.

## THE FASHIONABLE PHYSICIAN.

The London *Globe* prints the following readable article. In the full swing of medical practice, it says, the pace is tremendous. When once the indefinable stamp of fashion is set upon a doctor every one wants to engage his services. You may go to the great man's house again and again, and the great man will not be able to see you. You may write to his Secretary, and the Secretary may make an appointment the week after next, but it by no means follows that he will be able to keep the appointment. As soon as the clock strikes two he makes a dash from the consulting-room, swallows an apology for a lunch, and you presently see him driving past the windows. In vain the unpunctuality is notorious, in vain the consulting fee is doubled. People are determined to have the great man, and the great man they accordingly get; they will bring him down 200 miles, though they have to pay 200 guineas for the journey. They will have him though the patient may be *in articulo mortis*. For there are circumstances under which some rich men think that no consultation is too costly. They will have him and no one else, although the case, scientifically considered, may be as simple as a cut finger. Some times they resort to him because the case has already baffled the average skill of the average practitioner, and it not unfrequently follows that the celebrated physician makes a diagnosis, and suggest a remedy that sets his brethren to rights. On the other hand, the average practitioner has his revenge in repeating stories of extraordinary blunders perpetrated by fashionable physicians. But when the fashionable physician has really obtained this immense practice, the charm of the practice must depart. The great physician becomes a great slave. He lives in a state of gilded captivity. He cannot call his house his own, or his hours his own, or his family his own. He is at the beck and call of the public. He takes his meals with his loins girded; or, rather, he may be obliged to exist on Liebig's extract for want of time to partake of solid food. When the tide of fashion sets in he is almost submerged beneath the wave. He bids farewell to leisure, friends, private life—all that makes existence endurable. The



guineas accumulated, the checks, the bank-notes, there are plethoric investments, a lordly income. But a man's income for all purposes of enjoyment is not what he gets, but what he spends. Many men who imagine that they are in the enjoyment of a stately income are often, like children, playing with little bits of paper that come in and little bits of paper that go out. There is not so very much use in a man getting £15,000 a year if he can hardly spend £1,500. But as a rule we acquit great physicians of any mean love of filthy lucre. They hardly know the sums which roll out of their pockets when, worn out and harassed, they tumble into the uncertain bed from which the night bell may arouse them. They would willingly take less of lucre for more of leisure. This was a strong idea of the late Sir Henry Holland's. He early fixed the modest limits of his professional income at £5,000, and would allow no professional business to interfere with his three months' holiday. He had his reward in living to Nestorian age, with all the reputation of Nestor's wisdom. The fashionable physician who reciprocates the firm belief which the London public have in him with a corresponding belief in himself, is goaded on by two considerations of supreme weight. In the first place he believes that he is conferring a great amount of good on suffering humanity which no other physician could render equally well with himself. In the next place, he believes that he is steadily enlarging the limits of medical science. Each patient is a book, and his practice represents the library of medical knowledge. He is willing, therefore, to endure any toil, although he knows how dangerous is such toil when carried beyond the endurable limit. Such a course is especially likely if he is a believer in the boundless future medicine, in new methods of diagnosis, in new systems of therapeutics, and has the "enthusiasm of humanity" in his soul.—*Globe*.

#### THE LEAST SACRIFICE OF PARTS AS A PRINCIPLE OF SURGICAL PRACTICE.

Mr Bryant has brought this subject before the Medical Society of London. He explained the principal as one that forbade the surgeon to sacrifice more of the body than the absolute necessities of the case demanded; that called upon him to remove the disease, but no more; that enabled him in accidental surgery to make a flap for an amputation wherever he could, and in some cases to make no flap at all, but to leave the case to nature to repair and in pathological surgery, to cut through tissues infiltrated with inflammatory deposits rather than go above a joint or take away more of a limb than the necessities of the case demanded. He condensed the subject into three main propositions each of which he illustrated by

cases. The first proposition was: "That, in cases of division or accident, no more of the body is to be taken away than the necessities of the case demand." He illustrated this chiefly from the surgery of the foot. At first sight, the proposition might appear to be a truism; but he asked if it were not true that, in cases of disease of the metatarsal bones or joints, surgeons were not too apt to regard the individual case as a good one for Chopart's operation, or Pirogoff's, or Syme's, and to forget that a good recovery of the foot might ensue on removal of the diseased bone or bones without any amputation at all. In support of this he quoted Mr. Lister (Holme's "System of Surgery," second edition, vol. v.) who expressed his opinion "that Syme's amputation is calculated to supersede entirely that of Chopart's besides taking the place of amputation of the leg in the majority of cases formerly supposed to demand it." He entirely dissented from these views; he believed that, for local disease alone, no form of amputation of the foot should be entertained until less severe measures had been employed and failed; that, when amputation of the foot was called for, the minimum amount of the foot should be taken away; that, when a Chopart's operation would suffice, a Pirogoff's should not be thought of; that, when a Pirogoff's was applicable, a Syme's should not be entertained; and that an amputation of the whole foot was never to be undertaken when the disease could be removed by less severe measures. The remarks made were as applicable to other parts as to the foot. Fingers and thumbs were often removed in case of injury that, if left to nature, might often be saved. Joints were excised that might be saved by free incisions, or by the removal of necrosed bone; and amputations were performed above a joint or high up a limb in order that good flaps might be made. He illustrated all these points by cases, quoting seven cases of disease of the different tarsal bones, cured by the removal of the diseased bone; and three of extensive disease treated respectively by Chopart's and Syme's amputations, or by amputation of the leg. In disease of the bones of the foot, he had met with a case in which the resection of a tarsal bone was called for; for bone that was not dead was repairable, and to take this away was too often to take away that which, if left, would make good the parts that had died. The author then proceeded to illustrate the value of the proposition by the treatment of cases of diseased joint, and dwelt for some time upon the value of free incision into suppurating joints. He referred to thirteen cases successfully treated by this method; and stated his belief that a free cut into a disorganized articulation was rarely followed by any other than a good result; that, when the suppurative process was due to a synovial disease, a recovery without further surgical interference might be looked for; when it was

due to local necrosis, the incision helped nature towards recovery by expediting exfoliation and the subsequent removal of the bone by either natural process or by some surgical proceeding. In more severe cases, the incisions gave relief, and in no way added to the mischief. The treatment of disease of the joints due to local necrosis was then considered, and a series of ten cases was read, including examples of disease of the shoulder, elbow, hip, knee, and ankle joints, in which recovery followed the removal of the dead bone from the articulations. The second proposition was: "That, to carry out this principle, the surgeon may, in pathological amputations, fearlessly divide tissues infiltrated with organized inflammatory products, and even cut through the walls of suppurating cavities or through diseased joints, more particularly to save amputation above a joint." Mr. Bryant illustrated this proposition by the particulars of ten cases, in all of which recovery took place. The third proposition was: "That, in accidental surgery, parts irreparably injured are alone to be removed, and no healthy tissues, are to be sacrificed in order to perform a recognized, and probably a named operation; that, to these ends, the surgeon ought to utilize even doubtfully useful integument, or even leave a stump to granulate, when, by so doing, some portion of the shaft of a bone can be left, a joint saved, or amputation above a joint avoided." In the surgery of the hand, this practice was strongly advised, more particularly the injuries of the thumb. Amputation of a thumb, unless smashed irreparably, the author condemned; and under all circumstances, the irreparable injured parts ought alone to be taken away, and doubtfully viable skin left. Cases were cited to illustrate the proposition: ten of the toes; one of the foot; a Chopart's amputation, in which a long anterior flap was made; one of crushed arm, which was left to nature to granulate, and a good stump left; two of crushed legs, in which rapid recovery followed amputation at the knee-joint; and one of rupture of the popliteal artery, treated in the same way with success.

—(The Doctor).

SYPHILITIC ULCERS OF THE LEG.

Dr. McGraw Detroit *Review of Medicine and Pharmacy*, says in a lecture on chronic ulcers of the leg.

"I will give you a rule for diagnosis. It has a few exceptions. *Idiopathic ulcers, which occur in the upper third of the leg, are syphilitic.* When they are called upon to treat such cases, inquire whether the ulcer originated in an injury; if not, treat the patient for syphilis, without further ado."

NEW TREATMENT OF VARICOSE VEINS.

By Mr. John Marshall, surgeon to the University College Hospital, London. \* \* \* \* \*

John Bell cut out small pieces of the vein at intervals; but this was also a severe and dangerous operation, often followed by extensive inflammation and hemorrhage. Von Græfe used to lay open the vein, stuff the cavity with lint, and allow the wound to heal by granulation from the bottom; this was, of course, an effectual cure, but it was a tedious one, and was not unfrequently complicated by suppurative phlebitis.

The plan most commonly employed now is to obstruct the vein by ligatures placed at intervals along its course; but, unless these be placed very close together, this plan is often ineffectual; the vein is obliterated only just at the point of ligature, the intermediate portions remain patent, and the blood soon finds its way into them by means of collateral branches. To obviate this tendency, some surgeons, after placing the ligatures, have divided the vein subcutaneously between each pair; this gives more satisfactory results, but is sometimes followed by troublesome inflammation and suppuration.

The plan of treatment, said Mr. Marshall, which I have carried out on this man, and which I propose to try more extensively as opportunities offer, is not altogether new, but presents, I hope, sufficient novelty to deserve the notice of the profession. It resembles that of Von Græfe, which I have just mentioned. The grave objections to his plan were the occasional occurrence of troublesome hemorrhage, and the risk of diffuse suppurative phlebitis followed by embolism, septicæmia, etc. The former danger might, I thought, be obviated by elevating the limb well, and by carefully applying Esmarch's bandage before the operation; and the latter risk might also be avoided by the use of antiseptic dressing. The operation in this case was performed as follows: I drew, with ink, a straight line, six inches in length, over the course of the tortuous vein, just below the knee, where it was most enlarged. Esmarch's bandage having then been applied, I next passed a hare-lip pin under the vein, at the top and bottom of the marked portion, and secured it with the usual figure-of-8 and bougie ligature. I then cut through the skin over the course of the vein, opened the vein itself above the lower ligature, and slit it up on a director as far as the upper pin, a distance of about nine inches. But when I had thus laid open the vessel, it struck me that the healing of the wound would probably be accelerated if I removed entirely this ragged-looking piece of useless membrane; I, therefore, cut it across at each end, and removed it by dividing some small branches. The vessel was quite empty, and no blood was lost during the

operation. In performing it another time, I should, after exposing the vein, cut it through, and remove it at once, without opening it. Three hare-lip pins and figure-of-8 ligatures had also been placed on the vein higher up, a little above the knee. The wound was dressed antiseptically, according to Lister's method, and a bandage applied firmly as high as the knee.

As regards the after-progress of the case, I need only remark that on December 1st the wound was found to be nearly healed, and the carbolized dressing was left off; it would have been better for the patient if this had been continued for a few days longer, for his recovery was somewhat retarded by a slight attack of erysipelas, which now invaded the limb.—*Brit. Med. Journal.*

#### TREATMENT OF ANEURISM AND WOUNDS OF ARTERIES.

Prof. Verneuil recently read an interesting paper upon this subject at the Paris Société de Chirurgie (since published in the *Gazette des Hôpitaux*, October 8 and preceding), founded on seven cases that have come under his care. Of these, four were examples of spontaneous popliteal aneurism, one a case of femoral supervening on contusion, one a radial occurring after a wound, and one a palmar arising amidst a purulent collection. In five the aneurisms were circumscribed, and in two diffused. The subjects were all males, and, with the exception of one, in good health and the prime of life. The result was successful in five cases (two of the popliteal, in the femoral, the palmar, and the radial), and fatal in two. The duration of the treatment (except for the radial) was prolonged, requiring a mean of two months and a half. In three of the instances the patients cured themselves, almost without the direct concurrence of the surgeon, who only gave his instructions and surveillance. The part which the patience, address, and intelligence of the patient may play in such cases is well known, and forms a resource which should never be disdained. In one of the two popliteal aneurisms which proved fatal there was gangrene of the leg caused by emboli, and followed by purulent infection; in the other there was arthritis of the knee and phlegmon of the thigh. These results in both cases M. Verneuil attributes to the treatment employed, and thinks that they might have been avoided.

Passing in review the different procedures that were employed in the seven cases, he states that *compression* was at once resorted to in six cases, succeeding in two and abandoned in four. It cured unaided the radial, and, in conjunction with flexion and extension of the leg, one of the popliteals. In two cases it was abandoned, in consequ-

ence of the great pain it speedily caused, and of its failing to arrest or even moderate the progress of the affection. Although in the present series of cases compression has proved of so little advantage, M. Verneuil has in other cases achieved brilliant success in its employment; but these failures should tend to moderate the enthusiasm which has of late regarded it as a panacea. *Flexion* had to be abandoned in two cases because it only arrested incompletely, and with great trouble, the pulsations of the aneurism. In two other cases it furnished excellent results, as it alone was required to effect the cure in one of these, and powerfully aided the effect of compression in the other. It has the advantage of allowing the patient to quit his bed and walk with crutches without compromising the result. *Injection of perchloride of iron* was performed with complete success for a small palmar aneurism, but failed when tried in a popliteal; and the method seems suitable only for small aneurisms situated in regions where the detachment... a clot would not be of much consequence owing to the abundant collateral circulation. Like most French surgeons, M. Verneuil has had very limited experience in the use of the *ligature* in aneurism; but in the case of popliteal aneurism in which he employed it in the present series it succeeded promptly and speedily, care having been taken not to attempt union by first intention.. *Amputation* is an extreme measure, which at the present day should hardly be deemed as one of the methods of treating aneurism. Still, it is indicated as a last, although precarious, resource when certain complications occur, such as gangrene, diffuse phlegmon, purulent arthritis, bursting of the sac, hemorrhage, &c. and M. Verneuil now regrets that in two of the cases in which precise indications were present he allowed the opportune time to pass by without venturing upon the operation.

M. Verneuil thus summed up his opinions on the treatment of wounds of the palmar arch: 1. Recent wounds compression is usually inefficient and sometimes dangerous in consequence of the phlegmonous inflammation to which it gives rise. 2. The application of the ligature within the wound is generally easy, requiring patience rather than dexterity; and it is usually followed by the best results, simplifying rather than aggravating the palmar wound. 3. When the wound is old and attended with repeated secondary hemorrhages and inflammations at the seat of injury and its vicinity, with tumefaction and suppuration, compression is inapplicable, insupportable, and useless, while indirect compression is usually less. 4. While the ligature of the two ends of the vessel in the wound is a laborious and really difficult operation, it can usually be effected; and the fears of friability of the arteries is illusory. Necessary incisions, provided that they are made with prudence and with proper anatomical

ledge, are not so mischievous with regard to the future functions of the hand as they have been said to be, while they modify in a favourable manner the course and termination of the palmar phlegmon. This form of ligature puts an end to hemorrhage more effectually than any other means. 5. The indirect ligature of the arteries of the forearm is of easy application, but rarely successful. 6. Ligatures of the axillary or brachial, besides that they are neither so easy nor absolutely innocuous, are far from being a certain means of arresting hemorrhage and of putting an end to the inflammatory complications of the wound.—*Med. Times and Gaz.*, Oct. 24, 1874. (*Abstract of Med. Science.*)

### WHEN SHOULD PSOAS ABSCESS BE OPENED.

Mr. Walter Rivington, of the London Hospital, in an instructive lecture on the varieties of psoas abscess, thus answers the above question :

"In the present state of our knowledge I believe I am giving you sound advice in recommending you not to be in a hurry to touch these cases. Try change of air, tonics, and generous diet, and only interfere if the abscess is spreading inconveniently and threatening to burrow among the muscles of the lower limb, or if you think there is danger of some serious complication, such as a communication being formed with the peritoneum or the hip joint.

"In the cases which are uncomplicated with spinal disease the abscess should be opened as soon as it is accessible in the groin. In some instances it would be justifiable to cut down upon it over the iliac fossa, proceeding, of course, with all the caution necessary to avoid the peritoneum ; but in general it would be better to wait until it could be pressed below Poupart's ligament.

"How should it be opened ? Almost every surgeon has had his favorite method of opening abscesses and that method has been the outcome of his pathological creed. I am in favor of an incision sufficiently free to allow an unimpeded exit to the pus, and, as Mr. Bryant has remarked, to permit the escape of air again if any should enter the abscess cavity. Mr. Luke had some very successful cases of large abscesses treated by much freer incisions than those generally employed. Moreover, I am in favor of such an application of the antiseptic system as shall prevent decomposition and putridity of discharges without occasioning an injurious irritation. So far as my experience has extended, I do not regard the pneumatic aspirator for opening abscesses with any degree of approval, valuable as it is in its other applications. Drainage tubes passed from one end of an abscess to the other often prove most serviceable when we have

a large cavity to deal with, and are disinclined or are unable to make free incisions. They permit a free discharge of pus, prevent bagging, stimulate the cavity to contract, and encourage the growth of granulations. I do not believe in the application of ice with the same fervor as Mr. Simon, because I do not regard the chronic secretion of pus, etc., as dependent on any elevation of temperature of the pyogenic surface which the external application of ice can subdue.

"With regard to opening psoas abscess which has entered the thigh I would offer one suggestion. We know that the neck of the abscess is situated outside the femoral artery, immediately below Poupart's ligament. To whatever extent the abscess has descended in the thigh, I would recommend that an incision should be made down to the abscess at this spot (if impulse can be felt here on pressure or coughing), so as to insure a free evacuation of the pus from the part of the abscess cavity in the abdomen, and to prevent the pus passing backward and endangering a communication with the hip-joint.—*American Practitioner*, Mar. 1875. *Clinic.*

### THE PROPHYLAXIS OF TETANUS.

Dr. Moodeen Sherriff, of Madras, says, in one of the late reports of the Triplicane Dispensary :—

In a previous report I remarked : During the last few years I have used opium in every case of wound or ulcer in which there was a fear or suspicion of tetanus, and the result is that the latter has not occurred in any case up to the present moment. This was not the case before I began the use of opium, when tetanus did occur occasionally among the patients suffering from wounds and ulcers ; so that the complete exemption enjoyed by my patients, during the last few years, from so dangerous a disease as traumatic tetanus is directly attributable to the use of opium. Not only opium, but the timely administration of any other medicine possessing the combined action of anodyne and anti-spasmodic will, I think, produce the same effect ; but at present my experience is limited to the use of opium. Opium may not produce the desired effect if the source of irritation be very great, as it is often the case in compound comminuted fracture of large bones, but in less severe cases of wounds and ulcers, if tetanus is to occur, it will be warded off by the use of that drug.

I still continue the same plan of treatment, and have greater confidence in it than before. It is now more than six or eight years since I first employed it, and up to the present date traumatic tetanus, has not occurred in any case in which opium was used. During the last year the disease occurred in one case of wound in which no opium or any other anodyne or antispasmodic medicine was used.—*Med. and Surgical Reporter.*

## BELLADONNA IN SPASMODIC ASTHMA.

Dr. George G. Wood, in the *Philadelphia Medical Times.*, of the 19th of September, gives the result of his experience with large doses of belladonna in the treatment of asthma. He says :

"I usually employ the tincture of the United States Pharmacopœia, in doses ranging from twenty to sixty drops. The strength of the tincture differs so much, as commonly kept in shops, that the size of the dose must be lost sight of, and the quantity given be regulated by the effect produced. It may be given during the paroxysm with great advantage, but it acts best when given before the attack commences. For example, if the patient has nocturnal attacks coming on after midnight, as is usual, give him a dose just before going to bed, and repeat it if necessary to produce sound sleep. He fails to awake at the usual time for the attack to commence, and sleeps on, awakening in the morning very much refreshed and strengthened. This treatment may be repeated night after night, until sufficient time has been had to remove the tendency of the disease to return, either by changing his location, or adopting other requisite treatment, as the case may call for. I could relate several cases to prove the above statement, but will have to omit them for want of space.

"Sometimes, but not often, belladonna produces dryness of the fauces, and delirium. These are indications which show that it should be discontinued, and hydrate of chloral should be employed in its stead. It may be used on the same principles as belladonna to produce sleep, and thus ward off attacks. For the past two years I have been treating spasmodic asthma on these principles, and with most satisfactory results."—*New York Medical Journal.*

### Medical Items and News.

PROFESSIONAL EXAMINATIONS.—The following were the questions on Surgical Anatomy and on the Principles and Practice of Surgery submitted to the candidates who underwent their examination for the diploma of Membership of the Royal College of Surgeons, viz. :—1. Describe the operation of tying the external iliac artery; and state how the collateral circulation would be established. 2. What muscles may act to displace the fragments in fracture of the lower jaw, in various parts of the bone? 3. Describe the structure of, and mode of healing by, granulations. 4. What symptoms, before operating, would lead you to conclude that the contents of a hernial sac are in a state of gangrene? and what treatment would you adopt in such a case? 5. When the radius or ulna

is broken alone, at what part of the bone, in either case, does the fracture usually occur? State the reasons why these particular fractures happen, and how you would treat them. 6. Enumerate the several causes of retention of the urine in the male; and describe the means you would adopt in each case for its relief. Candidates were required to answer at least four (including one of the first two) out of the six questions. The following were the questions on the Principles and Practice of Medicine, viz.—1. Describe a case of typhoid fever, giving the incubation, the various stages of the disease, the process which goes on in the intestines, together with the modes of death and the treatment. 2. Define and illustrate the following terms:—Puerile respiration; bronchophony; pectoriloquy; rægophony; fine crepitation; sibilant râles; cracked-pot sound; metallic tinkling; dulness on percussion. 3. Mention some of the principal causes of vomiting, and the remedies you would use to arrest it. Write two of the prescriptions in full.

SURGICAL TREATMENT OF OZENA WITHOUT PRODUCING DEFORMITY OF THE FACE.—Dr. Roux, of Lausanne, has devised and executed the following operation. The patient being placed under the influence of an anæsthetic, the head inclined to the right, the upper lip is raised as high as possible. The gingivo-labial ridge of the first molar is then on the right, incised to the left. All the tissues being divided, the anterior nasal spine is reached, and then the septum is detached from its base. It is now possible to introduce the finger into the patient's nose and to explore the nasal fossæ. If necessary, a still larger way may be opened by dividing the cartilages of the alæ nasi at their maxillary insertions. In nine cases operated upon by this process, it was possible to extract sequestræ, scrape the bone, and to cauterize fungosities. Complications followed in every case save one. Hemorrhage, which was what abundant in a single case, was never sufficient to cause anxiety or to give occasion for the use of ligatures or hæmostatics. *L. Trib. Méd., July 1874.*

ADIPOCERE.—During the past summer, an ample of the conversion of the tissues of the leg into that spermaceti-like substance known as adipocere occurred in the body of a woman who had been dredged from the Thames, in London, after having been embedded in the mud for an unknown period—probably two or three years. On resurfacing, the body was hard and perfectly preserved, and the whole of the internal organs were converted into a solid mass, which, like the rest of the body, when cut into, had the appearance and consistence of hard, discolored wax. One leg, absent, having, probably, been separated by the weight of the mud when the body was preserved by the dredger.—*N. Y. Med. Record.*

**TREATMENT OF ECLAMPSIA.**—In the *Berl. Beit. für Geburtsk. und Gynæk.*, Dr. Jaquet recommends the following treatment for uræmic eclampsia and eclampsia from acute anæmia of the brain, viz.: The patient must be completely enveloped in a large sheet dipped in water of 72° Fah., and well wrung out. Then cover the patient with a large woolen blanket, merely leaving the head uncovered, upon which an ice-bag is to be placed. If labor should be far advanced, the lower extremities must be wrapped up separately to avoid uncovering during the birth of the child. Ten minutes after the application of this envelopment the skin reddens, and in about an hour a free perspiration sets in, continuing as long as the sheets remain on. This treatment used during pregnancy is followed by no consequences, likewise none need be feared after labor. After perspiration begins, the convulsions rapidly diminish, both in frequency and intensity, and the patient soon falls asleep. Chloroform, morphia, opium, or chloral hydrate may be used simultaneously. The patients never complain of a feeling of discomfort, even if the envelopments are continued for a longer time, nor was the life of the child ever endangered thereby.—*Chicago Medical Examiner.*

**SOLUTION OF MORPHIA FOR HYPODERMIC INJECTION.**—Dissolve ten grains of hydrochlorate of morphia in two drachms of distilled water by the aid of heat, without any acid, spirit, or glycerin. Ten minims of this solution, *i. e.* one-sixth of a drachm, should be the commencing dose. It becomes solid at ordinary temperatures, and when intended for use must be heated. The advantage is that however long it is kept, the solution never alters.—*Dr. H. Lawson.*

**NEW RESEARCHES ON DIABETES.**—We learn that Dr. Pavy has obtained some experimental results which are likely to throw a new light on the subject of diabetes. He has found that the injection of defibrinated arterial blood into the portal vein occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluid ounce, while in others the quantity has amounted to nearly an ounce. In the counterpart experiment of injecting defibrinated venous blood into the portal vein, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the blood and discharge with the urine. It also seems that through the medium of the respiration oxygen he has succeeded in inducing a sufficient oxygenated state of the blood to similarly give rise to the production of saccharine urine. He has further found that through the agency of the injection of puff-bail smoke an immediate and

strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as is the case after section of the sympathetic, without becoming de-arterialized. His experiments, he considers, suggest that in diabetes of the human subject, the blood, in consequence of vasomotor paralysis, is allowed to reach the portal vein in an imperfectly de-arterialized condition, and thus determines the escape of sugar from the liver. We understand his results are to be brought forward at the Royal Society as soon as its meetings commence.—*London Lancet.*

**PHYSIOLOGICAL EXPERIMENTS UPON THE HUMAN CORPSE.**—The experiments made by Drs. Keen and Seiler upon the body of Heidenblut, at Philadelphia, immediately after its removal from the gallows, showed that the internal intercostals are muscles of inspiration and the external intercostals, muscles of expiration, the former lifting the ribs, the latter depressing them. In testing the facial muscles it was also shown that the pyramidalis nasi is a direct antagonist to the occipito-frontalis.

**TETANUS SUCCESSFULLY TREATED.**—Dr. J. B. Carruthers reports (*Lancet*, Sept. 26th, 1874) a case of traumatic tetanus in a boy, æt. 14, successfully treated by chloral hydrate and bromide of potassium. At first the case was most disheartening, but by steady perseverance in the treatment the convulsions gradually weakened and finally ceased. The amelioration of the symptoms on the third day after the chloral hydrate and bromide of potassium were given, were most marked.

**TREATMENT OF PERTUSSIS BY INHALATION.**—Dr. J. Winthrop Spooner, in the *Boston Medical and Surgical Journal*, Nov. 5th, 1874, details the results of his experience in eleven cases of whooping-cough treated by the plan recommended by Dr. John J. Caldwell of Baltimore in the number of that journal for April 20th, 1871; viz.: R. Fluid-ext. belladonnæ mv ad x; potass. bromidi ℥i; ammon. bromidi ℥ij; aquæ ℥ij. Inhale one tablespoonful in an ordinary steam-atomiser. Dr. Spooner uses a tablespoonful of this mixture, and fills up the glass of the atomiser with water. When the disease is at all severe, he uses the atomiser twice daily until the urgency of the symptoms is relieved, and then continues it once daily until the cough has entirely disappeared. In some cases, he has somewhat varied the proportion of the ingredients, but has made no essential departure from the formula given. The effect of the method shows itself immediately; and, besides the prompt relief of the distressing symptoms, the period of the disease itself is much lessened in the majority of cases. In only one of the eleven cases was any other treatment than that by inhalation used; and the

apparent failure in this case seemed to be due to the difficulty in administering the remedy thoroughly, on account of the age of the child—only two years old.—*British Medical Journal*.

**BODY FORCE AND STIMULANTS.**—In an editorial on the above subject in the *Brit. Med. Journal* the writer says: Our treatment has assumed a character too decidedly stimulant, and not quite sufficiently nutritive. Stimulants ought to be regarded as auxiliaries to nutrition more than they are at present. Nutritive material as milk, meat-juice, eggs, and various forms of starch, ought to form a greater matter in the dietary of the sick than stimulants, whether nitrogenized or alcoholic; such materials when assimilated, give supplies of force. Stimulants may assist in their assimilation, and do so; but, in themselves, stimulants only furnish limited supplies of force-bearing material. They are, however, a means by which the system may reach some of its physiological reserve fund. Such use may be advantageous or pernicious, according to circumstances; and ill-regulated or excessive process of stimulation, may give results as disastrous, as a wise and intelligent resort to stimulants may be beneficial and preservative in its consequences.

**PERITONITIS WITH PURULENT EFFUSION: TAPPING: RECOVERY.**—Dr. A. J. Fuller of Bath, United States, reports the following case (*Transactions of the Maine Medical Association, 1874*). Mrs. S., aged 28, previously healthy, was attacked on the night of May 12th, 1872, after walking some distance exposed to cold night air; all the usual symptoms of peritonitis were present, high fever, tenderness and swelling of the abdomen, with constipation. Dr. Fuller saw her on the 13th, and pursued an active antiphlogistic treatment, combined with alteratives and sedatives. On the 19th, she was so far recovered that he discontinued his visits. On May 24th, he found the abdomen largely distended; no pain or tenderness; she felt quite well. There was fluctuation over the whole abdomen, having all the appearance of serous effusion. The distention had been very rapid, without any perceptible constitutional disturbance. Such remedies as were indicated were employed, without the least improvement. There was no perceptible change for six weeks; then some slight chills, with prostration, appeared. Feeling that further delay would be detrimental, Dr. Fuller operated July 16th, and, on withdrawing the trocar, it was followed by a full stream of six quarts of pure pus. The wound was dressed with cotton-wadding, secured by adhesive straps. In the following three weeks, Dr. Fuller drew five quarts more of pus at different times—the original wound never healing until all was removed. This large drain rendered the patient somewhat anæmic, with

loss of strength. With tonics and general diet she soon began to recover, and seemed to fully regain her health. The interesting point is, that so large a collection of pus should form suddenly with so little constitutional disturbance.—*British Medical Journal*,

**TREATMENT OF CANCER BY ARSENICAL PASTE.**—Dr. Daniel Lewis, of New York contributes to the *American Practitioner* (December, 1874) the results of ten unpublished cases of cancer treated by Marsden's arsenical paste, viz: R Arsenious acid, ʒ ij; mucilage of gum acacia, ʒ j. Mix into a paste too thick to run. Of three cases treated by Dr. Crandall, Andover, New York, one patient, a male, aged 69, "lived two years without recurrence (of the epithelioma of two years' standing below the left ear), when he died of some cardiac affection"; the second patient, aged 50, with epithelioma on the right cheek, still remains well after five years; and the third, a male, aged 62, with medullary cancer of the vertex, continues well after two years. Dr. Lewis reports several cases treated in the same way by himself, with uniformly satisfactory results; and two cases by Dr. Fordyce Barker, one without recurrence after four years, and the other with recurrence after one year, when the knife was used, but with what result is not known.

**METHOD OF REPAIRING REGISTERING THERMOMETERS.**—It may be of service to our readers to know how to repair their thermometers, and therefore we publish the following suggestions on the subject, copied from the *Boston Medical Herald*. The first method is to apply gentle heat to the bottom of the thermometer until the mercury rises to an expansion at the top of the glass. Permitting a little to enter this expansion, a sharp blow on the top breaks the column in a number of places. Shaking all down into the lower bulb, a little remains at the top to form the needle. This is forced out by heat, and partially shaken down when the instrument is again shakable.

In the second method, the bulb is cooled in a small space is visible above the mercury. The instrument is quickly inverted and held perpendicularly between the thumb and finger. In this position a sharp blow is struck, ramrod being upon a thick, flat, rubber eraser, laid upon a table. A minute portion of the mercury will be forced past the empty space into the tube, and may be used as an index.—*Journal of Medicine, Nashville*.

**JABORANDI.**—This is the name of a new pharmaceutical product obtained from a lanceolate shrub which grows in the northern part of Brazil. It has recently been introduced to the notice of the profession in England by Dr. Sidney B. Smith, by whom some interesting experiments have

conducted with the drug. Its leading properties place it in the class of diaphoretics and sialogogues. Its power of increasing the flow of saliva appears to be remarkable, and copious diaphoresis follows its use. The dried leaf is the part used.

**THE USE OF COTTON-WASTE INSTEAD OF SPONGES IN DRESSING WOUNDS.**—There has been brought into use at this hospital, for the dressing of wounds, picked cotton waste. This waste is similar to that used for the cleaning of engines, and has to be picked over by the patients before it is ready for use. The advantages it possesses are, that it is as satisfactory in the dressing of wounds as sponges, with the further advantage that when once used it is destroyed. It is cheaper than oakum, and much finer in texture. It was introduced into the hospital by the superintendent, Dr. Paine.—*N. Y. Med. Journal.*

**APOMORPHINE.**—This remedy, which in composition differs from morphine only in having one equivalent less of water, possesses properties generally different from the latter body. It exercises an elective and almost exclusive action on the nervous centres which control vomiting. Employed hypodermically, which is the best way of giving it, it produces vomiting from six to ten minutes. There is no subsequent sickness or irritating effect on the digestive tract. The dose for adults is 7 to 8 milligrammes, for children 1 to 2 milligrammes. Dr. Moeller recommends that the first injection should contain 5 milligrammes, to be repeated if vomiting does not ensue. M. Jurasz recommends apomorphine as an expectorant, and administers it in doses of from 1 to 3 milligrammes every two hours.—*Lyon Médicale*, 18, 1874. E. F.—*New York Medical Journal.*

**INDICATIONS FOR THORACENTESIS.**—In a communication on the subject of pleuritic effusion (*British Medical Journal*), Dr. J. R. Wardell, of Cambridge Wells, thus states the conditions which may be regarded as the morbid states, and the positive and negative signs, demanding the operation :

1. In all cases in which inspection and the physical signs give evidence of a large quantity of fluid, when there are symptoms of compression of the lung, and there is manifest cardiac displacement.

2. When there are urgent dyspnoea, an irregular pulse, and threatening of orthopnoea.

3. When the affected side is smooth and rounded, and the intercostal spaces are effaced or protruded; when measurement proves bulging; when dullness in the chest is complete, or demarcated and absolute; when there is abolition of fremitus; when there are broncho-phonic rales, tubular breathing, and absence of breath-

sound; when the patient can only lie on one side, or in diagonal position; and when there is the Hippocratic sign of succussion.

4. When the exploratory needle proves the fluid to be purulent.

5. If the heart be pushed from its normal situation, and the apex be substernal or beyond the right sternal edge, or if it be thrust toward the left hypochondrium, or if it be lost; when it becomes presumptive that the organ has been driven inward and backward; and when on the one side the liver depends abnormally into the abdomen, and when on the other side relaxed and down-pressed diaphragm so displaces the spleen that its free edge can be felt.

6. When half the thoracic cavity is filled, and a month or so shows no proof of absorption, the less are the chances of expansion.

7. In those exceptional cases of double pleurisy when both cavities became half filled with effusion, and dyspnoea shows the lung-space to be dangerously encroached upon.

8. In pulmonary phthisis, when the accumulation of serous or sero-purulent secretion causes distress, and when the other lung assumes the symptoms of bronchitis or pneumonia the operation should at once be performed.

9. In mechanical hydrothorax it may be had recourse to, though with no object to cure, but with merely a view for a time to prolong life and to aid the action of medicinal remedies.

10. In children, whose chest-walls are thin, and in whom the white tissues are more developed and confer greater resiliency to the thoracic parietes, and whenever there are certain evidences of fluid, it should without delay be evacuated.

11. In hydro-pneumothorax it may be generally with safety and benefit employed.

12. Pointing externally should never be waited for.

13. Under certain circumstances repeated tapings are required.—*New York Medical Journal.*

After discussing all that can be said in favour of advertising medical works in the lay press, or in excuse thereof, the *British Medical Journal* arrives at the following conclusions:—"That in medical advertising, British medical authors and publishers must conform to the rule which is current in France (we believe, indeed, everywhere in Europe) and in America. This may be severe, but it cannot be intolerable, since it is the rule of propriety universal amongst medical men in every other civilised country in Europe. The physician, the surgeon, the general practitioner who in France, or in America, should advertise, or allow to be advertised his medical works in a political paper, or in any other than a medical paper, would at once indicate that he resigned his pretensions to professional respect, and that he accepted professional ostracism.



Is it not, indeed, without meaning that books addressed only to technically educated men—books unintelligible, and, if unintelligible, therefore offensive to the eyes of ordinary people—should be announced at the breakfast-table that the young lady who looks for the last new novel, or the latest announcements in music and literature, must perforce read of 'The Disease of the Genital Organs,' 'The Pathology of the Testicle,' 'The Painless Cure of Gonorrhœa,' 'The Means of Fecundation,' and the Cure of Sterility'? There are certain medical authors who avowedly address books for good and useful reasons to non-medical authors; those will, of course, take their place, as before, among avowedly popular books. We are not speaking of these, but of purely medical works for medical readers. We say that there is no reason in the world why these should be advertised in the daily papers. — *Student's Journal & Hospital Gazette*.

**AN ANTIDOTE TO CHLOROFORM.**—Dr. Schuller has discovered that the nitrite of amyl quickly removes the effects of chloroform on the vessels of the pia mater, and that even in cases of advanced narcotism from the latter drug it rapidly relieves the dyspnoea and laboured respiration, restoring the strength of the pulse, and the reflex excitability. This discovery may prove of much practical value where chloroform continues to be the favourite anæsthetic. — *New York Med. Jour.*, Feb. 1875.

**TREATMENT OF ACUTE RHEUMATISM BY THE PACKING PROCESS.**—Dr. Donse, of London, has recently been advocating the above method. He says the first thing to do in the treatment of rheumatic fever is to eliminate the acid products of the diseased state; and the next, to relieve pain. To bring this about he has been in the habit of packing most of his cases in a wet blanket, and then rolling them up in dry blankets, so as to produce profuse sweating, and also increase the temperature. Finding that this method gave good results, he adopted a systematic mode of procedure, which he thus describes: The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this the temperature is raised, and profuse sweating results; the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by freely drinking warm milk and water. If the temperature exceed 102° F., the stimulant is unnecessary. The treatment is continued for three days. He finds that after the third pack the pain completely subsides and the sour taste usually disappears. He gives the detailed histories of six cases, taken from some thirty which have been submitted to the packing process

and of which only one had failed of success. The author is of the opinion that the constitution or age of the patient does not so much influence the duration of the disease as the season of the year and state of the atmosphere, and he has repeatedly observed that if a patient with acute rheumatism in one ward had a relapse, it invariably followed that patients in other wards were similarly influenced. To carry out the treatment without failure, the prescribed regulations must be strictly adhered to.—*British Medical Journal*, January 23, 1875.—*Med. Review N. Y.*

**COUGH AND SWEATING IN PHTHISIS.**—Dr. Little, of Dublin, recommends the following combination for the relief of the distressing cough of phthisis, and for diminishing the sweating:—

Acetate of Morphia, 2 grains.  
Liquor of Atropia, 6 minims.  
Dilute Hydrocyanic Acid, 36 minims.  
Syrup of Virginia Prune to an ounce and a-half.

A measured drachm to be taken, unmixed with water, on going to bed, and once again during the night if necessary. — *Dublin Journal of Medical Science*, January, 1875.

**DIPHTHERITIC SORE THROAT.**—An easy and successful method of treating it, by Dr. Lolli.—The following method of treatment has given similar results for many years, and the conclusions drawn by the author are as follows;—1. Never cauterize the throat or abstract blood; abstain from purgatives and emetics, unless in very exceptional cases.—2. Nourish the patient according to his appetite, but let the food be light and easily assimilated.—3. Keep up the functions of the skin from the very commencement of the disease till the local or still better, the general symptoms allow you to judge that the morbid process is extinct. (Great stress is laid on this point.)—4. For local application, as well as for internal use, the author strongly recommends the following "antidiphtheritic mixture":—Boiling water, ℥vi.-xx.; liquid squinchloride of iron, min. xx.-3i.; carbolic acid, gr. iij.-xx.; red honey, ℥vi. This can be used internally and as a gargle every two hours; one or two spoonfuls being a dose. The result of this treatment in 60 cases has been—a mortality less than 2 per cent; medium duration of the attack, 8 to 10 days; extension of disease to air passages rare and slight; sequelæ, none or very rare.—*Rivista Falsciense*, Dec., 1874. (*Glasgow Medical Journal*.)

Dr. Robert Barnes is said to have relinquished the appointment of Obstetric Physician to Thomas's Hospital, in order to fill a similar position in St. George's Hospital. His successor is Dr. Gervis.

# THE CANADA LANCET:

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TORONTO, APRIL 1, 1875.

## MEDICAL ASSOCIATIONS AND MEDICAL TARIFFS.

We are glad to note the activity evident in the formation of Medical Societies in different parts of Ontario, and trust that many more associations of this kind will yet speedily be formed under the influences of appreciation and example. While we desire to encourage the formation of city, town, and township societies, we wish to point that out, with a view to legalizing a tariff of fees as a scale of "reasonable charges" under the Act, it is necessary that such tariffs should be submitted to the Council by the Division Association. This implies the formation of Territorial Division Associations; and as a consequence it is this kind of medical society that requires to be first of all established in the electoral divisions. It may be worth while in this place to quote the eighteenth section of the Ontario Medical Act, which especially applies to the formation of medical associations:—

18. "In each of the territorial divisions described in schedule C of this Act there may be established a 'Territorial Division Medical Association' which may be briefly called the Division Association of such division; every member of the College of Physicians and Surgeons of Ontario, residing within the said territorial division, shall be a member; and the representative in the Council shall be *ex officio* chairman of such Division Association."

19. "The said Division Association may from time to time submit to the Council a tariff or tariffs of professional fees, suitable to their division, or to separate portions of their division; and upon the said tariff or tariffs of fees receiving the approval of

the Council, signified by the seal of the College and by the signature of the President thereof being appended thereto, such tariff or tariffs shall be held to be 'a scale of reasonable charges' within the meaning of section number thirty of this Act, for the division or section of a division where the member making the charge resides."

On considering this part of the Medical Act it will be seen, that the existence of a Division Association is essential to the legalizing of a tariff of fees, though of course the tariff of any particular locality may be framed by a smaller local society and, being assumed by the Division Association, and the other necessary formalities being duly observed, may become of legal effect to the particular portion of the division covered by the local society. This is a wise feature of the law. It is obvious that considerations may be found to exist, which require a difference in the scale of charges to be made in different portions of a territorial division—differences which may be properly left to the decision of the local societies.

And yet we offer it as a point worthy of consideration, that the committees engaged in framing tariffs, should study to attain a certain degree of uniformity in the scales of charges, and to bring them strictly within the bounds of fairness. They will thus be more likely to receive the sanction of the Medical Council and the consent of the public. Glaring differences in the scales of remuneration will be noticed in the different tariffs already published; for instance, on examination it will be found that there is a wide difference in some of the corresponding items of the tariffs of the Chatham and North Ontario Societies, as published in our last number.

We desire to point out an item which supplements the fee bill of the North Ontario Association, as one worthy of commendation and imitation. It is the resolution that accounts are to be furnished every three months. We feel confident that if this resolve were generally acted up to, it would result in a material gain to the profession.

It may not be without interest in this connection to mention, that the medical profession in Boston follow the practice of having printed on the backs of their accounts the tariff of fees agreed to by the physicians, with the statement that each physician may make any deductions therefrom which the position or circumstances of the patient may war-

rant. This is a suggestive custom, and it may be asked, would not the same practice answer a useful purpose in this country? Let us say that the printed bill-heading should contain at the top in a condensed form some of the leading items of the tariff, and the words "quarterly accounts." We cannot but think that the merit of such a custom would soon be proved, in the more satisfactory nature of the settlements with clients.

But as it is the main object of this article, to encourage the formation of Territorial Division Associations, we conclude by reminding our readers of the importance of attending to the matter and seeing to it, that where such societies do not already exist, they should be instituted without loss of time.

#### THE THERMOMETER AS AN AID TO DIAGNOSIS.

We have before us M. Labadie Lagrave's translation from the German into French of Professor Wunderlich's work on "Temperature in Disease" and as there is reason to believe that the use of the Thermometer has not yet generally obtained with practitioners the importance due to it, we purpose translating passages from this exhaustive treatise on the subject, written from an extensive experience embracing at least half a million exact thermometric observations. No better illustration of its efficacy in the detection of latent disease can be adduced than the narration of a case recorded by Dr. John Davy in his "Researches, Physiological and Anatomical." When Dr. Davy was collecting his extensive observations on the normal temperature of the body, he was surprised to find that one person exhibited for many weeks a persistent temperature of 104 Fahrenheit. this person was a lunatic soldier, and Dr. Davy remembered that the insane do not seem to suffer from cold nor heat like ordinary individuals, and that there are certain organic lesions which are apt to occur in them, unaccompanied by the usual symptoms. For example, tubercle and cavities of the lung occur without cough or difficulty in breathing: and although no warning nor any indication may be given, the disease runs its course, terminating in death, as certainly and as rapidly as if indicated by the ordinary train of symptoms. Discovering

then, as it were by accident that the temperature in this lunatic was as high as 104.5° F. and that his pulse was rapid, Dr. Davy's attention was more particularly aroused; and although the man made no complaint, but had a good appetite, with his digestive functions so far as were known, acting well, yet disease of the lungs was thus discovered. The lunatic died in a month of acute tuberculosis, not otherwise expressed by symptoms beyond the great, persistent and continuous elevation of temperature thus incidentally noticed. There were ulcers of the larynx found after death, but there had been no affection of the voice; there were vomicae and tubercles in the lungs, but there had been no cough; there were ulcerations of the intestines, but there had been no diarrhoea; there was disease of the testes, vesiculae seminales, and prostate, of a severe kind, but these lesions had been equally latent during life, except hardening and enlargement of the testicle without pain, all which conditions were only casually observed. In this instructive case, a temperature of six degrees Fahrenheit above the normal standard was the earliest indication of disease. M. Labadie Lagrave's translation is preceded by an introduction by Dr. Jacob of the Laribosiere Hospital from which we will make extracts.

"I assert with the indisputable conviction experience gives, that the place of the thermometer ranges alongside with the stethoscope and plethysimeter. From the point of view of medical practice, clinical thermometry is the greatest progress which has been realized since the discovery of auscultation and percussion. These three methods address themselves to different pathological conditions, the third revealing the vital condition of the patient. Together they are perfect. Their union constitutes the arsenal of the clinical physician. You will remark that from one point of view the thermoscopic method is more precise, less open to error than its predecessors. The observation of physical phenomena revealed to the hand and eye is subject to the oscillations of sensorial perception; the observation of thermic figures includes uncertainty, it is a simple reading. If then it be true that auscultation and percussion have indicated physical diagnosis, it is not less true that thermoscopic observation has created mathematical diagnosis. In the present day it would be difficult

to realize, or rather one would realize with alarm, what medicine would be, deprived of the assistance supplied by Laennec and Avenbrugger; but in a few years when the thermic method, established by its inestimable services, shall have triumphed over inertia and routine, it will be demanded with astonishment mingled with retrospective pity, what could have been the discernment of disease when it wanted the support of this indication, the infallibility of which is precious above all? Land at your will, either on the ground of science or on that of practice, and everywhere you will find the imprints of realized progress. Methodical observation by the thermometer has demonstrated the exhausting character of fever; it has fixed the character of different febrile cycles, and has furnished the proof of one of the fundamental truths of pathology, namely, the durability and immutability of morbid species; it has fixed the reality and the laws of crises, (quick or slow,) it has established on a solid base the Hippocratic doctrine, and modern science has been able to confirm, after thousands of years, laws formulated by the genius of the ancients—this method finally has revealed the existence of fever in maladies reputed apyretic. The demonstration of the consumptive nature of fever of whatever character it may be, ought to introduce, and fortunately has introduced a complete reform in the treatment of acute disease, and numerous patients already are indebted for their life to this therapeutic revolution. An inquiry into the connexions which exist between certain thermic figures, and certain symptomatic forms has revealed, that the generality if not the totality of febrile forms called hectic, are the result of an excessive rise of temperature; this positive notion which has taken the place of hypothetical conception has indicated at the same time the only rational therapeutics. How shall we estimate the value of a method which, beyond all hypothesis, all interpretation, reveals day by day, hour by hour, the exact situation of the patient to the physician, and furnishes to his prognosis and treatment a certainty which has been the supreme but inaccessible end of practitioners all time?

For myself, in the presence of the undeniable results of clinical thermometry, if anything could convince me, it is the indifference and carelessness with which it is treated by the generality of our professional brethren. How can this be? We

have here a method of exploring, of elementary simplicity, it furnishes for the interest of the patient, indications that would be vainly sought from any other method, it gives to medical appreciation a coin of vantage the solidity of which is such that the legitimate anxieties of a conscientious medical man are reduced to a minimum, and this method is not universally adopted! It is incredible! Verily an abominable fact is the stifling grasp of routine. The book that you present to-day to French Physicians, is the code of clinical thermometry, established on millions of facts by an attentive observer in transposing it to our language in the elegant and facile form that is habitual to you; you have overcome the last obstacle for familiarizing the method, and you will acquire a well earned title to the gratitude of all friends of progress."

Wanderlich in his preface to the second edition 1870, informs his readers "that for sixteen years he had without cessation directed his attention to the variations of temperature in disease. In all the patients in my clinical wards thermometric mensurations were made regularly twice a day. In the cases of febrile affections, the temperature is taken four or eight times a day, and frequently oftener if circumstances require it. I have also acquired the conviction from frequent trials that this method of exploration is equally applicable to patients attended at their own houses. I have thus collected by degrees, millions of thermometric mensurations and I have been able to follow the complete evolution of temperature in thousands of morbid cases." We propose from time to time continuing the translation of this valuable work.

#### TORONTO LUNATIC ASYLUM.

The report of the Medical Superintendent of the Asylum for the Insane, Toronto, for the year ending Sept. 30, 1874, is before us. From the summary of operations during the year we give the following:—Remaining in Asylum 1st Oct., 1873, 315 males and 311 females, total 626; admitted since, 86 males and 56 females, total 142; total under treatment, 401 males, 367 females, total 678; the number of recoveries 60—36 males and 24 females; improved, 13 males and 8 females; unimproved, 3 males 1 female; eloped, 3 males. The total number of deaths 40—26 males and 14 females.

The number of patients remaining in the hospital on the 1st of Oct, 1874, 640—320 males and 320 females. The average residence of males in Asylum, 11 months and 14 days; average residence of females, 2 years 1 month and 23 days. The causes of death are as follows:—Paresis 13; Phthisis 10—5 latent and 5 manifest; Epilepsy 2; Paralysis 1; Polypus of the heart 2; Softening of the brain 1; Kidney disease 1; Marasmus 1; Apoplexy 1; Intestinal perforation 1; Stricture of the colon 1; Abdominal disease 1; Exhaustion 3. The nativity and religious distinction of those admitted were, English 22; Irish 24; Scotch 15; Canadian 70; United States 6; others 5. Religion, English Church 37; Presbyterian 30; Methodist 34; Roman Catholic 24; others 15. Of the 147 admitted during the year 69 were married, 33 men and 36 women, and 73 single, 53 men and 20 women. Their occupations were, males, laborers 26; turners 27; carpenters 3; saddlers 2; law students 2; others 21; no occupations 3; females, domestic work 14; servants 8; farmers daughters 4; governesses 3; time-keepers 2; farmers wives 2; shoemakers wives 3; mechanics wives 5; others 10; no occupation 5.

### PARESIS, OR GENERAL PARALYSIS.

Dr. Workman in his Report for the year ending Sept. 30 1874, which is just to hand, states that 13 deaths have resulted from this *invariably* fatal disease of the insane during the past year. This disease "he says," is decidedly on the increase. In 1853 when he entered upon his duties there was not a case of it, nor did he find any record of it in the books. At the present time there are 13 cases in and more are coming. In the Annual Report for the year 1866 he introduced a brief detail of the symptoms of GENERAL PARESIS with a view of attracting more attention to this grave and interesting disease of the insane that it seemed to have received from the profession generally. From this report we make the following extracts which will be of interest to many of our readers:—

At the commencement, which is the period in which it is usually seen outside of Asylums, the patient not only is *apparently* free from any paralytic affection, but generally appears more active, lively and robust, and at the same time shows more mental energy than ever in his life before.

Perhaps, too, the most constant characteristic, indeed, I would say *pathognomonic* symptom of the malady is a keen or even ravenous appetite. This keenness of appetite does not appear to be abnormal, for it is unaccompanied by any disturbance or disorder of the digestive function, and nutrition goes on well. The patient eats heartily, and appears to benefit by his eating. He declares he never felt so well in his life. His friends think so too, but they have found that this improved bodily condition is unfortunately associated with irregularities of temper, transient defects of intellect, and strange moral perversions, which have begun to cause them serious apprehensions. The earliest paralytic, or more strictly speaking paretic, symptom may even now be recognizable, though very commonly not observed; I mean the defective articulation of speech, which is perceptible chiefly in the pronunciation of the labial and dental consonants; for the accurate formation of which an exact direction of the tip of the tongue to the anterior parts is necessary. This defect in the speech is not unfrequently assigned, by those ignorant of the truth, to drunken habit, but most unjustly and sometimes most cruelly. It arises from impairment of the lateral muscles of the tongue, or of the motor nerves supplying them. The muscles on the two sides do not act co-ordinately, or those on the affected side are overpowered by those on the opposite side, and in consequence the tip of the tongue fails to hit the centre point, to which it should be applied. The speech is therefore thickened, or blunted. This symptom goes on constantly augmenting, until the last stage of the disease, speech is almost wholly or altogether obliterated. The most usual form of delusion manifested by paretic patients, is that of an exaggerated appreciation of their own wealth, or some other qualification on which they may have chance to have desired distinction. The *post-mortem* revelations, although by no means uniform, nevertheless, over their wide extent, far differ from those shown in the bodies of other classes of patients. After other forms of insanity, we may discover various cerebral lesions, or they may so far as our means of detection extend be totally wanting. This uncertainty does not obtain in general paresis; in it, the brain, or the spinal cord, very often both, are found to have been diseased, and the diseased condition of these vital parts has lain at the foundation of the malady, and has given form and feature to all its manifestations, both mental and corporeal. Other forms of insanity may be merely sympathetic or reflex, the brain being only secondarily or resultatively affected. This is never the case in general paresis, and not only the brain or the spinal cord always diseased, but almost invariably these are the only parts which are diseased. The organs of the chest and abdominal men are, unless accidentally, always sound. This

a condition of the system rarely found to obtain in other forms of insanity. In these the brain indeed may be found undiseased, but absence of disease here will certainly be unassociated with exemption from it elsewhere. It is this exemption from disease in other parts, but especially in the digestive organs, which so usually leads the general practitioner to the formation, and too often to the pronouncement, of an erroneous prognosis. Nor in the face of the fact, that the patient is almost invariably free from headache, or at least asserts that he is so, is it wonderful that the diagnosis arrived at, should fail to involve the idea of any formidable brain disease. Yet the absence, not only of pain in the head, but also of every other sort of pain, and that throughout the entire subsequent progress of the disease, may be held as one of the most reliable diagnostic marks of general paresis. I would not assert that pain is absent in the incubative stage of the disease; but I can say that I have never met with it in any general paretic that has come under my care. If we have this absence of pain, combined with a keen or voracious appetite, a trivial impairment of the articulation of speech, such as I have already spoken of, and incoherent, or perhaps fully developed phenomena of mental delusion, but especially in relation to money or property, there can hardly be a doubt that the case is one of *general paresis*.

"If the case has advanced beyond these limits, and the patient has had one or more apoplectiform seizures, out of which he, perhaps, very unexpectedly, speedily appeared to recover, and subsequently it has been observed that his speech has become more blunted, or, perhaps, only now for the first time has been noticed to be so; and if a change of gait is observed—not, indeed, amounting to paralysis of one limb, but very clearly indicating impaired muscular power in it—then is there no longer room for doubt; the case is one of *general paresis*, and the patient will die. *When* he will die is a question of great uncertainty; he may go off in his next apoplectiform seizure, or he may survive a dozen of such seizures; or, indeed, he may not have one at all.

### HOMŒOPATHIC DOSES.

There can be little doubt of the fact that Cis-Atlantic homœopathic practitioners are gradually breaking away from the teachings of Hahnemann in respect to excessively minute doses and the extreme dilutions presumed to be essential in their practice. It was established a few years ago in a Canadian court that actually poisonous doses of medicine were administered homœopathically. Effective doses of other energetic medicines are also

known to be administered by this class of practitioners, and according to the most modern American homœopathic authority the dose may be pushed until a therapeutic effect is evident. It may soon become dangerous to swallow granules and globules by the vial full, as we remember to have once seen done most demonstratively by an unbeliever in homœopathic "potencies." There must be a fearful want of uniformity among the practitioners of this school, and great variation with locality and latitude. It is only a year since the *Practitioner*, in a series of analyses proved the pills sold at the homœopathic pharmacies in London to contain no appreciative amount of sulphate of copper, mercury and other substances under the name of which they were sold, although these substances are most readily detected by the chemist, and their reactions with appropriate tests are the most sensitive and delicate in the whole range of practical chemistry. These pills, rationally and practically considered, were to all intents and purposes inert; but we are now told that in the United States the strongest tinctures are used, and larger and more absorbent globules of prepared sugar are employed to absorb the active constituents of the medicines selected, so that from this and other testimony it may be concluded that on the question of doses a great and fundamental change is being introduced into homœopathic practice.

**MEDICAL ELECTIONS.**—It is about time that our medical friends throughout the country were bestirring themselves with a view to the selection of candidates to represent them in the next Council of the College of Physicians and Surgeons of Ontario. The elections will take place on the second Tuesday in June. The term of service has been changed from three to *five* years, and it is very important that the best men should be chosen to represent the several Divisions.

**STUDENTS OF VICTORIA COLLEGE.**—The students of Victoria College who went over to the Toronto School of Medicine last winter, have, owing to some misunderstanding between them and the Toronto School Faculty, requested the privilege of coming up for examination before the University of Trinity College, Medical Department, which was granted, and they are at present undergoing the necessary examination. The late professors of Victoria College are, by invitation, acting as associate examiners.

NEW ADVERTISEMENTS.—Read the advertisements; there are some new ones in each number.

WANTED.—Back nos. of the CANADA LANCET for September, October and December 1870, and February 1871, for which a liberal price will be paid. Also back nos. of the Dominion Medical Journal for March and May 1870.

TRUSSES, &c.—The Banning Truss & Brace Co., still takes the lead in the manufacture of spinal braces, trusses, &c. The instruments and appliances manufactured by this company are the best in the market, and are in constant demand by physicians in all parts of America. The workmanship and finish of the instruments are all that can be desired and the price as reasonable as first class work of the kind can be done. We confidently recommend them to the profession in Canada.

MONOBROMIDE OF CAMPHOR.—This remedy is being used very much by the medical profession in many parts of the world. It is formed by the combination of bromine and camphor, and occurs in white or colorless prisms, insoluble in water but freely soluble in ether, alcohol, and chloroform. The dose is two grains and is best administered in pilular form, combined with ext. gentian or liquorice as an excipient.

A NOVELTY.—The latest novelty (*Med. Press and Circular*) is a Homœopathic novel by an anonymous author entitled "Dr. Lowe's Sacrifice." A man loses his sweet-heart because he embraces Homœopathy is the skeleton of the romance. In order to make the book look like a novel certain characters are introduced all of whom, men and women, are made to discuss the relative merits of Allopathy and Homœopathy. By the aid of Homœopathy the hero of the tale is able to cure all sorts of disease, win fame and wealth and at last secure the hand of his once faithless fiancée.

OPENINGS FOR MEDICAL MEN.—There is good opening for a medical man in the village of Kettleby, Co. of York. No physician within a radius of seven miles. There is also a good opening for an experienced medical man in the village of Haysville, Ont., and one in the village of Dundalk, Co. of Grey, Ont.

RESIGNATION OF DR. WADDELL.—Dr. Waddell having been elected to parliament has resigned his post of Medical Superintendent of the Lunatic Asylum, St. Johns, N. B., after twenty five years service, and already there are several applicants in the field for this responsible position. Among the number we are informed that Dr. Steeves of St. Johns, is busy canvassing among his medical friends for a certificate of character and capability for the office. We trust, however, that our medical friends will be careful who they recommend to this important trust. It requires a man of a generous, noble, warm heart, full of kindly sympathy and yet possessed of sufficient firmness to command esteem and respect; of good administrative ability, thoughtfulness, care and foresight.—rare qualities of head and heart. Such a man was Dr. Waddell and we trust an able and worthy successor may be appointed in his stead. We hope the government will not entertain the application of Dr. Steeves for such a position.

MUTUAL BENEFIT ASSOCIATION.—We beg leave to draw the attention of the profession to the advertisement of the Canadian Medical Mutual Benefit Association to be found in another column. We are informed that the Association is meeting with very good encouragement, and we wish abundant success.

FORGERY OF NAMES.—We most cheerfully give place to the following communication from the President of the College of Physicians and Surgeons of Ontario. We only regret that the true facts were not made known sooner, so that the party referred to might have been arrested and punished for his audacity:—

To the Editor of the CANADA LANCET.

SIR,—Referring to Dr. Hamilton's letter in the last number of the LANCET, I have to state that my name appended to the "Franks" document has been used without my knowledge or authority in plain words is a forgery.

Yours, &c.,

M. LAVELL, M. D.,  
President O. M. C.

P.S.—The other Kingston names I am informed are also unauthorised.

THE NEW MEDICAL REGISTER FOR ONTARIO  
The registered members of the College of Physicians

cians and Surgeons of Ontario are reminded that the New Register for 1875 is ready and will be sent to all members who have paid their annual fee of ONE DOLLAR. All who wish a copy should immediately forward their annual fee and they will receive it by return of mail.

**PROFESSIONAL EXAMINATION, COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.**—The annual examination of the above college will commence on the 5th of April, and continue one week. The examination will be held in the Convocation Hall, Toronto University. Candidates are requested to send their certificates of time and course of study to the registrar prior to the above date.

**HOSPITAL FOR SICK CHILDREN.**—The inauguration of this valuable institution took place on Tuesday the 23rd ult. The hospital building is situated on Avenue road facing the Queen's Park, and is admirably adapted for the purpose for which it is intended. There will be accommodation for a considerable number of indoor patients, and there is also to be a dispensary connected with it, for out door patients. The medical staff connected with this charity are as follows:—Consulting staff, Drs. Hodder, Aikins, H. H. Wright and U. Ogden; acting staff, Drs. Thorburn, Buchan, Felton and Graham; Dr. Reeve ophthalmic surgeon. The establishment of a hospital for sick children is a want which we are glad to see supplied in such a promising manner, and we hope to see the secretary, Mrs. L. McMaster, the worthy treasurer, Miss Hunt, and their co-workers generally assisted in their good work by the generous and charitable people of this city and Province. The institution is deserving of the confidence, sympathy and assistance of all.

**MEDICAL LEGISLATION IN THE UNITED STATES.** There is at present a Medical Bill before the Legislature of the State of Michigan, U. S., for the purpose of regulating the practice of medicine within that State. It provides that all in practice before October 1875 shall be registered without examination, and those who qualify subsequent to the passing of the Act, and wish to practice in Michigan shall pass an examination before a board of examiners to be appointed by the Governor, and become licensed, such board to be composed of members of the general profession, homœopaths

and eclectics in proportion to the number of members in the different Societies. It is in many respects similar to the Ontario Medical Act. We hope for the sake of the profession and the public in that State that it may become law.

### THE LATE DR. JOHN L. LIZARS.

A meeting of the medical profession was held on the 16th ult., at the Canadian Institute, for the purpose of taking into consideration the best means to adopt to show their esteem and appreciation of the late Dr. John L. Lizars.

Dr. Bethune was appointed chairman, and Dr. John E. Kennedy secretary. The minutes of the last meeting were read and confirmed. The committee appointed to draft a series of resolutions brought in their report, which was adopted. The following resolutions were passed:—

To the Medical Profession of Ontario.

In view of the loss we have sustained by the decease of our friend and professional brother, John Lizars Lizars, M. R. C. S., and of the still heavier loss sustained by those who were nearest and dearest to him, be it

*Resolved:* That it is only a just tribute to the memory of the departed to say, that in regretting his removal from our midst, we mourn for one whose professional abilities were in every way worthy of our respect and admiration. Carried.

The following resolution was proposed and carried:—

That we sincerely condole with the family of the deceased in the dispensation with which it has pleased Divine Providence to afflict them; and whereas, in consideration of the straitened circumstances in which the family of the deceased are left, by being so suddenly deprived of their only support, be it

*Resolved:* That an earnest appeal be made to the Medical Profession of Ontario, to contribute towards a fund for the support of the family of one who, during his life, was always ready and willing to aid others.

It was also resolved that a copy of the above resolutions be forwarded to all registered practitioners in Ontario, with the earnest request that they will each and every one, according to his means, contribute to a fund for the maintenance of the family of our deceased brother, and that all contributions, no matter how small, will be thankfully received and suitably acknowledged by the Treasurer, Dr. Bethune, Toronto.



### Reports of Societies.

#### MEDICAL ASSOCIATION EAST RIDING OF KENT.

At a meeting held in Ridgetown on the 4th. inst. for the purpose of organizing a Medical Association for the East Riding of the County of Kent the following business was transacted:—

Moved and Seconded that Dr. Hicks, Duart, be President

That Dr. Rutherford, McKay's Corners, be 1st. Vice-President.

That Dr. Tye, Thamesville be 2d Vice-President.

That Dr. Samson, Blenheim, be Treasurer.

That Dr. Young, Ridgetown, be Secretary.

That the meetings of this Association be held alternately at Ridgetown, Thamesville and McKay's corners.

That the fee for becoming a member of this Association be one dollar.

That the tariff of fees adopted by the Western and St. Clair Division Medical Association, be adopted by this Association and in addition that accounts be rendered every six months.

That all cases of patients unwilling though able to pay, be reported (except cases of charity), at the next meeting.

That subjects for discussion be arranged by Drs. Rutherford and Young for next meeting.

That the report of the Western and St. Clair Division of Fees be amended by adding, that accounts be rendered every six months.

That the next meeting be held at Mahews Hotel, Thamesville, on Wednesday the 12th of May at one o'clock

DR. YOUNG,  
*Secretary.*

### Books and Pamphlets.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE.—  
Edited by Dr. H. Von Ziemssen, Prof. of Clinical Medicine in Munich; Vol. II., on Acute Infectious diseases; New York, Wm. Wood & Co.

This is the second volume of this great work on the practice of medicine. The first volume has already been before the profession, and has met with almost universal approbation. The volume now before us embraces the consideration of the following diseases: Varicella, Measles, Rubeola, & Scarlet Fever, by Dr. Thomas of Leipzig; Variola & Varioloid, by Dr. Curschmann of Berlin; Erysipelas, Miliary Fever, Dengue, Influenza and Hay Fever, by Dr. Zuelzen of Berlin; Malarial Diseases, by Dr. Hertz of Amsterdam; and Epidemic Cerebro-

Spinal Meningitis, by Dr. Von Ziemssen. A short biographical sketch of the authors is given by way of introduction. There will be fifteen volumes in the entire book, but each volume is complete in itself on the subjects treated of, and is supplied with an index. The present volume contains upwards of 700 pages. It is well printed, on good paper, clear type, handsomely bound, and reflects great credit on the publishers. Two more volumes may be expected to appear during the present year, and the work will be completed in four years.

### Births, Marriages and Deaths.

#### BIRTHS.

At Waterdown, on the 5th inst., the wife of Philip, M.D., of a son.

At York Mills, on the 16th inst., the wife of Armstrong, of a son.

On Tuesday, the 16th inst., at Mt. Pleasant, wife of Dr. Marquis of a son.

#### MARRIED.

On Wednesday morning the 10th inst., at residence of the bride's father, by the Rev. Irving of Cookstown, William H. Farley, Alderman of the city of Toronto to Louisa, daughter of R. S. Cheffy, Esq., M.D. Alliston.

On the 4th ult., by the Rev. Thos. MacPherson Calvin Lutz, M.D., of Elmira, eldest son of M. C. Lutz, of Galt, to Kate, eldest daughter of McIntyre, of Stratford.

#### DEATHS.

At Barrie, on the morning of the 24th ult., John Power, second surviving daughter of the John Russell Ardagh, M. D., aged 24 years.

On the 25th ult., Dr. VanCourtland of Oshawa, aged about 60 years.

At Montreal, Wm. Sutherland M.D. Emeritus Prof. of Chemistry McGill College. On the 25th February in the 60th year of his age, of Tubercular Phthisis.

At Toronto, J. L. Lizars, M.R.C.S. Eng. Edin, on the 7th ult., in the 43rd year of his age, from inflammation of the lungs. Dr. Lizars was born in Edinburgh. He was a nephew of the celebrated Surgeon, Lizars. He studied in Edinburgh, and having taken his degree he joined the French army and served in the Crimea, where he was present at several battles. Ultimately he returned to the English staff; when the war was over, he came out to Canada. He was at one time connected with the faculty of the Toronto School of Medicine.

\* \* \* The charge for notice of Births, Marriages and Deaths is fifty cents, which should be forwarded in postage stamps with the communication.