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Original Communications.

THE TOPPING TRAGEDY AND JURISPRUDENCE.

BY DR. CLARK, M.D., PRINCETON, ONT.

A farmer by the name of Topping, living in the County of Oxford, murdered his wife and four children with an axe, on the 21st of last December. He endeavoured to murder a fifth one, but was prevented by two elder sons, who disarmed the father. At the same time, and immediately after the murder, he attempted to commit suicide by cutting his throat with an axe. The murder was committed in the early morn when all were asleep, and so stealthily, that, with the exception of an exclamation from the mother, the sons heard no unusual sounds, although they slept in the loft of a small log house, in which all resided. The father had been a school teacher in early life. Had been an auctioneer, and township assessor for a number of years. He got somewhat embarrassed in financial circumstances, but had a great deal more property than would pay all liabilities. He became desponding and seemed to take a gloomy view of his worldly position, but never, before this time, showed any disposition towards murder or suicide. Although all his lifetime somewhat eccentric and lax in his religious views, yet, in all business matters, he showed the usual caution, care and shrewdness. Immediately after the murder he became as usual, and remains so still. He was always kind to his wife and children, and states positively that he intended to spare the two oldest boys, as they were old enough to take care of themselves. He was tried and a verdict given of "wilful murder, with a recommendation to mercy." The question arises, was he sane or not? The subject seemed to perplex Judge Wilson, and although the lawyers

were expected to give *ex parte* advice to the jury, yet, they seemed "at sea" in the matter. It will, therefore, be seen that the Topping murder has an interest in it besides the tragic nature its of horrible details. The verdict now being given, it is instructive to look at its consequence to jurisprudence, if the arguments *pro* and *con* are to be taken as precedents. In the first place the verdict was a peculiar one. In "wilful murder" we mean murder *wilfully* committed by a *sane* man. It includes malice aforethought in a superlative degree, and cannot in its nature have extenuating or palliating circumstances, seeing that includes moral responsibility. The verdict was "wilful murder, with a recommendation to mercy." The question might naturally be asked, if mercy is to be extended to "wilful murder" under such circumstances, what cases can be adduced sufficiently vicious which should have no such recommendation? The jury supposed Topping sane else no such verdict of wilfulness could be rationally given. If so, a merciful consideration under the circumstances, (if hanging is not a by-play,) implies a contradiction of terms in the jurors' minds, which surely ought to have brought forth a verdict of acquittal on the ground of insanity. In other words, were he sane, execution must surely follow (except through executive clemency.) Were he insane, so far as to make him irresponsible, then was the verdict unjust in every word. There were no palliating circumstances for the criminal, if in his right mind. There could be no condemnation and no appeal to clemency if he wot not what he did. Under either aspect the verdict was peculiar, and seemed to be a mixing up of a supposition of *non compos mentis* and of a positive assurance of murderous guilt, with extenuating circumstances. One important fact seems to have been forgotten by both the judge and counsel in addressing the jury: there are certain kinds of insanity which include moral guilt. Eccentricity is a low form of insanity, and often allied with genius, but its possession cannot shield the guilty. Paroxysms of rage lead to murder, and such an ungovernable temper may be hereditary; yet the mad-actor is held accountable. Fits of despondency may lead to suicide, or murder. These can be shaken off by weak minds. Is every desponding man crazy? Can he do of his own good or bad pleasure and

justly plead not guilty? A man changes his religious belief and plunges into neology or atheism; can that be a reason for judging him mad? If so, what legions of maniacs are at large! Every man and woman has had oddities and whims and fancies at one time or another, which if brought up in dire array before such would startle all of them. If every strange remark in jest or in earnest—every act of life in playfulness or in melo-drama were catalogued by friends and foes and pronounced to the world, the evidence would convince many juries that a murder, to end such a series, might bear a verdict to which might be appended a merciful recommendation, on the score of strange antics, peculiar views, and chronic blues. The *transitory mania* plea, so fashionable now-a-days, is a miserable quibble to cheat justice of its due. A culprit is sane up to the moment he perpetrates the deed. He acts from an irresistible impulse to do the fiendish act, which in his anterior sane moments he wished for, he planned, and he executed, as thus concocted. The moment the desired act is effected he comes to his usually right mind again. This formula could be applied to every atrocity under the sun, and all guilt could be reduced to sudden impulses of so called uncontrollable fury. Previous threats, plans, plots, avowed intentions, strategy, and waiting for an opportunity, seem to be left out of the consideration of such questions. A mind is supposed to suddenly lose its equilibrium. In this moment of mental aberration guilt ceases to exist, but in the swinging of the pendulum of thought, all is serene again. In the Topping case all the fractions of the unit reason, were in normal exercise except one usual motive to vicious deeds, viz. : malice. There is nothing to show that he hated any of the objects of his vengeance, and that alone takes it out of the category of "wilful" acts, yet he had a *plan* and *purpose*. He waited for the most opportune time and place—he selected the best instrument to accomplish his purpose. If the murder had been attempted in the day time, without premeditation or concealment, it is probable that several of his victims might have escaped. He takes an opportunity when they were unconscious of impending danger, and persistently perseveres in the fearful tragedy. He was conscious of what he was doing, and not like the madly insane whose instincts and will are merely

automatic, without regulation or self-control. He knew he was doing wrong, and the fact that he determined to kill only a certain number of his family and spare the rest, showed that his will to do or refrain was under his control. If his frenzy were under subjection so that he could spare some, there is not the least reason to doubt he could if he wished have saved all, by the moderate exercise of that volition which he showed himself possessed of. Had he attempted to kill all without distinction, a phase of unbalanced mind could have been presented, but the electing for death a part of his family showed no blind and unreasonable ferocity. It is true many crazy people present a species of low cunning, hence the phrase, "There is method in madness." This craftiness, however, is akin to that evidenced by animals in hunting for prey, or in self-preservation, and lacks the well-defined forethought, sagacity and prudential actions of subjects whose dementia, mania, or monomania does not put them beyond the pale of penal consequences. About 40 years ago a parallel case occurred in a neighbouring county. In the early morning a man of the name of Sovereign put to death, with different instruments, his wife and six children. Some were murdered in the house, and the rest in the lane and barnyard. He had no quarrel with any one of them; yet circumstances all led to show that he had premeditated the murder, and afterwards went to a neighbour's house, told of the butchery in all its details, and accused a stranger of being the actor. A child who had crept under the bed and escaped the blood-thirsty father, was a swift witness against him. He had all his lifetime been an odd acting man, but was shrewd in business—expert in any necessary calculation—kind to all; and seemed to be in full possession of all his faculties and affections. An evil hour came, he yielded when he should have resisted, and when he could have potently said: "get thee behind me Satan," his hearth was made desolate, and he became a wilful spiller of the blood of his nearest and dearest kith and kin. The insanity plea was set up, but Judge and Jury condemned him to the gallows without mercy.

It will be seen, therefore, that the affliction of insanity in its lowest forms includes moral guilt, and hence punishment commensurate with the crime. If not, society requires of law to lay down a well-defined line of demarcation, to whose

partition wall insanity can fret itself and say, "I come thus far, in violation of law, guiltless, but beyond is inexorable justice and a tribute of an 'eye for an eye, and a tooth for a tooth.'" It is fair to demand this, if dejection, change of religious belief, or disbelief, slight and temporary aberration, and such like, so common to myriads of humanity, whose sanity, by any reasonable standard, is not doubted, are all factors to exculpate transgressors. In this case it was not (a) justifiable, or excusable homicide; (b) it was not manslaughter under extenuating circumstances, as far as personal danger or fear were concerned; (c) it was not murder in the second degree, which includes palliating circumstances of any kind, except insanity in the actor, but this view was ruled out by the jury; (d) it was finally reduced to murder in the first degree, *premeditated* and *malicious*. This verdict alone, without the appendix, would have been consistent, as an alternative to acquittal on the plea of unsoundness of mind. The writer is not a strong advocate for capital punishment, in this or any case, but he desires to see evidence and verdicts so clearly defined as to prevent innocent life from being taken on the gallows, or the truly guilty acquitted from half conceived and crude ideas on human responsibility and mentality, when there is a wide gulf of distinction between the two, within the observation and scope and ken of legal acumen and psychological research. It is a perversion of facts to attribute all insanity to disease, and an easy way to get rid of human depravity, or mental alienation. The laws of God and man determine human responsibility to consist of mental health. Man's vicious habits may engender bodily disease, but his modes of thought only, decide his guilt. To argue otherwise is to make man a mere machine possessed of no volition. Mechanical acts of man are not moral and punitive, but when done unknowingly. Persistency in cognizant evil make them often a second nature. The drinker imbibes until the habit becomes a mania, and beggary, bestiality, misery and death is the result. Does the law call him an irresponsible being? The love of gain, or of inordinate ambition, becomes so potent that all the decalogue is broken by the possessor. Are such pronounced faultless? The miser clutches to the death his gold bags, while a shrivelled carcass, an empty cupboard, a cold hearthstone and rags, tell that he has perished

wilfully and madly, through a mania for possession. Had he murdered for money, would the law send him to an Asylum? The rogue cheats and steals until fraud and theft become a second nature to him. Is he exempt from the punishment for crime because he is an old offender, and all the more excusable? There is not a passion or propensity of our nature but if indulged in, will increase in potency until the power becomes almost adamant in its hold of the luckless victim; but law justly sees no palliation in an old offender. The older the sinner the less is the excuse, although it presents as much a premium for crime as the other extreme of *lightning* or *rocket* insanity, which flashes up, destroys, and then vanishes forever. To a proper understanding of such cases, it is evident that reasoning like the following should be adopted, viz.:

1st A sense of right and wrong includes guilt in evil doing, and shows that the brain and mind are not sufficiently unbalanced to quench responsibility.

2nd Volition, in sufficient tonic to choose alternatives, should subject to penal law, the actor, whose physical manifestations violate human rights, privileges and immunities.

3rd All passions, emotions, desires and affections, which are common to humanity at large and possessed of, normally, by every balanced mind, cannot be taken into account as a groundwork for insanity. These in excess may belong to sane and insane in common and can be no evidence for or against *per se*.

4th To confound mental and physical disease and make them inseparable quality in crime is a doctrine against all human experience, for physical health and mental aberration are often seen together. "A sane mind in a sane body" is a happy union. The converse is unfortunate and frequent, but to say that this relation is unalterable, and that a diseased body cannot have a master mind within its crumbling walls, or to say that a healthy physical system cannot have a crazy occupant within its clay tenement, are assertions which the observations of every day belie. Divorce psychology from pathology, or to make them identical in disease of mind as many materialists seek to do, is to dissever on the one hand, or blend on the other what the Almighty has only put in intimate relation, and juxta-position.

It has become a serious matter in juris-prudence,

if such pleas as those mentioned gain ground, and under the ægis of law shield the guilty. The same field of discussion has become the bane of law courts in the neighbouring Republic. There is scarcely a murder committed which cannot have extenuating circumstances on such grounds, and almost universal acquittal, or inadequate punishment, would be the result.

The natural feelings of humanity are antagonistic to causing the most guilty to suffer, but a regard for public security and for restrictive law, which must be adequate protection for all who seek its shelter, in civilized communities, require measures, not diluted with a vapid sentimentality, but "which shall be a terror to evil doers and a praise to those who do well."

FOREIGN BODY IN THE TRACHEA— VOIDED BY THE BOWELS 33 DAYS AFTERWARDS.

BY A. B. ATHERTON, M.D., L. R. C. P. & S.
FREDERICTON, N. B.

History:—Charles N., æt. 7;—rather delicate child, subject to occasional colds, accompanied by a croupy kind of cough.

Took cold yesterday (Feb. 21, '74,) and has coughed some ever since. Able to be up, however, and about the house. While holding a piece of jet cross in his mouth, he took a sudden attack of cough, and it went back "into the throat." Thereupon followed a severe fit of choking cough, which lasted nearly an hour before he could explain what had happened. I saw him soon afterwards, and found his condition as follows:

Laying in bed, showing little signs of dyspnoea; but annoyed frequently by a short, spasmodic cough; respirations 36; pulse 110. On examination of chest, bronchial râles were heard over both sides of the back, with diminished respiratory murmur on right side. Ordered a Bromide of Potassium mixture.

Feb. 23.—Cough continued troublesome since yesterday. Had a severe paroxysm of it in the night lasting about $\frac{3}{4}$ of an hour. During this he told his mother that he felt the piece of "cross" in his "throat" again, but he says it went back "all right."

Had a natural motion of the bowels this morn-

ing; was not examined. Air enters the *right* lung well this morning; but only slightly on the *left*. Other symptoms as before.

Feb. 24.—Rather more restless last night. Cough and respiration as yesterday; pulse 128. Omitted Bromide of Potassium mixture, began a cough mixture containing $\frac{1}{8}$ gr. of morphine to the dose, ordered *pro re nata*.

Feb. 25.—Has slept a good deal since yesterday; but when the effect of the morphine is off the cough returns. No expectoration has occurred at any time since the accident.

On laying the hand on the left side of the chest, it hardly moved during respiration; free motion on the right side. Respirations 40; pulse 130; skin of the face seemed a little livid. There was no motion of the bowels for the last two days, and a dose of senna was ordered. Tracheotomy was hinted to the parents, but they did not appear to favor it.

Feb. 26.—Nothing seen in the stools of the piece of "cross." Pulse 136. Respirations 55. Some pain in left side and back since yesterday. Bronchial respiration and bronchophony—at the base of the left lung.

Tracheotomy was advised and assented to; chloroform being given; a fold of skin was pinched up and a bistoury passed through it. After a few touches of the instrument the trachea was made bare, and the point introduced. This opening was now enlarged by a probe-pointed bistoury, and the margin of the wound kept apart by wire retractors, while the patient was turned partly on his face with the lower part of the trunk raised and percussion made with the flat of the hand on the posterior part of the chest. After a few efforts of this nature there was expelled through the wound a plug of muco-purulent matter, and at the same time Dr. Gregory, who was assisting me, thought he felt some hard substance strike the wire retractor. However, nothing was seen of the foreign body, and after some more percussion of the patient, we allowed him to come out of the chloroform.

During the operation and for some time after it, spasmodic cough was kept up, partly due apparently to the entrance of blood into the trachea. I may mention that an elastic catheter was passed down the trachea 2 or 3 inches, so as to dislodge anything that might be there.

I saw the patient two hours after the operation,

and he then expressed himself as better. The lividity was gone. Respirations 40, air entered the left lung well. Left side of the chest heaved as much as the right.

Feb. 27.—5.30 P.M., 29 hours after the operation. Respirations 30, pulse 120. Had a natural stool a few minutes before my visit, and in it was found the piece of jet cross. It was a little more than $\frac{5}{8}$ of an inch long in its greatest measurement. Its short side measured more than $\frac{1}{2}$ an inch. One end was fractured in an oblique direction, thus making this difference in length. Its width was nearly $\frac{3}{8}$ of an inch, its thickness 2 lines.



Feb. 28.—Doing well. Respirations 28, pulse 105. Some bronchial respiration at base of left lung, but no crepitus now or previously.

March 1.—Slight cough continues. No pain. Wound to be drawn together with adhesive plaster when air ceases to come through it.

March 4.—Cough nearly gone. Wound healing. Pulse 96. Appetite good.

March 12.—About the house. Cough entirely gone. Wound just about healed.

The foreign body had evidently ulcerated through the Trachea, and finding its way into the oesophagus was voided by the bowels—33 days after the accident.

COLLEGE OF PHYSICIANS & SURGEONS,
ONTARIO.

EXAMINATION QUESTIONS, 1874.

(Reported for the *Lancet* by W. S. Washington)

Chemistry, THEORETICAL AND PRACTICAL—DR.
D. CLARK

I. Explain the different theories in regard to light.

II. What is the composition of the atmosphere and what are the proportions of the different gases?

III. What are the alkaline, acid and neutral oxides? Give examples.

IV. Define what is meant by constant, multiple and reciprocal proportions.

V. Give the symbols for Red Precipitate—Oil

of Vitroil—Aquafortis—Rochelle Salts—Muriatic Acid—Chlorate of Potassa—Pentachloride of Phosphorus and Chloroform.

VI. Write in full the names of the following compounds :— $Al_2 3SO_3$ — Kcy— K_2O $2CrO_3$ $Hg_2 O NO_5$, PbI_2 .

VII. Explain the reaction by diagram represented in the following equation :— $FeS + H_2 SO_4 = H_2 S + FeSO_4$.

VIII. Describe briefly the spectrum analysis, and give its characteristic tests for Sodium, Potassium, Lithium and Strontium.

I. Give the composition, manner of preparation and distinctive tests for arsenious acid, tartar emetic, corrosive sublimate, prussic acid, morphine, and fusel oil.

II. Explain the process of fermentation. Give the different kinds and their principal products. Wherein does fermentation differ from putrefaction?

III. Give the manner of analysing the urine and testing for albumen, sugar, urea, uric acid, the earthy phosphates and chlorides.

IV.—Give a synopsis of the ultimate analysis of organic compounds.

ANATOMY DESCRIPTIVE AND SURGICAL—DR.
HODDER.

I. Describe the nasal cavities and communicating sinuses.

II. Describe the sacro-sciatic ligament and foramina—also the capsular ligament of the hip and shoulder joints. State wherein the last two differ, how they are strengthened, name the structures in order with which they are in contact externally, and show how they affect movements in these joints.

III. Describe the following muscles, and give their relations, actions and nervous supply :—Serratus magnus, teres major and soleus.

IV. In what respect does the fifth cranial nerve resemble a spinal nerve? Describe its third division, and give its distribution.

V. Describe the subclavian artery—give its relations—name its branches in order, and describe the thyroid axis and its branches.

VI. Describe the course and relations of the duodenum.

I. Describe the saphenous opening—the crural canal and crural ring. State how the ring is bounded and give the position of parts around it.—Explain the descent of a femoral hernia and give its coverings.

II. Describe the operation for ligating the external iliac artery. What difficulties may be met with in this operation?

III. Explain the course taken by the urine in extravasation of this fluid from rupture of the urethra.

IV. What structures will be divided in ligating the ulnar artery in the middle of the forearm, and what structures are to be avoided?

MATERIA MEDICA AND SANITARY SCIENCE.—DR. BERRYMAN.

I. What are the various surfaces through which medicinal agents may enter the system, and in what way is their presumed action modified?

II. How would you modify the action of opium by combination? Explain the physiological action of such combination.

III. Describe the physical construction of an aloe leaf—its commercial and botanical varieties.

IV. Name the agents with their doses that you would select to produce the following results:—diaphoresis in fever, expectoration in acute pneumonia and chronic bronchitis, spasms in traumatic tetanus, and as far as possible elaborate on the physiological action of each.

V. What is the presumed opinion of the action of all preparations of mercury and iron in blood formation? Write an ordinary prescription for chlorosis.

I. In case of erysipelas breaking out in an hospital what precautionary measures should be taken by the authorities or superintending surgeon?

II. What are the best and latest disinfectants, and how should they be applied in contagious diseases?

III. Give your views with regard to the most modern ideas of ventilation in public buildings.

IV. What sanitary measures should be resorted to in the chambers of those suffering from typhoid and typhus Fever?

V. What contiguous circumstances will modify the character of well water, and how would you remedy the same by the ordinary process of filtration?

PHYSIOLOGY.—DR. EDWARDS.

I. Describe briefly the structure of the skin. Mention its uses and demonstrate its importance as an excretory organ.

II. Describe the minute structure of the Liver, and state the several functions it discharges. Give the uses of the bile as a secretion and as an excrementitious substance.

III. Describe the mucous membrane lining the small intestines, and the glands situated within and beneath it, and give a summary of the changes in the food during its passage through this portion of the bowel.

IV. Describe briefly the process of secretion of the urine. Give the average quantity secreted in twenty-four hours. Mention some of the circumstances affecting its quantity and quality—the range of its specific gravity—its chemical reaction and its principal constituents in health.

V. Where is the purest blood in the body found? Why is it purest and how does it differ from blood elsewhere?

VI. Give the function of the medulla oblongata. Mention the origin and distribution of the pneumogastric nerve.—What would be the result of its division?

VII. How many pairs of spinal nerves are there? Which part of the spinal cord is motory and which sensory? What would be the result of division of the phrenic nerve, and what the results of partial and complete section of the spinal cord?

SURGERY AND SURGICAL PATHOLOGY.—DR. AIKINS.

I. Diagnose dislocation of ulna and radius backwards of elbow joint.

II. Diagnose acute periostitis of the tibia.

III. State the general and local treatment of acute inflammation, and illustrate your views by treating a case of acute orchitis, and also a case of traumatic inflammation of the brain or its membranes.

IV. What would lead you to believe that a patient had stricture of the rectum even without making a digital examination?

I. Treat fully an oblique fracture of the thigh bone in an adult. When high up how do you prevent shortening?

II. How would you preserve the proper length of the Humerus during treatment for fracture? (a) when high up, (b) when near the lower end.

III. Describe tracheotomy in a child.

IV. A man inflicts with an adze a transverse incised wound three inches long in front of, and extending into the ankle joint. What are the structures injured and how would you treat the case for the first few days?

V. State the symptoms and treatment of strangulated femoral hernia.

I. State the pathological condition of carious bone.

II. State varying amount of injury in a case of colles' fracture.

III. In suppuration whence do the pus corpuscles come?

IV. In what ways may death in a part be produced without external injury?

V. By what channel or channels can injury or disease of one part of the body produce inflammation or functional disturbance in another and perhaps distant part?

VI. State what you know about the process of ulceration.

MEDICINE & MEDICAL PATHOLOGY—DR. DEWAR.

I. In a case of Pneumonia describe the various stages of the disease. Enumerate in order the different changes that take place during each stage in the order affected, and give an outline of the treatment in each stage.

II. In what diseases would you expect to find an excess of uric acid, and in what diseases an excess of phosphates in the urine?

III. Give the pathology and treatment of pertussis and laryngismus stridulus.

IV. Give the history, symptoms and treatment of cirrhosis of the liver.

V. What is the medical nomenclature for salt-rheum, and name the diseases it may be confounded with.

VI. In a case of thoracic aneurism—state physical symptoms that would lead you to suspect its existence, and corroborate your opinion by stethoscopic and percussive examination.

MIDWIFERY, &C.—DR. LAVELL.

I. Give the treatment of preventable and unpreventable abortion.

II. Describe the mechanism of natural labor in the first position of vertex presentation—giving

reasons for each movement and the means by which these movements are effected.

III. Give the stages and management of natural labor.

IV. Give the causes and treatment of retained placenta.

V. Describe the forceps, and state how you would apply and use them in a given position.

VI. State immediate cause of *post partem* hemorrhage—give treatment, and state how prevented in anticipated cases.

MEDICAL JURISPRUDENCE AND TOXICOLOGY—DR. McDONALD.

I. At what time after death does cadaveric rigidity commonly set in and how long before it is completed?

II. In a body much decomposed death is suspected to have resulted from strangulation. How would you prove or disprove the suspicion?

III. How would you distinguish ecchymosis produced during life from a bruise inflicted a short time after death, and from post mortem stains?

IV. How would you distinguish between homicidal, suicidal and accidental hanging?

V. How would you distinguish between homicidal and suicidal wounds of the throat?

VI. What is the medico-legal meaning of the term viability in new-born children?

VII. In the case of an infant being found dead how are we to infer the crime infanticide?

I. In what class of persons is poisoning by concentrated sulphuric acid likely to be met with, and what are the marks of poisoning with it?

II. Mention the tests by which sulphuric acid may be detected in organic liquids, and the modes of using these tests.

III. Give the symptoms of poisoning by belladonna.

IV. What are the signs of poisoning by aconite. What time may symptoms be expected to appear in a fatal case, and what time may elapse before death?

V. Contrast the symptoms of tetanus from disease or injury, with those arising from strychnia poisoning.

VI. What are the most useful tests of strychnia, and prove its presence in organic mixtures.

BOTANY—DR. BOGART.

- I. Of what does vegetable growth consist?
- II. Enumerate and give a brief description of the various kinds of cells and vessels found in plants.
- III. What is the natural figure of a vegetable cell, and how is it altered during growth?
- IV. Describe cell circulation—in what substance does it occur—what plants are suitable for observing it?
- V. Name and describe fully the different parts of a flower. What is the function of the flower, its origin, its essential and accessory parts.
- VI. Define the terms symmetrical, regular, perfect and complete as applied to flowers.
- VII. State the chemical composition of plants; distinguishing between the organic and inorganic constituents.
- VIII. What constitutes the food of plants,—by what means and in what different forms is it introduced into the plants?
- IX. State the chemical composition of cellulose, starch and sugar.
- X. What is the fruit? Name the different kinds.
- XI. Name the different ways in which dehiscence of a plant takes place—the name applied to each with examples of plants in which they occur.
- XII. Define the following botanical terms:—hypogynous, morphology, gynandrous, diadelphous, hilum, plumule, bulb, epiphyte, aestivation, syngenesious, pericarp.

MEDICAL DIAGNOSIS.—DR. WM. CLARK.

- I. Give the symptoms of pleuritis, empyema and hydrothorax by stethoscopic examination.
- II. Give the diagnosis of albuminuria, diabetes and cystitis.
- III. Give the symptoms and distinguishing characteristics of each of the following:—Variola, measles, scarlatina, and erysipelas.

DISLOCATION OF THE FEMUR—REDUCTION BY MANIPULATION—REID'S METHOD.

BY JAMES WIER, M.D., UPPER KENNETCOOK, N. S.

I was called on the 10th of March last to attend a man named Charles Dawson, æt. 28 years, a ship carpenter. While preparing ship timber in

company with two others, at a distance of three miles in the woods, he unfortunately attempted to disengage a lodged tree, which fell sooner than he expected, crushing him to the ground and rendering him utterly helpless.

I saw him an hour and a half after the injury.

He presented the following symptoms: Face and lips pale and exsanguinated; an unnatural prominence on the right dorsum ilii; an obvious shortening of the right leg; the foot strongly inverted; the toes pointing to the instep of the left foot; the limb very much adducted, with the knee resting on the inner and under side of the opposite thigh. There was dyspnœa, and the act of respiration caused a good deal of pain. There were also contused wounds on the back of the head, nose, right shoulder and arm. Any movement of the body, or even a jar, caused him considerable amount of pain.

After examining him as minutely as possible under the circumstances, I put him under the influence of opium, had him placed on a bed in a steel-sprung waggon, and removed home, where I placed him on the floor, and put him under the influence of chloroform. On removing his clothes I could diagnose with certainty a luxation of the head of the femur, upwards and backwards, on the dorsum of the ilium, the head of the femur resting just behind the anterior inferior spinous process. I immediately proceeded to reduce the luxation, adopting Reid's plan: *solely by manipulation.*

The patient laying on his back on the house floor, I took my stand on the injured side, and seized the ankle with one hand and the knee with the other. I then flexed the leg on the thigh; and strongly adducting it, I carried it over the sound one, and at the same time upward over the pelvis by a semicircular sweep as high as the umbilicus. Then, abducting the knee gently, turning the toes outward, the heel inward, and the foot across the opposite limb, making *gentle oscillations of the thigh*, the head of the bone slipped into its socket with an audible snap, and the whole limb slid easily down into its natural position beside the sound one. These manipulations were performed in a much less time than I have been describing them. After the operation I tied the legs together, placed a firm bandage round the chest, so as in a measure to restrain its movements,

which almost completely relieved him of the pain experienced in the act of respiration. Administered tinc. opii. xx. M. in water, and had the patient put to bed.

No inflammatory symptoms showed themselves in the affected joint, and in six days he could walk from his bed chamber to the kitchen without inconvenience. Perfect rest and ten grains of Dover's Powder administered on each of the first three days after the accident, was all the treatment I employed.

To my mind, the importance of this case consists in the strong and favourable contrast with which it becomes invested, when compared with the old method of reducing this luxation, by which the patient was placed on the rack, as he lay stretched between the counter extending band in his perineum, and the powerful action of pulleys, &c. Even with these powerful extending forces, it was often found impossible to stretch the limb, while, if the head of the femur hitched on the edge of the acetabulum and was drawn in an incorrect line, fracture of the head of the bone was liable to be produced.

It is to be hoped that in consequence of Reid's valuable plan, the practice of surgeons prior to the year 1850 will soon be wholly laid aside; and pulleys, hooks, sheets, &c., placed upon the shelf; and the former means of reducing luxations of the femur be hereafter looked on with the same feeling that a traveller regards the instruments of torture in the old Spanish inquisitions.

The nineteenth century in surgery would be sufficiently noted for its improvements, if nothing else were developed than the inhalation of chloroform and ether, and the admirable mode of reducing luxations of the femur suggested by Reid.

The following, I think, are some of the advantages which may be claimed for Reid's method: 1st, It is simple; 2nd, the movements are natural; 3rd, there is little pain compared with the old method; 4th, there are neither tonic nor involuntary spasms to contend with; 5th, it is better adapted to, and more certain of success in cases of long standing than extension by pulleys; 6th, it is free from danger under all circumstances, *provided* Reid's directions are accurately observed. In this case I put the patient under chloroform, though I am satisfied it could be done without inducing anaesthesia.

My chief object in doing so, was to prevent any straining, and save the patient inconvenience, believing that the manipulation is so perfect that no muscular action is required to replace the bone, the latter being carried into the acetabulum as it would be by similar manipulation on the skeleton. I deem it my duty to say that this method is not free from danger, especially if carelessly performed. By the inconsiderate action of the lever force obtained by Reid's plan, one of three accidents may occur: 1st, the muscles may be torn from their attachments; 2nd, the parts through which the head of the bone moves may be torn; 3rd, the neck of the femur may be broken. Gentleness and a strict observance of the method are necessary. In the hands of a moderately skillful and very careful surgeon, neither of the above named accidents need occur.

The accident of which this paper treats, is not one of great frequency in country practice, and seldom comes under the notice of the rural practitioner. Reid's method of treating it is simple, natural, and consequently easily remembered. An accurate knowledge of the anatomy of the hip joint is all that is required to show its advantages over the old method. I do not know whether Reid's method is generally adopted or not. I know it is not universally adopted. If this imperfect description should come under the notice of any surgeon, who, from prejudice or any other cause, has never adopted it, let me urge him, both for his own sake and that of his suffering patient, to give it a fair and impartial trial; and after having once tried it, I think he will never dream of going back to the old method.

ADHESION OF THE PLACENTA—RETENTION OF PORTIONS, &c.

BY F. ELKINGTON, M.D., M. R. C. S., ENG.,
BROCKVILLE, ONT.

The other day as I was returning from a long drive I was met by a messenger, who requested me to visit a lady immediately. I found she was in labour with her 4th child; that she was a nervous, excitable person; and had had puerperal mania after her first confinement. The labour progressed favourably and rapidly, the child, a small female, being born in three hours from the

commencement. After a short interval there was a recurrence of pain. On applying my hand to the abdomen, I found the uterus contracted, but not uniformly. What immediately attracted my attention was the extreme tenderness over the fundus uteri on the slightest pressure. The placenta could not be felt by a vaginal examination. As soon as the cord was put on the stretch, she cried out with pain, referring it to the fundus uteri. The pains returned frequently, but were not expulsive. Each time that pressure was applied over the abdomen, she would cry out with pain. Any tension or tightening of the cord caused the same pain. I also noticed that the moment the stretching of the cord was relaxed, it was retracted or suddenly drawn back. As there was no hemorrhage, no urgency about the case, I waited nearly an hour,—then flooding commenced. I immediately introduced my hand, separated and removed the placenta. There was irregular contraction of the uterus, with extensive and firm adhesion of the placenta. I had more difficulty than usual to contend with, owing to the extreme irritability and restlessness of the patient. I should have given her chloroform, but unfortunately I had none with me, and dare not wait for it.

It is worthy of remark, that the tenderness of the fundus uteri entirely ceased after the removal of the placenta, and she could bear pressure without complaining. She had no after-pains, and had a most favourable recovery.

I have frequently noticed in cases of adhesion, if the cord be put on the stretch, directly it is relaxed, it appears to be suddenly drawn back. There are no cases which require greater caution in the management; none which require greater promptitude of action when the time comes for action.

There is one form of adhesion which demands a few passing remarks: 1st, because it may be easily overlooked; 2nd, because it is attended with considerable risk.

I cannot do better than describe a case. Some years ago I attended a lady who had a favourable labour; but after some delay, the placenta was still retained. There were frequent pains, the uterus tolerably contracted during each pain, and one edge of the placenta could be felt in the vagina, but the insertion of the cord could not be felt, and when put on the stretch it was drawn

back again with a sort of jerk as soon as the tension was removed. As there was flooding, I passed the hand and found there was partial adhesion of the placenta, which was attached lower down than usual. The extent of the adhesion was about the size of the top of a wineglass. The patient had a favourable recovery.

On another occasion I was requested by a junior practitioner to visit a patient who was said to be dying from hemorrhage. I found she had lost a great quantity, and was much exhausted; that she had had a good labour, but that there had been some trouble with the after-birth. The surgeon in attendance requested me to examine the placenta. On doing so I ascertained that a large portion had been left in utero. As the patient was still flooding, I introduced my hand; was fortunate in finding the adherent portion, and in removing it. The hemorrhage ceased, and the patient ultimately recovered.

One other I will briefly mention. I was requested to visit a poor woman, an out-patient of the Lying-in Hospital, of which I was then consulting accoucheur. She had been confined very nearly a month of her first child; had a constant flow, which had continued more or less from the day of her confinement. The loss was very great at the time the placenta was removed, and for some days after. She told me she suffered very much when the placenta was removed, which she described as being suddenly dragged away; that a second surgeon, who was called in on the 3rd day after delivery, made an attempt to pass his hand in utero, but did not succeed. She was very much blanched and extremely low. She only lived three or four days after I first saw her. I made a *post mortem* examination. The organs generally were exsanguineous; the uterus flabby and larger than it ought to be on the 30th day after confinement. On opening the uterus, a portion of placenta about the size of a dollar, was found adherent. The preparation was placed in the museum of the Hospital.

I would caution every young practitioner against too hastily removing the placenta; not to attempt to do so until he can feel the insertion of the cord into the placenta; nor so long as there is that snatching back of the cord; in fact, until he has satisfied himself that there is no adhesion. If he should have any doubt about the nature of the

case, certainly, if hemorrhage should occur, it is safer to pass the hand in utero than to drag down the placenta by the cord; more especially so in cases of partial adhesion. If the operation be performed carefully and quietly, there is no risk in doing it.

URINARY CALCULUS IMPACTED IN THE URETHRA OF A BOY TWO YEARS OF AGE.

BY G. D. LOUGHEED, M.D., PETROLIA.

On the 21st of March of the present year I was called to see a little lad two years of age healthy, strong and robust. The trouble being, as I was informed, an inability to pass water. I found the bladder very much distended, and the little fellow in great agony. On enquiry I learned that some months previous he had a similar attack, only, not quite so severe; and that the present difficulty existed for three days,—night bringing the only relief, at which time his urine came away gradually. During the day he would make frequent attempts, each attended by extreme pain, and the escape of only a few drops of urine. I suspected the cause at once, and on introducing a small silver probe as far as the membranous portion, I detected—what to my mind at the time appeared to be—a calculus, at the same time a steady flow of urine followed, giving immediate relief. The next day the same difficulty presented itself, the same symptoms,—pain, frequent attempts at micturition, pulling at prepuce, &c. The probe was again passed, allowing small quantities of urine to escape, but no distinct obstacle could now be encountered, none at least to lead to a confirmation of my previous suspicions. After repeating the operation for three or four days with the probe,—every attempt at introducing the smallest catheter having failed,—I resolved to have a consultation. And next day, accompanied by my friend, Dr. Mearns, of this place, proceeded to administer chloroform, with the view of giving the passage a more thorough examination. This, however, proved futile, as the paroxysms of crying prevented its administration. But on careful examination without it, we concluded the case to be one of spasmodic stricture near the neck. The impression conveyed by the instrument being somewhat similar to that felt in making a false passage. The

treatment adopted consisted of belladonna cream to the perinæum, warm hip baths, and sedative injections. These appeared to have a temporizing effect for a time; but on the second day following, five convulsions in the space of half an hour occurred. The case was now becoming complicated, and if shrouded in mystery before, now appeared doubly so. The little fellow, however, continued to improve for a week or ten days, sometimes passing his water tolerably well, then again dribbling,—*stilticidium urinæ*,—until last week, when I was again called to see him, this time in more distress than before. But to my delight on passing the probe into the urethra, and about half way and entirely filling the calibre of that passage, it came in contact with—for a certainty now—a large calculus, which was extracted with some considerable difficulty—owing to its size and the violent efforts of the patient—by means of a probe and slender pair of forceps. The stone is about the size and shape of a small bean, of the lithic acid variety, being hard, smooth, and of a reddish brown color.

I might mention that had we been able to administer the chloroform in the first instance, the difficulty of forming a correct diagnosis would have been greatly lessened; but with the crying and violent distortions of the little fellow, the difficulty of securing a satisfactory examination was quite impossible, thus debarring any operative measures for relief, reliance being placed for the time on temporizing means.

I am induced to record the above from the fact that calculi of the size above mentioned seldom find their way into the urethra of an adult, much less a child of the above age. Dr. Constantinides, of Toronto, in an early number of the LANCET, records a case somewhat similar, in which the nature of the trouble was entirely overlooked.

In the present instance it is worth while to consider whether the application of the belladonna cream did not have some salutary effect in promoting the further expulsion of the foreign body, by means of its relaxing action on the muscular fibres of the canal.

DR. BALLE presented the other day to the Faculté de Médecine a young girl aged fourteen, named Blanche Dumas, from Issoudun, whose body, from the waist downward, is double,—the two parts acting independently of each other. The two legs she uses for walking belonging to a different trunk, while a third one is quite insensible to pain. Her health is good.—*London Lancet*.

Correspondence.

From our New York Correspondent.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

SIR,—I hope the inclosed letter will be found satisfactory and worthy of publication. It is very dull here just now in medical matters as in business. I am going over to the Brooklyn City Hospital the coming week, and hope to find something of interest there for next month.

Through the kindness of Dr. Hart, assistant surgeon to St. Luke's Hospital in the city, I had the pleasure of going through the wards, &c., and of obtaining some interesting facts as to the *modus operandi* of things here.

In speaking of fractures he said, "we always put a fracture up in plaster immediately on coming in, even Colles'. We get no swelling or inconvenience." Some six weeks ago a case of fracture of the patella came in. They immediately applied ordinary rollers in the usual way from the foot to the tubercle of the tibia, at which place the figure 8 plan was adopted, so as to draw the fragments together, the limb being extended; another roller was then put over this and plaster rubbed on, then another bandage over that. The same operation was repeated, making two layers of plaster. In a short time the foot became very blue and swollen. It was, however, carefully watched, and congestion and swelling subsided in a few hours. This apparatus was left on for six continuous weeks, when it was removed, and a not unusual amount of stiffness was found to exist; passive motion is being used, and there is every chance of his having perfect action and almost no deformity, the union being probably bony.

The wards of this Hospital are certainly one of the sights of this great city. The beds, with their little white curtains, the herbarium or aquarium in each ward, the neatness, cleanliness, the kindness and forethought, by which every want is anticipated and met by the sisters, present so pleasing a picture of real life, that one might almost consider it a pleasure to be sick and received in such an institution. A new and well lighted operating room has been built lately, having every convenience which ingenuity could suggest, or money purchase. A great peculiarity in it is, that all the instruments

will be kept in a series of drawers and show-case in the room—right at hand. In this respect at least it will have one advantage over all rooms of a similar nature in New York.

I heard the merest outlines of a somewhat unusual operation which took place here on a private patient I believe. The operation was to relieve stricture of the *Æsophagus* from scirrhus of the cardiac orifice of the stomach.

The operation was conducted, as I understand, as in colotomy. The stomach was opened and a canula introduced into the *æso*phagus. The food is to be injected through this. A considerable quantity of blood and gastric contents escaped into the cavity of the peritoneum, making the prognosis unfavorable. The operator is not considered one of leading surgeons here, unfortunately I failed to catch his name.

Dr. Curtis, who lectures on diseases and injuries of bloodvessels at the N. Y. College of Physicians and Surgeons, performed an interesting, and I believe, original experiment, to illustrate the regular jetting movement of the blood. A dog was etherized (ether being almost exclusively used here as an anæsthetic agent), the common carotid exposed and a glass tube bent at right angles introduced, the circulation in the artery being controlled by means of a ligature, which could be loosened at pleasure. One table was placed in front of another, the dog placed in a recumbent position on the most distant and a large sheet of white paper on the nearest one, and in the same plane as the animal. The ligature was then loosened and the paper moved along at an equable rate by an assistant, the blood on issuing making a perfect but somewhat irregular mark, owing to the spreading of the fluid, which corresponded exactly to the markings of the sphygmograph with a healthy pulse, the apex of the marking corresponding to the moment of greatest contraction. Altogether the experiment was unique and interesting.

Nothing of much moment seems to be going on in professional circles at present.

G. S. RYERSON.

(To the Editor of the Lancet.)

SIR,—I read in the last issue of the LANCET, with some surprise, the following declaration: "We consider it a matter for regret that various

members of the profession, who have of late been figuring in the *Globe* and *Mail*, did not consider the pages of the medical journals a fitter arena for a warfare of this kind than the columns of a daily newspaper, and thus limit at least the ridicule of the public. In a medical journal such a discussion, temperately and courteously conducted, would be to the *manor born*; in a newspaper the disputants are always open to the suspicion of an endeavour to exalt their own personality." The late contest between the promoters of Dr. Baxter's Bill and those who opposed it, was based on public grounds, not professional purely. The issue was between those who claimed to have the interests of the medical profession at heart, and those who were actuated by personal motives, or by prejudice. In matters pertaining to professional ethics and etiquette,—in everything relating to the internal government and conduct of the members of the profession, there can be no question as to the impropriety of resorting to the public press. But when legislation is sought from a Parliament elected by the public; when in fact the profession has to appeal to the public, and meet such objections as may be raised by the public against the desired legislation, surely the public press is the only channel by which the public ear can be reached. I have no doubt the CANADA LANCET has a wide circulation among the profession of Ontario, but I have yet to learn that it is read extensively by the general community, or even among the members of the Legislature.

ETHICS.

Toronto, 15th April, 1874.

ONTARIO MEDICAL ACT.

Passed, 12th March, 1874.

WHEREAS it is expedient to amend and consolidate the Acts relating to the medical profession of Ontario; Therefore, Her Majesty, by and with the consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. The Act of Parliament of the late Province of Canada, passed in the twenty-ninth year of the reign of Her Majesty, chaptered thirty-four; the Act chaptered forty-one of the Consolidated Statutes for Upper Canada; the Act passed in the twenty-fourth year of Her Majesty's reign, chaptered one hundred and ten; and the Act chaptered forty-five of the Province of Ontario, passed in the

thirty-second year of Her Majesty's reign, and all Acts amending any of the said Acts are hereby repealed, and the provisions of this Act shall stand in the place of the provisions of the said Acts; but all proceedings heretofore taken and all matters and things done under the said Acts shall be valid and effectual, notwithstanding such repeal, and may be carried on and completed under this Act as effectually as they could have been under the said Acts.

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

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

4. The repeal of the said Act, passed in the twenty-ninth year of the reign of Her Majesty Queen Victoria, chaptered thirty-four of the late Province of Canada, and also the repeal of the said Act passed in the thirty-second year of the reign of Her said Majesty, and chaptered forty-five, of the Province of Ontario, shall not have the effect of reviving the Acts repealed by them, nor of modifying or restricting in any way whatsoever the saving effect of the thirty-sixth section of the said Act passed in the twenty-ninth year of the reign of her said Majesty, and chaptered thirty-four, of the late Province of Canada.

5. This Act may be cited as the "Ontario Medical Act."

6. The medical profession of Ontario is hereby incorporated under the name and style of "The College of Physicians and Surgeons of Ontario," and the said College of Physicians and Surgeons of Ontario shall be deemed to be and to have been from the date of its first establishment a body corporate by the name aforesaid, having perpetual succession and a common seal, with a capacity to acquire, hold and dispose of chattel property and real estate for the purposes of this Act; possessing power to sue and be sued in the manner usual with such corporations; and every person registered according to the provisions of the Act passed in the twenty-ninth year of the reign of her said Majesty, and chaptered thirty-four, and the provisions of the Act passed in the thirty-second

year of the reign of her said Majesty, and chaptered forty-five, and the Acts amending the same, shall be and is hereby made a member of the said College of Physicians and Surgeons of Ontario, and every person who may be registered hereafter under the provisions of this Act shall be a member of the said College.

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

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

2. There shall also belong to the said council five members to be elected by the duly licensed practitioners in Homœopathy who have been registered under this Act, or under the provisions of the Act, passed in the thirty-second year of the reign of her present Majesty, and chaptered forty-five; and the five representatives of the eclectic system in the said Council at the time of the passing of this Act, shall be continued as such representatives for a period of five years from the passing of this Act, when such representatives in the Council shall cease and determine; and if any vacancies should occur therein during the same period, such vacancy may be filled as hereinafter mentioned:

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

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

10. Of the twelve members to be elected from amongst the registered practitioners of medicine in the Province of Ontario, one shall be so elected from each of the territorial divisions mentioned in

schedule C to this Act annexed, by the registered practitioners of medicine resident in such division; and the manner of holding such election shall, with respect to the time thereof and the taking the votes therefor, be determined by a by-law, to be passed by the council, and in default of such by-law being made, then the Lieutenant-Governor shall prescribe the time and manner of holding such election.

11. The members of the council shall be elected or appointed as the case may be, for a period of five years; but any member may resign his appointment at any time by letter addressed to the President or Registrar of the Council; and upon the death or resignation of any member of the Council, it shall be the duty of the Registrar forthwith to notify the collegé or body wherein such vacancy may occur, of such death or resignation; and such college or body shall have the power to nominate another duly qualified person to fill such vacancy; or, if the vacancy be caused by death or resignation of any member elected from the territorial division, the registrar shall forthwith cause a new election to be held in such territorial division in such manner as shall be provided for by by-law of the council, and such election shall be conducted in accordance with the by-laws and regulations of the council, but it shall be lawful for the council during such vacancy to exercise the powers hereinafter mentioned:

2. In the event of the death or resignation of any member of the council representing the practitioners of the Homœopathic or Eclectic systems of Medicine respectively, it shall be lawful for the remaining representatives of Homœopathy or the Eclectic system respectively in the council to fill such vacancy by selecting from amongst the duly registered practitioners in Homœopathy or the Eclectic system respectively a person to fill the said vacancy, caused either by death or resignation.

12. The first election, under this Act, for members to represent the territorial divisions in the council, shall take place on the second Tuesday in June, in the year of our Lord one thousand eight hundred and seventy-five, at such places in the several divisions as shall be fixed by by-law of the council, and the council shall by by-law direct the notices of said election to be given in such manner and time as may seem expedient, and shall also make by-laws and regulations appointing the returning officers, and directing the manner in which elections shall be conducted, and the expenses of the same paid for.

2. The first election, under this Act, for members to represent the duly licensed and registered practitioners in the Homœopathic system of medicine in the council shall take place on the second Tuesday in June, one thousand eight

hundred and seventy-five, in such manner and at such places as shall be fixed by by-law of the Council, and in default of such by-law being made then the Lieutenant Governor shall prescribe the terms and manner of such election;

3. In case of any doubt or dispute as to the legality of the election of any member of the Council, it shall be lawful for the council to hold an enquiry and decide who is legally elected member of the council, and such person shall be and be deemed to be the member legally elected, and if such election shall be found to have been illegal the council shall have power to order a new election.

13. The said newly elected members of the council as well as all the members of the council to be hereafter elected, shall, together with the members to be appointed by the several colleges and bodies as mentioned in section eight of this Act, hold their first meeting at such time and place as may be fixed by by-law of the council.

14. The persons entitled to vote under this Act at any election shall be all duly registered practitioners.

2. Any member of the College of Physicians and Surgeons of Ontario may have his name transferred from one class of voters to any other class on his presenting to the registrar a certificate duly signed by such member or members of the board of examiners appointed by the council to examine candidates on the subjects specified in the said Act, as peculiar to each school of medicine, testifying that the member so applying to have his name so transferred has shown a sufficient knowledge of the system of medicine he desires to connect himself with, to entitle him to be admitted to the classification he desires, and being so admitted he shall be entitled to vote in that class only: Provided always that no member shall be entitled to return to the class from which he has been so transferred without the sanction of the council; but no member shall at any time be entitled to vote in more than one class of the voters who, in accordance with the provisions of this Act, vote in the election of the members of the council; and there shall be payable to the registrar for such transfer the same charge as is usual for the registration of an additional qualification, namely two dollars.

15. The council shall hold its first meeting under the Act in Toronto, and at such time and place as the president of the council or, in case of his absence or death, the registrar for the time being shall appoint therefor, and shall make such rules and regulations as to the times and places of subsequent meetings of the council, and the mode of summoning the same, as to them shall seem expedient: which rules and regulations shall

remain in force till altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning of future meetings of the council it shall be lawful for the president thereof or, in the event of his absence or death, for the registrar to summon the same at such time and place as to him shall seem fit, by circular letter to be mailed to each member: Provided always that at least two weeks' notice of such meeting be given, and in the event of the absence of the president from any meeting the vice-president or, in his absence, some other member to be chosen from among the members present shall act as president; and all the acts of the council shall be decided by the majority of the members present, not being less than nine in number, and at all meetings the president for the time being shall have a casting vote only.

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

17. The council shall annually appoint a president, vice-president, registrar, treasurer, and such other officers as may from time to time be necessary for the working of this Act, who shall hold office during the pleasure of the council; and the said council shall have power to fix by by-law, or from time to time, the salary or fees to be paid to such officers, and to the board of examiners hereinafter appointed

2. The council shall appoint annually from among its members an "executive committee," to take cognizance of and action upon all such matters, as may be delegated to it by the council, or such as may require immediate interference or attention between the adjournment of the council and its next meeting; and all such acts shall be valid only till the next ensuing meeting of the council: Provided that such committee shall have no power to alter, repeal or suspend any by-law of the council.

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, resident within the said territorial division, shall be a member; and the representative in the council shall be "*ex officio*" chairman of such division association:

2. 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.

Medical Registration.

19. The council shall cause to be kept by an officer appointed by them, and to be called the "Registrar," a book or register, in which shall be entered the name of every person registered according to the provisions of the Act passed in the twenty-ninth year of the reign of her said Majesty, and chaptered thirty-four, and the provisions of the Act passed in the thirty-second year of the reign of her said Majesty, and chaptered forty-five, and the Acts amending the same; and from time to time the names of all persons who have complied with the enactments hereinafter contained, and with the rules and regulations made or to be made by the council respecting the qualifications to be required from practitioners of medicine, surgery and midwifery in this Province, and those persons only whose names have been or shall hereafter be inscribed on the book or registrar above mentioned, shall be deemed to be qualified and licensed to practice medicine, surgery or midwifery in the Province of Ontario, except as hereinafter provided; and such book or register shall at all times be open, and subject to inspection by any duly registered practitioner in Ontario, or any other person.

20. It shall be the duty of the registrar to keep his register correct, in accordance with the provisions of this Act, and the rules, orders and regulations of the council, and he shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and the said Registrar shall perform such other duties as shall be imposed upon him by the council.

21. Every person who possesses any one or more of the qualifications described in schedule A. to this Act, dated prior to the twenty-third day of July, one thousand eight hundred and seventy, shall, on payment of a fee to be fixed by by-law of the council, not exceeding ten dollars, be entitled to be registered, on producing to the Registrar the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered, or upon transmitting by post to the registrar information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively attained: Provided also that no one registered under the Acts first above mentioned shall be liable to pay any fee for being registered under this Act.

22. Every person desirous of being registered under the provisions of this Act, and who shall not have become possessed of any one of the qualifications in the said schedule A. mentioned before the twenty-third day of July, one thousand eight hundred and seventy, shall, before being entitled to registration, present himself for examination as to his knowledge and skill for the efficient practice of his profession, before the board of examiners, in the next section mentioned; and upon passing the examination required, and proving to the satisfaction of the board of examiners that he has complied with the rules and regulations made by the council, and on the payment of such fees as the council may by general by-law establish, such person shall be entitled to be registered, and in virtue of such registration to practice medicine, surgery and midwifery in the Province of Ontario: Provided always, that when and as soon as it shall appear that there has been established a "Central Examining Board," similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum shall be equal to that established in Ontario; and the holder of such certificate shall upon due proof be entitled to registration by the council of Ontario, if the same privilege be accorded by such examining board or institution to those holding certificates in Ontario: Provided also, that it shall be optional for the council to admit to registration all such persons as are duly registered in the medical register of Great Britain, or are otherwise authorized to practice physic, surgery and midwifery in the United Kingdom of Great Britain and Ireland, upon such terms as the council may deem expedient.

2. Any person who was actually practising medicine, surgery or midwifery, or any of them in Ontario, prior to the first of January, one thousand eight hundred and fifty, and who shall have attended one course of lectures at any recognized medical school, shall, upon such proof as the council may require, be entitled to registration under this Act;

3. Any person who was actually practising medicine, surgery or midwifery according to the principles of homœopathy or the eclectic system of medicine, before the first day of January, one thousand eight hundred and fifty, and for the last six years in Ontario, may in the discretion of the representatives of the homœopathic or eclectic system of medicine respectively be admitted to registration under this Act.

4. Each member of the college shall pay to the Registrar or to any person deputed by the Registrar to receive it, on or before the first day of May next, a fee of one dollar, and in any year there-

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after such annual fee as may be determined by by-law of the council not less than one nor more than two dollars, towards the general expenses of the college, which last mentioned fee shall be payable on the first day of January in any year the same may be imposed, and such fee shall be deemed to be a debt due by the member to the college, and be recoverable with costs of suit in the name of the College of Physicians and Surgeons of Ontario, in the division court where the member resides.

23. At the first regular meeting of the council after the passing of this Act, and at the annual meeting in each year thereafter, there shall be elected by the members of the said council a "Board of Examiners," whose duty it shall be at least once in each year to examine all candidates for registration in accordance with the by-laws, rules and regulations of the council; such examinations to be held at Toronto or Kingston at such times and in such manner as the council shall by by-law direct.

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

25. The council shall from time to time as occasion may require, make orders, regulations, or by-laws for regulating the registers to be kept under this Act, and the fees to be paid for registration, and shall from time to time make rules and regulations for the guidance of the board of examiners, and may prescribe the subjects and modes of the examinations, the time and place of holding the same, and generally may make all such rules and regulations in respect of such examinations not contrary to the provisions of this Act, as they may deem expedient and necessary.

26. Any person entitled to be registered under this Act, but who shall neglect or omit to be so registered, within six months after the passing of

this Act, shall not be entitled to any of the rights or privileges conferred by registration under the provisions of this Act, so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this Act, or by any other Act which may now be in force against unqualified or unregistered practitioners.

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

Medical Education.

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

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

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

31. The registrar of the council shall from time to time under the direction of the council, cause to be printed and published a correct register of the names in alphabetical order according to the surnames, with the respective residences in the form set forth in schedule B. to this Act, or to the like effect, together with the medical titles, diplomas

and qualifications conferred by any college or body, with the dates thereof, of all persons appearing on the register as existing on the day of publication; and such register shall be called "The Ontario Medical Register;" and a copy of such register for the time being purporting to be so printed and published as aforesaid, shall be *prima facie* evidence in all courts and before all justices of the peace and others, that the persons therein specified are registered according to the provisions of this Act, and the absence of the name of any person from such copy shall be *prima facie* evidence that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy under the hand of the registrar of the council of the entry of the name of such person on the register, shall be evidence that such person is registered under the provisions of this Act.

32. The council shall have power and authority to appoint an examiner or examiners for the admission of all students to the matriculation or preliminary examination, and to make by-laws and regulations for determining the admission and enrolment of students: Provided always, that any change in the curriculum of studies fixed by the council shall not come into effect until one year after such change is made;

2. Until a Homœopathic Medical College for teaching purposes shall have been established in Ontario, candidates wishing to be registered as Homœopaths, shall pass the matriculation examination established by this Act, as the preliminary examination for all students in medicine, and shall present evidence of having spent the full period of study required by the curriculum of the council, under the supervision of a duly registered Homœopathic practitioner: Provided that, for a period of four years from the passing of this Act, such Homœopathic students may pass their matriculation examination at any time prior to the passing of their professional examination. Such candidates must also have complied with the full curriculum of studies, prescribed from time to time by the council for all medical students, but the full time of attendance upon lectures and hospitals required by the curriculum of the council may be spent in such Homœopathic Medical Colleges in the United States or Europe as shall be recognized by a majority of the Homœopathic members of the Council, provided that in all Homœopathic Colleges, where the winter course of lectures is of only four months duration, that certified tickets of attendance on one such course shall be held to be equivalent to two-thirds of one six months course, as required by the council; and when such teaching body shall have been established in Ontario, it shall be optional for such candidates to pursue in part or in full the required curriculum in Ontario.

3. The council shall from time to time as it may deem expedient, enact by-laws as to the terms upon which it will receive the matriculation, and other certificates of colleges and other institutions not in the Province of Ontario.

4. Any graduate or any student having matriculated in arts in any university in Her Majesty's dominions, shall not be required to pass the preliminary examination.

33. The council shall have power and authority to fix and determine from time to time a curriculum of studies to be pursued by the students, and such curriculum of studies shall be observed and taught by all colleges referred to in section eight of this Act.

Penal and General Clauses.

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

35. No person shall be entitled to recover any charge in any court of law for medical or surgical advice, or for attendance, or for the performance of any operation, or for any medicine which he shall have prescribed or supplied, unless he is registered under this Act: Provided this clause shall not extend to the sale of any drug or medicine by any duly licensed chemist or druggist.

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

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

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

39. If any person shall procure or cause to be procured his registration under this Act, by means of any false or fraudulent representation or declaration, either verbally or in writing, it shall be lawful for the registrar, upon receipt of sufficient evidence of the falsity or fraudulent character of said repre-

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sensation or declaration, to represent the matter to the council, and upon the written order of the president, attested by the seal of the college, to erase the name of such person from the register, and to make known the fact and cause of such erasure by notice to be published in the *Ontario Gazette*; and after such notice has appeared the person whose name has been erased as aforesaid shall cease to be a member of the College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges conferred by registration under this Act at any future time, without the express sanction of the council. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making any false or fraudulent representation or declaration, either verbally or in writing, every person so offending shall on conviction thereof before any justice of the peace incur a penalty not exceeding one hundred dollars, and every person knowingly aiding and assisting him therein shall on conviction thereof incur a penalty of not less than twenty nor more than fifty dollars for each such offence.

40. It shall not be lawful for any person not registered to practice physic, surgery or midwifery in the Province of Ontario for hire, gain or hope of reward; and if any person not registered under this Act shall for hire, gain or hope of reward practice or profess to practice physic, surgery or midwifery, or advertise to give advice in physic, surgery or midwifery in the Province of Ontario, he shall upon a summary conviction thereof before any justice of the peace, for any and every such offence, pay a penalty not exceeding one hundred dollars nor less than twenty-five dollars:

2. Any person who shall wilfully or falsely pretend to be a physician, doctor of medicine, surgeon or general practitioner, or shall assume any title, addition or description other than he actually possesses and is legally entitled to, shall be liable on conviction thereof before a justice of the peace to a penalty not exceeding fifty dollars, nor less than ten dollars:

3. Any person not registered under this Act who shall take or use any name, title, addition or description implying or calculated to lead people to infer that he is registered under this Act, or that he is recognized by law as a physician, surgeon, accoucheur, or a licentiate in medicine, surgery or midwifery, shall be liable upon a summary conviction thereof before any justice of the peace to pay any penalty not exceeding one hundred dollars, nor less than twenty-five dollars;

4. In any trial under this Act the burden of proof as to registration shall be upon the person charged.

5. All prosecutions under this Act may be brought or heard before any one or more of Her

Majesty's justices of the peace having jurisdiction where any such offence has been committed; and such justice or justices shall have power to award payment of costs in addition to the penalty; and in case the penalty and costs awarded by him or them be not upon conviction forthwith paid, to commit the offender to the common gaol, there to be imprisoned for any term not exceeding one month, unless the penalty and costs be sooner paid;

6. Any person convicted under this Act who shall give notice of appeal against the decision of the convicting justice, shall be required before being released from custody to give to said justice satisfactory security for the amount of the penalty, costs of conviction and appeal.

41. All penalties recoverable under this Act shall be paid to the convicting justice and by him paid to the registrar of the college, and shall form part of the funds thereof: any person may be prosecutor or complainant under this Act; and the council may allot such portion of the penalties recovered as may be expedient towards the payment of such prosecutor: Provided always, that every prosecution under this Act shall be commenced within one year from the date of the alleged offence; and it is hereby provided that it shall be lawful for the council, by an order signed by the president having the seal of the college appended thereto, to stay proceedings in any prosecution under this Act where it may be deemed expedient.

42. In all cases where proof of registration under this Act is required to be made, the production of a printed or other copy of the register, certified under the hand of the registrar of the council for the time being shall be sufficient evidence of all persons who are registered practitioners, in lieu of the production of the original register, and any certificate upon such printed or other copy of the register, purporting to be signed by any person in his capacity of registrar of the council under this Act shall be *prima facie* evidence that such person is such registrar without any proof of his signature or of his being in fact such registrar.

43. All prosecutions against any one acting in contravention of the provisions of this Act, shall take place in accordance with the "Summary Proceedings Act;" and all money forming part of the council funds shall be paid to the treasurer, and may be applied to carry this Act into execution.

The report from Munich to March 10th is, that that the number of cases of cholera is decreasing rapidly. Since the commencement of the epidemic, there have been up to the above-mentioned date, 2,931 cases, with 1,389 deaths.

Selected Articles.

SIR JAMES PAGET ON CANCER.

(*Pathological Society, London, England.*)

SIR JAMES PAGET said that he had had the advantage of reading the speech of Mr. De Morgan, and found that they were much more at one upon the pathology of cancer than he believed he should have thought had he only heard it. He found Mr. De Morgan holding that we must look for at once a local and a constitutional origin of cancer. "All," said Mr. De Morgan, "that we see in the life of cancer naturally leads to a belief that the disease must, from the first, be more than a mere local tissue-change; and, in one sense, and to a certain extent, I must admit that this belief is well-founded." And again,—“The view which I would maintain is, that though it be local in its origin, there is in some, perhaps in all, cases a predisposition to the disease which may possibly be distributed through the system, but which more probably has its seat in some among the tissues of the body.” To those opinions Sir James would entirely conform, and if he found anything to object to, it would not be to those, but to the half-willing manner in which Mr. De Morgan makes the admission. Mr. De Morgan exalts the local element; Sir James held that we must admit both elements. For the sake of discussion he would accept all Mr. Morgan's definitions—of “constitution,” and of “cancer”—except that he would perhaps hesitate to admit rodent ulcer among the cancers; and he would abide by the limits set by Mr. De Morgan. If we look through the pathology of cancer we cannot doubt that there are certain cases where no constitutional cause can be found. When the scar of an old burn becomes the seat of cancer we are almost ready to say that there must have been so little predisposition to cancer that it wanted a tissue specially prepared for its development. The same might be said of some cases of cancer of the lip. Yet in these and similar cases it is frequently observed that the change to cancer is quite suddenly developed, as if there were some other circumstance in existence than the evident one. Again, when we contemplate the list of morbid growths, and trace them passing gradually from the simple fatty tumour at one end to cancer at the other, we have a difficulty in believing that cancer is a constitutional disease. If we studied the morbid growths in this connection only, we should think of their local origin only. But if we look at the further end of the list, at rapid growth and rapid destruction, so unlike all local disease, we must admit another pathology; or we must say that in the great group of tumours there is at one end a constitutional element, and at the other little or

none. Sir James wished to insist upon this constitutional factor in the origin of cancer, and he would draw attention especially to the following points:—First, the manner of its inheritance; not the mere fact of its inheritance, but the manner of this. This cannot be over-estimated. The more he saw of cancer in families whose history was accurately known, the more was he impressed with the hereditary nature of the disease. At first among hospital patients he believed cancer was inherited in one in six cases; but he came to estimate the proportion at one in four. Now in private practice, where the family history is well known, the proportion has risen in his experience to one in three, and at the same time it must not be forgotten that all cases of cancer are not recognized—for example, internal cancers,—and that persons may die of some other disease before cancer has manifested itself in them. For if a man has not lived to the usual term of life, it cannot be said that he would not have had cancer. Cancer is a disease of degeneration, increasing in frequency of occurrence with age. Cases are far from rare where the offspring dies of cancer before the parent; the parent may refuse to acknowledge a cancerous history in the family, but after a few years he himself falls a victim to the same disease. Sir James was disposed to hold that it is not possible to conceive of such disease without inheritance. But local diseases are also inherited, and he does not adduce this as a proof of constitutional origin. Fatty tumours, cutaneous cysts, cartilaginous tumours, and malformations, are all inherited. He would not, therefore, connect the constitutional character of the disease with the mere fact of inheritance, but with the manner of the inheritance. When a constitutional disease is inherited, it does not necessarily occur in the offspring in the same organ or tissue as in the parent. Fatty and cartilaginous tumours, cutaneous cysts, and malformations appear in corresponding tissues in the offspring. This is a rule in these growths; but there is in no sense such a rule of imitation in the case of cancer. This fact is illustrated by the cases of cancer published *Medical and Chirurgical Society's Transactions* by Mr. Baker, in one-half of which there is no rule in the locality of the recurrent growth—for example, cancer of the cheek in the parent may be followed by cancer of bone in the child. There is no relation of place or of texture. He had himself seen one instance of the total disregard of rule in this way. A lady died of cancer of the stomach; one daughter of cancer of the stomach, and another of cancer of the breast. Of her grandchildren, one died of cancer of the breast, one of cancer of the bladder, one of cancer of the rectum, and one of cancer of the stomach. In this respect the transmission of cancer accords with the transmission of all other constitutional diseases, such as gout, syphilis, and tuberculosis. It would be well to study

cancer alongside other diseases which we are agreed to call constitutional, such as gout, syphilis, scrofula, and tuberculosis. Gout may make its appearance in the joints, skin, bronchial tubes, or lungs respectively of different members of the offspring of a gouty subject, and so with the other diseases enumerated. The effect of injuries on the production of cancer is in favour of its being included in the class of constitutional diseases. In a very large number of cases cancer follows an injury, and that so distinctly that the two occurrences cannot be disconnected. Now we know the limits of possible effect of an injury on a tissue as well as we know anything in pathology—inflammation, induration, overgrowth, and so on, or, at most, the production of some tumour like the tissue injured. When there is a decided deviation from this recognized course, we say there is some constitutional element at work. If a knee-joint suppurates instead of healing after a moderate injury, we say the patient is scrofulous. So in injuries to bones; so in gouty persons; and so in syphilitic subjects. This is as certain knowledge as any we possess in pathology. It is but the reading of the same fact with altered terms in the case of cancer. We say it is a constitutional tendency, and this opinion is much strengthened in those cases where we know there is a cancerous inheritance. Thus, a cancerous mother has a son; his lip is irritated by the pipe, and the ulcer becomes cancerous. The production of cancer by an injury is therefore a second reason for maintaining its constitutional nature. The next circumstance which indicates strongly the constitutional element in the origin of cancer is its recurrence after complete removal. Mr. De Morgan spoke of its "almost constant" recurrence; but Sir James Paget would say that the cases are not more than 1 in 500 the constitutional predisposition may be exhausted, or other cause come into play. We do not say a person is not scrofulous if after amputation of a limb he has no fresh local outbreak. After all, however, the question is the contrast of cancer in this respect with other tumours. Now, these do not reappear after operation in more than one in 500. The case is a very strong one; and we must remember that in our statistics we include all the records of strange cases. At the Pathological Society, for example, cases of simple tumours are brought forward more frequently when they happen to recur. Now, suppose one were to make a series of experiments, and perform vivisection—which such operations really are—500 times, he would be considered a bold man if he thought it necessary to repeat his experiments because the five hundredth case gave a different result from the others; and that all the more if he performed a second series of the other kind. He would not use the single exception to overthrow the rule. But this is also true in regard to the manner of reproduction. Some tumours which

are not cancerous recur after removal. The tumours which Sir James has called "recurrent fibroid tumours" recur again and again, and cannot be extirpated but by the removal of the whole limb which is their seat. He had himself once removed a tumour for the eighteenth time in seven or eight years from the thigh of a young woman. She died of pyæmia; but had she lived the growth would probably have required removal again and again until the limb was sacrificed. Now, there is no such case in the whole history of cancer. He had removed another tumour for the seventh time; and a third and fourth time may frequently occur. But such is never seen in cancer; it would recur in distant organs. It is vain to attempt to explain this difference of seat of recurrence by any facts of difference of the physical condition of the tumours. It had been referred in this discussion to "mobility of cells." Now, if there is one kind of cancer that propagates faster than another, it is osteoid cancer, and yet no variety is so hard. Scirrhus is as hard as fibroma; yet there is no comparison of their tendency to recur. On the other hand, recurrent fibroid tumours are as soft as possible, and yet they do not propagate themselves in distant parts. For this reason also, therefore, we must assume an essential difference between cancer and other growths. These circumstances impress us that we must not depreciate the constitutional element in the production of cancer. Yet Sir James is anxious not to depreciate the local element. Were he compelled to give an opinion, he would say that of the two the constitutional element is the most important. But it might be urged that cancer would thus come to be considered a blood-disease. Now, whether there is a morbid element in the blood or not, Sir James would not say. Yet, as in other constitutional diseases, we do well to hold that cancer owes *part* to the condition of the blood. If we name various tissues we have a difficulty in imagining in which of them it can exist—as muscle, nerve, etc. Sir James cannot conceive the disease as existing in the all-pervading connective tissue; he thinks it safer to say in the all-pervading blood. Analogy is in favour of this view. We have all-pervading blood-diseases which we know well, and it is to them that the likeness is found. Senile diabetes is an example in point; the production of a carbuncle from this is singular,—it is the indication of the diseased blood of diabetes. So in cancer. The same applies in scurvy, and in what is called uræmia—all are blood-diseases. But it has been said that if cancer is described as a blood-disease, there are certain conditions that cannot be understood. These have been enumerated by Mr. De Morgan. But his objections apply to all or any other blood disease. First, that the poison should exist in the blood, and yet no indication be observed previous to the local outbreak. But does not the same occur in gout? Who feels so well as

the subject of gout just before an acute attack? In the same way there are intervals in the history of syphilis and scrofula. This argument is not more powerful, therefore, against cancer than against gout. Secondly, Mr. De Morgan urges that, during the existence of cancer, injuries may be inflicted on other parts of the body and no cancer result. This objection is met like the preceding. An attack of gout has been known by Sir James to follow an operation, but the healing of the wound is not locally affected by the blood-disorder. Thirdly, the long intervals of health in the subject of cancer may be similarly explained. Such intervals are familiar in the course of syphilis, gout, tuberculosis, or any other blood-diseases. Fourthly it has been said to be incompatible with the blood-origin of cancer that it does not affect secondarily the part it affects primarily. But the same holds true of gout and syphilis. Every one of these objections, therefore, applies equally strongly to any blood-disease whatever. The last objection which Sir James would notice to cancer being a blood-disease is that of its preponderance in women. This objection is easily answered. Cancer is a disease of degeneration, and we are misled if we think it anything else. The exceptions prove the rule. There exist in women two organs which are not found in men, and which have a period in their life-history corresponding with senile decay—the breast and the uterus. Now, if we separate these organs, we find that cancer is more common in men. These organs become senile at forty or fifty, and they should be compared with the organs of a man at eighty. It is this senile degeneration that is the sole cause of the preponderance of cancer cases in women. Pathology, said Sir James, would be the most repulsive of all studies did it not bring along with it some hope of good to be derived from it in respect of treatment. It had been urged in this discussion that the treatment of cancer was encouraging if it were considered a local disease. He would hold the very opposite opinion. All our attempts to cure cancer locally have totally and entirely failed. As far as therapeutics have yet gone they have been especially successful in providing remedies for constitutional diseases. The remedy for syphilis is as far removed from it as is one end of the world from the other. And yet mercury will cure the disease, not only in the parent, but in the child. Some day, perhaps, a remedy may be found for cancer as unexpected and as sure as mercury for syphilis—a remedy which may affect even the second generation. Sir James Paget concluded with the hope that, considering the great importance of the constitutional element in cancer, we shall not try to depreciate it either in the question of the pathology of the disease or in the search for its final remedy.—*Medical Times and Gazette.*

MERCURY.

Once more mercury is forcing itself upon the attention of medical men. A new discussion, or a new series of discussions has been raised, and it is necessary to direct attention to them. First of all, the opinions of Mr. Jonathan Hutchinson have been given to the profession through both the *Lancet* and the *Medical Times*. We, therefore, first of all, quote the conclusions to which he has been led:—

“That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure. That, in practice, a good many cases are really cured by mercury, the cure being proved by the restoration of good health, and in some cases by renewed susceptibility to contagion. That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and the perseverance with which it is used. That, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time. That ptialism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy. That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than omit the drug. That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre treated early by mercury never show any of the characteristic symptoms of the secondary stage. That in other cases of mercurial cure of the chancre in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment. That when mercury does not wholly abrogate the secondary stage, it possesses a remarkable power in delaying it. That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering than that the remedy was not efficient. That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage. That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others. That mercury cautiously given does not, in a great majority of instances, do any injury to the general health, and that its local inconveniences may usually be prevented. That the doctrine of the real antidotal character of mercury in respect to syphilis ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering

germs of the malady. That most collected statistics as to duration of treatment and freedom from relapse are misleading, and worse than useless, because usually the treatment was too short to be effectual. That it has not yet been proved that there are any special forms of syphilitic disease in which mercury ought to be avoided, although, as a general rule, it is acknowledged that it must be used with more caution in all forms which are attended by ulceration than in others. That iodide of potassium possesses little or no efficacy against either the primary or secondary forms of syphilis. That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium. That it does not much matter whether mercury is given by the mouth, by inunction, or by the vapour bath, provided that, whichever method be selected, care be taken to avoid salivation, purging, &c. That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate premature discontinuance of the remedy. That, if one method of administration does not succeed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."

DR. JOSEPH HERMANN, K.K. Primarartz in Vienna, has written a work on the "Effect of Mercury on the Organism." In his preface he observes that he has spent nearly twenty years on the solution of the point, and this work is the result of his labours. He holds that mercury is not a remedy in syphilis, and the treatment of syphilis without mercury he asserts to be more ancient than the mercurial treatment. The length of cure of syphilis without mercury, he says, is clearly shorter than when the drug is used. When no mercury is used, the number of relapses is notably less than when mercury is used; and the number of deaths is much smaller under the non-mercurial treatment. Non-mercurial treatment leads to complete cure without any further consequences, whilst mercurial treatment entails the severest forms of constitutional syphilis.

The author has treated some 20,000 cases of syphilis in the Wieden Hospital of Vienna, and many also, in private practice, and he ascribes most of the severest forms of syphilis to the fact of the patient having, in addition to syphilis, some mercurial poison in the blood.

Parents who have suffered from primary syphilis and not been mercurially treated, suffer, according to the author, not at all in their children, whilst patients who have been much mercurialised have frequently children with appearances of syphilis.

Mercurial treatment, according to Dr. Hermann, gives rise to two forms of diseases—tuberculosis and scrofula.

As to the prophylaxis and cure of mercurial poisoning, we have firstly, to eliminate the mercury from the system; and, secondly, to cure the disease

caused by its presence in the tissues. According to his clinical experience, the author shows that iodine is an anti-mercurial remedy, and the old fundamental one in the mercurial poisoning, and when used in sufficient quantity iodides are able to restore the damaged health, whilst the pathological appearances at the same time are made to disappear. He proposes to banish mercury from the Pharmacopœia.—*The Doctor.*

DISLOCATIONS OF THE HIP—SCIATIC VARIETY.

BY OSCAR H. ALLIS, M.D.,

One of the Surgeons to the Presbyterian Hospital.

Sir Astley Cooper considered sciatic dislocations the most difficult to detect, and Syme has unwittingly confirmed this opinion, by once failing to recognize the injury and leaving it unrestored for fourteen days. If further evidence is required of the difficulty of diagnoses, I will refer to the following cases, two of which passed beyond the power of remedy before the true nature of the injury was detected.

Case I.—J. K., æt. 61, was brought into the Presbyterian Hospital in July, 1873. History of the case: During the night of the Friday preceding his admission he walked in his sleep from the second story window. In his descent he struck a clothes-line, which broke, and in a measure changed the direction of his fall; but as the accident occurred in the night, and during sleep, it was impossible to gain fuller particulars.

I first saw him lying on his bed; the right thigh was flexed on the pelvis, and stood awkwardly off from the body. On assisting him to assume the erect posture, I noticed that the toe of the right foot could with difficulty be brought to the floor; that the heel was drawn up; that the ham-string tendons were rigid and prominent; that the leg was flexed on the thigh, and the thigh on the pelvis; that the knee was turned inward towards its fellow; that the gluteal region was flattened and apparently widened; that the spinal column was arched forward in its lumbar region, and that the trunk and extremity had assumed an awkward, constrained, and helpless position.

Upon the administration of ether the limb was brought down by its fellow, and a shortening of half an inch observed.

The reduction was accomplished in the following manner; The man was placed on the floor; then an assistant held the pelvis, while two others, by means of a fillet placed above the knee,—the force being exerted at right angles to the plane of the body,—lifted the head of the bone to a level with the acetabulum. This being done, I was enabled,

by grasping the ankle with one hand and the knee with the other, to convey the dislocated bone into its proper place, though with a scarcely audible sound.

There was some difficulty experienced in dislodging the bone from its new position, and the instant it took place crepitus was distinctly recognized by all present.

The patient, after reduction, was placed in bed with the usual restraints; but, as lying in bed was irksome to him, he arose from it in about a week, and, experiencing no difficulty in walking, did not return to it by day, and was soon discharged at his request from the hospital.

Case II.—Mrs. G., æt. 64. Fell on going into the yard down a flight of six steps. She thinks she received the force of the fall in the middle of the thigh posteriorly.

As she was rendered helpless by the fall, the family physician was sent for, who, on learning the nature of the accident, and fearing, from the age of the patient, a fracture, administered ether, gave her a careful examination, and, as neither deformity, crepitus, nor restricted motion was present, left, satisfied that it was only a contusion.

Five months later—the patient in the mean time being helpless on account of the great suffering in the part—I saw the case. There were present the following symptoms: Shortening of about half an inch; the limb lay parallel with its fellow, with the toes looking upward; the limb, especially below the knee, was cedematous. The knee was stiff (false anch. losis). The gluteal region was flattened and apparently widened. The gluteo-femoral creases of the two limbs did not correspond as they do in the normal condition, and the great trochanter could be distinctly felt in its new position. There was great pain in the limb, constant, and aggravated by changes in the weather, and referred to a point in the course of the great sacro-sciatic nerve, about six inches above the popliteal space, and due, probably, to the head of the bone resting on and compressing the nerve at its exit from the pelvis.

The patient was again brought under the influence of ether, as every motion of the limb was painful, and the diagnosis of sciatic dislocation was established. There seem to have been no adhesions, or at least no difficulty in breaking them up, and during manipulation and traction the head was distinctly recognized to jump suddenly from its new bed. This feeling we all experienced two or three times under the repeated efforts* made to restore it, but our exertions were fruitless.

Case III.—Mrs. R., æt. 57, fell to the sidewalk on a slippery evening in February, 1872. She fell upon her left thigh, but by some means the injury sustained was in the right. As she was unable to

*Our efforts were with a view to dislodge the head of the bone and form a new home for it if it could not be restored. We failed in both.

rise, two policemen came to her assistance, and one of them stooping to help her up fell across her outstretched right limb, and it is more than likely that to the second accident is her present condition traceable.

On being conveyed to a friend's, a physician was summoned who examining her lying on a feather bed, and with all her clothing on, pronounced "no bones broken." Not satisfied with his opinion, another physician was summoned the following day, who, after a careful examination, said that the injury would not "signify," and clapped on a large fly-blister!!

I will not repeat the needless, superadded suffering of the poor woman from a mistaken diagnosis.

As soon as the limb had recovered from the shock—i.e., within a few days—she had rotation, and found the easiest position for it to be *semi-flexion*. She sat up in a few weeks, and left her bed in four; though from the receipt of the injury to the present time she has been unable to walk without crutches. Pain has been constant, persistent feature from the first.

Present condition (the patient standing before me).—There is marked flattening of the gluteal region. The spinal column is not unusually arched forward. The limb has a natural, easy position, with three-fourths of an inch shortening. She can place the foot as flatly on the floor as she ever could and can stamp and kick out with it with considerable force. The measurement around the pelvis on a level with the pubes shows that the injured hip is less prominent by one inch and a half. The head of the bone has not formed adhesions in its new home, and can be moved as freely as the sound one. The great trochanter is one inch farther from the *pubic symphysis* than its fellow; and a resort to the following device established the nature of the injury.

In the cases above described will be found the symptoms that characterize *recent* or *chronic* sciatic dislocations: hence a summary of them will not be given. To arrive at a correct diagnosis in all severe injuries of the hip is a matter of the greatest importance, and to aid in this I would suggest the following simple but effective plan.

Place the person on a hard mattress, or, better, the floor, and notice the amount of shortening, if any, with limbs in a line with the body. If it be sciatic dislocation it will not exceed three-fourths of an inch; there may be none.

Next compare the limbs at right angles to the trunk, and if it be a sciatic dislocation there will be a difference of at least one inch and a half; but if the measurements in both positions are the same, this cannot by any possibility be a sciatic dislocation.

To understand the philosophy of this plan it may be of importance to examine a pelvis, placing it in the position of a person lying on his back. The

great sacro-sciatic notch now lies *an inch and a half* almost directly below the acetabulum, so that it is quite possible (Case II.) for the head to lie in it, especially after dislocation, and exhibit no shortening by the usual mode of measurement. But the instant the femurs are compared at right angles to the plane of the trunk,—as indicated by the perpendicular lines,—a marked difference is at once effected.

Now, there is a principle involved in this of great practical importance. It bears upon every variety of obscure injury at the hip, whether it be dislocation, impacted fracture, or severe contusion. The principle is this. While the heads of the femurs lie in their respective acetabula, corresponding measurements in every position will not vary. If one thigh is half an inch shorter than its fellow (as may be possible in impacted fracture) the same difference will persist in flexion, extension, abduction, or adduction. But not so in dislocation. Here the head of the bone is fixed at a point that does not correspond to the acetabulum, and in every new position in which the limbs may be compared a different result may be expected.

A correct diagnosis in inquiries of the hip is of the utmost importance to all concerned. Simple injuries as a fall upon the great trochanter, are often most disastrous, and are frequently followed by years of suffering and helplessness; and it is certainly the part of prudence, not to mention humanity to make repeated careful examinations and under the most favorable circumstances, and thus, before it is too late, rectify any mistake that must otherwise be followed by a lifetime of suffering.

To Drs. Truman and Yocum, and Mr. Charles Neill, I am indebted for valuable assistance in the first case recorded.—(*Medical Times, Philadelphia.*)

CASES UNDER THE CARE OF MR. BIRKETT, GUY'S HOSPITAL.

Popliteal Aneurism in Right Limb cured by Pressure—Popliteal Aneurism in Left Limb cured by Ligature of Femoral seven years previously.

Richard B., aged 47, following no occupation in particular, was admitted into Lazarus ward on September 27, 1873. He was anæmic-looking, and stated that he had been a patient in the hospital in March, suffering from an aneurism of the left popliteal, which Mr. Birkett cured by ligating the femoral artery. About five months ago he was troubled with frequent pains in the region of the right knee, and about a month ago he discovered a lump in the popliteal space of right leg, and suspecting an aneurism, from his experience of the disease on his left leg, he came to the hospital at once and was admitted.

On admission there was a tumor about the size of a pigeon's egg in the popliteal space, which pulsated, the pulsation being of an expansile character. When the femoral artery was compressed, the pulsation in the tumor ceased, and the tumor itself partly collapsed. The arteries about the ankle beat normally; but the posterior tibial feels rigid. Heart dulness very slight. On the left thigh there was an old cicatrix, showing where the femoral was tied; there was slight pulsation above this scar, but none below it. In the left popliteal space was a hard tumour, about the size of a walnut.

October 3.—Pressure was applied to the femoral artery from 11 a.m. to 8 p.m. by means of a tourniquet, which, however, did not act quite perfectly, so that the blood-current was not quite continuously suspended. The limb was wrapped in cotton-wool and bandaged.

4th.—The pulsation in the tumour is not so strongly marked as it was. He is suffering much pain about the knee-joint, and some pain in the back.

8th.—Pressure upon the femoral by means of Liston's tourniquet from 10 a.m. to 9 p.m. A quarter of a grain of morphia had to be injected during the time, to relieve pain down the leg.

9th.—Pulsation diminished.

15th and 16th.—Signorini's tourniquet applied 10:15 a.m. on the 15th, and pressure continued up to 1:20 a.m. on the 16th.

18th.—There is no pulsation to be felt in the popliteal space, and the tumour is smaller.

25th.—Still no pulsation in tumour. No distinct collateral circulation has been made out yet, but some of the small arteries round about the sac are enlarging.

29th.—Patient has improved in health. The artery can be felt pulsating above the tumour.

November 12.—No pulsation to be felt yet in the tibial vessels about the ankle. Patient has been up once to have his bed made, but, with this exception, he still keeps in the recumbent posture.

13th.—Leg bandaged and covered with wool. Patient allowed to sit up.

17th.—Up to-day for the third time. The limb is comfortable. He sometimes feels a slight pulsation on the inner side of the knee, which lasts for a few minutes together.

26th.—Discharged quite cured.—*Med. Times and Gazette.*

THE ARREST OF HÆMORRHAGE BY FLEXION.

At the meeting of the Berlin Medical Society, January 9, Dr. Adelman read a paper on "Protracted Flexion as a Means of Arresting Arterial Hæmorrhage." He stated that after the account of

the success obtained in England and Ireland in the treatment of aneurism of the limbs by flexion, he had taken great pains in ascertaining how far advantage would result in the employment of the same means in the treatment of bleeding from wounded arteries. The results of his investigations made in the Dorpat Surgical Clinic were published in Langenbeck's *Archiv* 1869. Up to the present time he has cognisance of nineteen cases so treated—eleven being cases of his own, and the others occurring in the practice of other surgeons, most of them his own former pupils. In one of these no result was obtained, as the patient could not support the flexion, but in all the rest recovery took place. The wounds implicated the ulnar, the radial, the interosseous arteries, the palmar arch, the dorsalis pedis, the plantar, and the tibialis posticus. The duration of the flexion varied much in different cases—this being continued in one case to the eighteenth day without the patient suffering any considerable uneasiness. It is useful, when readjusting the apparatus, to change the angle by one or two degrees. The case reported by Von Burow, of gangrene of the hand following this procedure, says nothing against it, inasmuch direct pressure was also employed. In none of Dr. Adelman's cases has he met with even a trace of any such occurrence. In answer to a question whether this long-continued flexion did not cause inconvenience by reason of the venous stasis it gave rise to, Dr. Adelman replied that frequently there were all the signs of an obstructed circulation, but according to his experience after about twenty-four hours the compensatory circulation became established. To another question as to the duration of the flexion, he replied that we must in determining this proceed very cautiously, and not discontinue flexion until granulations have formed; yet he has been able to discontinue it after the third day without any hæmorrhage occurring. He also observed that as physiology has not determined what are the changes which take place in the circulation in consequence of this angularisation of the vessels, forced flexion can only at present be employed as an empirical remedy. He hopes that before long experimental investigations will be undertaken on animals, in order that we may be able to establish the practice of flexion in man upon a scientific basis.—*Med. Times and Gazette*.

WHAT IS PYÆMIA?

This is a question we may well ask at a time when the leaders of medical opinion are discussing the subject in a manner only to be paralleled by the debate on tubercle last year. Doubtful indeed, we feel, whether the debate on tubercle has in any way enlightened the profession. Rather we fear it may have tended to confuse. Yet such debates are

not without value, and we are glad to see them well kept up. The debate on pyæmia promises some practical conclusions, and will probably serve as a starting point to many who wish to begin investigating this disease. Nevertheless, the word pyæmia is very unsatisfactory. Clearly, various speakers attach different meanings to it, and we therefore feel inclined to doubt whether, after all, there is as much difference of opinion as appears on the surface. The journals have been full of the subject all the month, and in our last issue we commenced what we believe will be recognized as one of the most important contributions to the subject—viz., the remarks of Surgeon-General Gordon, C.B., in our "Independent Department." It is remarkable how little reference has been made to the experience of army surgeons in the course of the debate, and we therefore urge our readers to supplement the perusal of the report by a study of Dr. Gordon's papers. In the article in our present number he deals with the debate at the Clinical Society, and we therefore need not report that.

Professor Hughes Bennett proposes to discard the term pyæmia altogether, and to employ the following words:

Septicæmia.—Poisoning of the blood from every source; a general term.

Ichorhæmia.—Poisoning of the blood from ichorous matter or decomposed pus.

Leucocythæmia.—White cell blood; excess of colourless cells in the blood.

Leukæmia.—White blood, from excess of fatty matter in the blood, so called chylous, or milky blood.

Dr. Lionel Beale dissents from Dr. Hughes Bennett's views, urging very naturally that pus-cells, young mucous and epithelial cells, though very much alike, are not *identical*, and it would be introducing terrible confusion to call leucocythæmia "suppuration of the blood."

It seems to us easy to call two things by one name, but doing so does not simplify matters, and Dr. Bennett does not help us by proclaiming the identity of various cells, or by speaking of them as "white cells or leucocytes." The expression reminds us of a good story we heard the other day. A microscopist was jocosely asked by one of his colleagues if he could tell him anything he did not know about the white blood-cells. He answered at once, "From the terms of your question I think I can mention two things—in the first place they are *not* cells; in the second place they are *not* white."—*The Doctor*.

THE HOPE OF AN INDIGENT DEVIL, was the motto of an essay on Colles' Fracture, by Dr. Cruise, which gained the prize of the N. Y. State Medical Society.

THE CANADA LANCET:

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TORONTO, MAY 1, 1874.

POLITICAL MEDICINE.

The recently enacted Medical Bill provides the means for a far greater amount of protection, both for the public and the profession, than any previous legislation afforded, supposing it to be fearlessly administered. The question arises, will the public quietly submit to the enforcement of the penal clauses, or so perversely act on the suggestion of the *Globe*, that "an open and determined resistance to the law" should be inaugurated; that the members of the profession, weary of the ungracious task of attempting to defend the public from imposture, would quietly yield to the inevitable consequence—free trade in physic—rather than further subject themselves to obloquy in attempting to carry out the provisions of the Act?

We need not tell the profession that quackery is an evil. Were the public possessed of common sense in medical matters, it would be aware also that quackery is an evil. If the public refuse its assent to this, it is because it is profoundly ignorant of the nature and scope of medical science, and of the properties of drugs. Quackery is a nuisance in many ways. It is a nuisance, because it is a system of lies and imposture, and swamps the community with hosts of rogues and fools. The commonwealth must suffer morally, and cannot but be damaged by the vagabonds that quackery lets loose upon it. Quackery is a nuisance, because it tends to create the ills it feeds upon; and affecting to cure all diseases, it produces or perpetuates many. And finally, quackery is a nuisance, because it fosters erroneous ideas on the operation of drugs, begets a system of deceit which even the profession is involuntarily obliged to humour, and abases,

what is so requisite for the happiness of man, the art of medicine itself. It is generally imagined by the public, that the antipathy of the profession to quackery originates in a feeling of self-interest, and that quacks take the bread from medical men. We more than doubt if this is true. If the faculty lose and quackery gains a particular case, that is amply compensated by the ill-health which quackery produces in thousands, and the disposition to fly to physic which it generates in millions. On the whole, the profession probably gains by quackery—certainly its loss must be very trivial. A feeling of self-interest can sway the profession very little either way, and its antipathy to quackery must be sought on other grounds.

We should say that our aversion to quackery takes its rise in a natural feeling of disgust at a barefaced system of humbug. Unless men's minds are warped by the strongest motives towards wrong, they revolt at witnessing it. We see a knot of rascals fleeing and injuring the public by the most dishonest and scandalous arts. We naturally evince contempt and indignation towards the miscreants. And those feelings are aggravated by the tendency of such practices to bring discredit and dishonor on the science we profess. Are not these sufficient, natural and worthy motives for resentment? We wish that all class quarrels were as honest and as praiseworthy. The above remarks may be viewed as *apropos* to a case of recent occurrence at Simcoe, in the county of Norfolk. A so-called Prussian army surgeon has for some time back been in the habit of visiting that and other towns, heralding his visit by the following announcement in the newspapers:

"DR. J. B. ARNOLD, lately from Berlin, Prussia, and Surgeon in the Prussian Army, gives special attention to all diseases of the Feet, Hip-joint Disease, Inflammatory Rheumatism and White Swelling, without taking internal medicines. Also treats diseases of the Gastric Juices, Saliva Glands, Asthma and Heart diseases: also diseases of the Spine, Falling of the Womb, Ulceration or Leucorrhœa, etc.—Cures are permanent. Cancers and Eye diseases cured without the use of the knife, by a new but certain, speedy and nearly painless process. Ruptures, Fits and Piles of long standing guaranteed cured, etc., etc., *ad nauseum*. Consultations free."

The practitioners of Simcoe having ascertained that this *soi disant* Dr. Arnold, was not on the roll

of the last issued Register, and being informed by telegram from Dr. Pyne the Registrar, that his name did not appear in the appendix, unanimously concurred in an application to the County Attorney to prosecute under clause 40, sub-section 3 of the Ontario Medical Act. As an information had to be signed by one of the protesting parties, the senior Dr. of the town assumed this somewhat invidious office. This gentleman happens to have the reputation of being a Tory, dyed in the wool ergo a benighted and bigoted monopolist, affording a good chance for the counsel employed to use *ad captandum* arguments against such old world fossils. On the hearing before the magistrate, the case was appealed to the June sessions, on the plea that the production of the advertisement, and the statement of the publisher, that it was an exact transcript of the manuscript given him by Dr. Arnold was only secondary testimony—the written copy being necessary to establish primary evidence. Whether the publisher purposely omitted bringing the copy, we neither know nor venture to express an opinion, but we certainly failed to discover in him an inclination to uphold the law, when in the next issue of his paper a letter is inserted containing such paragraphs as the following: "Then the whole legislation is for the purpose, not of protecting the public, but the Medical Council, and to put a certain amount of fines into their treasury." "This mode is adopted to help fill their exchequer, but fortunately a jury of the country can pass their opinion on it before any such fines do go into the coffers of the Medical Council." The recent severe comments of Sir John Coleridge on the propriety of the press attempting to influence public opinion on cases to be submitted to a jury, would seem to find no echo in the breasts of some Canadian journalists.

THE ANNUAL ACCESSION.

The season of the year has arrived when the sessional work of the medical colleges has been brought to a close, when the University examiners have finished their labours, and when a fresh accession is made to the ranks of the profession. We rejoice to know that in Ontario, the new men who are being thus recruited into our army are of a very worthy stamp, and are likely, by reason of better preliminary education and consequently im-

proved habits of study, as well as by solid attainments, to shed a yet higher and higher degree of credit on the profession in this Province. The teachers in the schools in Toronto and Kingston report that although the operation of the Medical Act has been to deter young men from entering on a medical course, and to diminish the attendance of students, yet those who have entered have been more uniformly of a better class than was the case in former years. The Act is therefore accomplishing a good purpose in this respect.

We are glad to welcome the graduates of the year, and trust that now their labours as students having been crowned, and their ambition gratified they will meet with no bitter disappointment in entering on the field of practice. On this occasion we might be tempted to offer our young friends some item of general counsel; but seeing that it is quite likely that they have recently been sufficiently addressed on this subject, we would refrain altogether were it not that recently in the LANCET a statement appeared in our correspondence columns which might possibly mislead. It has been stated that the people in some parts of Ontario pay more regard to the religious professions of a medical man than to his medical qualifications. This may be partly true, but it is not sufficiently true to gratify the sarcasm as universally applicable, still less should it influence young men to hope for practice on the mere strength of belonging to a particular church. It is, of course, essential and proper that medical men, as other men, should have their religious convictions and not be undecided in this important respect. But for a medical man to studiously conceal or to obtrusively parade his religious opinions with a view to favour his practice would be equally degrading and reprehensible. It is a mistake for a young man to allow himself to be brought forward as the doctor of a particular sect, for no one sect is sufficiently numerous in any particular district to give him abundant employment. Such a course may give him practice earlier than he would otherwise have obtained it, but a practice obtained on such grounds is not apt to be permanent, and cannot be permanent unless supported by real talents and skill. It is a poor policy to adopt considered merely from the stand-point of policy. Intelligent

people will not employ a medical man for any other reason than a belief in his professional skill. This truth should be always kept in view by the young practitioner. If acted up to, it will save him from dependence on sham, and rescue him from the snare of hypocrisy. His self-respect will be procured, his professional standing will be improved by enforced and constant study, and a measure of permanent success, not to be attained in any other way, will finally reward him.

If any of our young friends are inclined to doubt the value of this advice, we beg them to refer the question to some experienced medical friend. He will be able to cite sufficient instances in his own neighbourhood to show that the course we have deprecated is in fact a mere confession of inferiority. Within the knowledge merely of the writer, we may state that we have known an obtrusive display of denominationalism to destroy a practice; and we have heard common people say that if a doctor took to preaching the time spent in getting up sermons must have left him less opportunity of studying disease—a common sense view which may well weigh against the supposed advantages to be gained by any such church connection.

To return, we may congratulate the graduates that they have entered the profession at a time when it is not so difficult to find openings for practice as in times past, say a few years ago, when the cry was that the profession in the country was over-crowded.

THE MEDICAL COUNCIL. MATRICULATION EXAMINATION.

We beg to draw the attention of the Council at its coming session, to certain anomalies connected with this important examination. At the last examination nineteen candidates presented themselves, and only eleven passed—*eight out of nineteen were rejected!* surely this is a very large proportion. We understand the cause of so many being rejected not only at the recent, but at each examination since the appointment of Mr. McMurchy as examiner is chiefly, that he decides according to the letter rather than the spirit of the law. In other words, that no matter how thorough an elementary, English and Classical education a young man may have received, if he cannot solve some particular problem

in Euclid or crotchety sum in arithmetic or in algebra; or translate with correctness the special lines of latin, which the examiner may select, is rejected, even if he have what ordinary people would call a very good knowledge of all of these and the other subjects.

What is required, we apprehend is, first that our young men should have a good English education, and also give evidence of a fair grounding in Latin, Mathematics, &c., but the present system does not test this. A young man is rejected without reference to his general knowledge of the required subjects, merely because he fails to answer to the Examiner's satisfaction the few not very clear questions given to him. As proof of this one candidate of excellent education, who passed the preliminary examination for the *fellowship* of the Royal College of Surgeons of England was recently rejected by Mr. McMurchy, not because he did not give evidence of having been over the required ground, but merely because he failed to do the special work assigned him to the satisfaction of the examiner. This is all wrong; it is well known that failure to do correctly a particular question in arithmetic, or in algebra, or a special problem in Euclid, &c., is no proof of being unfit to study medicine, or of knowing nothing of these branches of education. In fact, the Examiner carries out the law to the letter—what is wanted is less by a great deal of the *letter* and more of the *spirit*. One noteworthy anomaly exists. We understand the Examiner receives \$4 for each candidate who is rejected, and only \$2 for each one who passes. Thus for the eight recently rejected he got \$32, and for the eleven passed, only \$22!!

Another thing. Any one who acts as Matriculation Examiner, should have a kindly, attractive manner. There is great complaint about the want of these essentials in the present holder of the position. Like the school boys in Goldsmith's day, our young men going before this Examiner too often, feel sure of being "able to read their day's disaster in the morning face" of him before whom they go tremblingly. We trust the Council will see to this all-important matter.

MEETING OF THE ONTARIO MEDICAL COUNCIL.
—The annual meeting of the Ontario Medical Council will take place on the 1st Tuesday (2nd) of June.

THE HOMŒOPATHS AND THE NEW MEDICAL BILL.

We print some excerpts from casual letters, we have received from some of the leading Homœopathists, especially from some of those who have not previously expressed themselves on the subject. One says, "So far as I am concerned I don't see anything very objectionable in the new Medical Bill. I think the different schools might get along very well with a little careful manipulation. Where I practised lately, although there were several old school practitioners there, I never had the slightest trouble with any of them. They were willing to assist me in any and every case where I required assistance. In this place they are not so liberal. Some of them are, however, and because they did so were threatened with expulsion from the Medical Society in this district. One man in this place stated publicly that it was derogatory to the profession to sit in Council with Homœopaths. Now I am glad this is not the general feeling with Allopathic physicians, particularly with the better educated ones. If it be the general opinion, how can we remain united in the Medical Council? How can we work together for the good of the profession in the different schools?"

Nearly all of our men that I know are doing well, and just as much respected as this man who considers it degrading to him to be placed in their Society. I would like, so far as I am concerned, to have the union tested for a longer time.

I see no reason why our students should be afraid to come up for examination. If they are prepared, no doubt they will get through, and if the examination is a little more severe they will find out that they do not know too much, or that they have spent too long in preparing to practice medicine successfully."

Another says, "I am entirely satisfied with the Bill as amended, and will use my influence to have it carried into effect."

And another writes as follows: "I have read the Bill carefully, and it meets my hearty and unqualified approval. It is so broad and unsectional in its platform, and so dictated with an obvious desire to harmonize all parties, that I am utterly at a loss to conceive how any other than extremists of either school can possibly object to its provisions."

CROTON-CHLORAL.

This new remedy is proving highly efficacious as an internal remedy in the treatment of neuralgia. According to Liebreich, it is prepared by passing chlorine gas through aldehyde; and its chemical constitution proves it to be the chlorated aldehyde of crotonic acid. Croton-chloral differs in its outward appearance from hydrate of chloral by its being dissolved with difficulty in water, and by its crystallising in small glittering tablets. It would appear that some pharmacutists have attempted the preparation of this remedy by first dissolving croton-oil in alcohol and then proceeding the same as for chloral hydrate. Liebreich warns the public that croton-chloral possesses no relation whatever to croton oil. A drachm of croton chloral, dissolved in water, and introduced into the stomach, produces, in the course of from fifteen to twenty minutes, a deep sleep, accompanied by anæsthesia of the head; whilst the eyeball has lost its irritability, and the fifth nerve shows no reaction on being irritated, the tone of the muscles remain unaltered. In cases of facial neuralgia pain ceases before sleep sets in. It may be given as a hypnotic in cases where hydrate of chloral is inapplicable on account of heart disease, and where very large doses of chloral are necessary to produce sleep. In the latter class of cases Liebreich recommends the addition of croton-chloral to the hydrate of chloral.

ROKITANSKY'S SEVENTIETH BIRTHDAY

Carl Rokitansky, the eminent pathologist, of the Royal-Imperial Hospital, of Vienna, attained his seventieth birthday on the 19th of last February. The event was celebrated in the Austrian capital with much enthusiasm. Men of rank and citizens of distinction were present. The Emperor of Austria and the King of Italy invested the veteran with titles of honor. A bust of Rokitansky, crowned with laurels and decorated, was unveiled. A grand banquet was held in the evening, during which a torchlight procession of fifteen hundred students assembled in the garden opposite the hall and sang songs, after which Rokitansky appeared and was received with great applause. Though some of the pathological views originally propounded by this eminent professor, have undergone a

change by reason of other researches. His labors have made a great impress on science, and remain as a great monument of the industry by which he strove to turn the advantages of his position to public account. All over the world the medical profession must rejoice in the honors conferred upon so distinguished an ornament.

WE publish elsewhere a letter from a correspondent, signed Ethics, in which our strictures on medical writers in the public press are challenged. Our correspondent who, by the way, was one of those who figured in the dailies (withal in a temperate and well written letter) seems to think that such was necessary, in order to reach the public, and also to influence the legislature. We would simply ask, what did the public do in the matter? That portion of the public who are believers in the "general" system of medicine, did not trouble itself one particle about legislation, except to sign petitions when asked to do so by members of the profession. It was only the Homœopathic public that was aroused, and we doubt not that some of the letters in question may have had an influence in that direction. As far as the legislature is concerned it was more particularly influenced through the profession, and the petitions that poured in than by any letters in the papers; so that whatever credit is due for securing the passage of the Medical Act and the discomfiture of its enemies, we owe it to the profession throughout the country generally, and so long as it does its duty to itself and the public, there will not be any necessity for agitation through the public press. We may also state for the benefit of our correspondent, that a marked copy of the *Lancet Extra* of the 15th of Feby. was sent to every member of the legislature, including the members of the government.

THE MEDICAL HISTORY OF THE AMERICAN WAR.—Our American friends are still manifesting their disappointment at the manner in which the Medical and Surgical history of the war has been distributed. It has been ascertained that 5,000 copies of the first part of the work were printed. Of these 1,000 were distributed to Senators; 2,000 to Representatives, and 1,868 copies were sent to be issued by the Surgeon General's office. The result has been that many contributors to the work

have been left without a copy; and naturally the authors of papers who helped to make the book what it is, by their valuable experiences upon the battle field and in the hospitals, feel no little chagrin that their labors have mainly gone to swell the casual advantages of Congressmen, some of whom indirectly placed the work on sale, instead of distributing it, as intended, amongst the profession. This disgraceful job has been thoroughly exposed by the American medical journals, and it is to be hoped their influence will not be without effect.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.—

PROFESSIONAL EXAMINATION.—Seventy-four candidates presented themselves for examination. The following are the names of the successful candidates:—PRIMARY.—Ball, J.; Betts, A. H.; Balmar, J. S.; Bray, A.; Burnham, G. H.; Byam, J. W.; Cameron, J. H.; Carscallan, A.; Cook, A. B.; Corman, J. W.; Covernton, T. S.; Cotton, J. H.; Daynard, A. B.; Dorland, J.; Dowsley, D. H.; Eakins, J. E.; Farewell, A.; Fenwick, K. N.; Gibson, A. M.; Gunn, Jno.; Hobley, Thos.; Hopkins, E. L.; Irving, Wm.; Leitch, A.; Leitch, D. C.; Lindsay, N. J.; Luke, A.; Lynd, A.; Minaker, Wm.; Moore, J. T.; Mitchell, J. C.; McAlpine, Jno.; McLarty, C.; McLean, S. C.; McPhedron, A.; Park, H.; Philp, Wm.; Powell, N. A.; Preston R. F.; Rae, J. W.; Read, T. W.; Robinson, R. H.; Saunderson, A.; Sinclair, A.; Sylvester, G. P.; Stark, M. D.; Thompson, J. N.; Trimble, R. J.; Trout, Mrs. J. K.; Tuttle, L.; Whiteman, Robt., Wilson, J. D.; Wishart, Jno.

FINAL.—Ball J.; Balmar, T. G.; Beemer, N. H.; Brent, H.; Brock, William; Cameron, J. H.; Campbell, A. J.; Farewell, A.; Fenwick, K. N.; Frazer, D. B.; Frazer, D.; Gibson, A. M.; Gray, J. W.; Gunn, Jno.; Harris, Wm. T.; Healy, L. D.; Irving, Wm.; Johnston, J. S.; Kennedy, J. B.; Lavell, C. H.; Lindsay, N. J.; Lowry, Wm., H.; Luke, Andrew; Moore, J. T.; McDiarmid, Jno. L.; McLean, P.; McLean, S. C.; Philp, Wm.; Read, Thos. W.; Robinson, R. H.; Schmidt, Geo.; Shaw, Geo.; Thompson, J. N.; Whiteman, R.

The following candidates for the primary examination passed without an oral examination:—Messrs. Bray, Burnham, Carscallan, Cook, Covernton, Cameron, Eakins, Wm. Kennedy, Lynd, A.

Leitch, D. C. Leitch, Lindsay, Mitchell, McLarty, McPhedrain, Minaker, Powell, Rae, Read, Sinclair, Sylvester, Stark, Tuttle, Wilson, and Wishart. For the final.—Beemer, Brock, Cameron, Campbell, Farewell, D. Fraser, D. B. Fraser, Fenwick-Gibson, Gunn, Healy, Irving, Luke, Lowry, Lavell, Moore, P. McLean, McDiarmid, Shaw, Smith, Thompson, and Whiteman.

It will be observed that a lady candidate (Mrs. J. K. Trout) presented herself before the Board for the primary subjects, and passed a very creditable examination.

MATRICULATION.—The results of the examination of candidates for admission to the College of Physicians and Surgeons are as follows:—Passed William E. Winskell, Marshall Macklim, V. Alfred Markle, Jas. C. Ditchworth, Alex. Davidson, David A. Stewart, Peter L. Graham, David A. Nelles, Harry Meek, C. J. Jamieson, David Jamieson.

VICTORIA MEDICAL COLLEGE.—The following are the results of the recent examination at this College: Graduates—Peter McLean, Alex. Douglas, D. F. McDonald, R. J. Brett, Wm. Caldwell, John Kirkpatrick, John Burkhart. Gold Medallist—Peter McLean. Silver Medallist—Alex. Douglas. Certificates of Honor were awarded to D. F. McDonald, R. J. Brett and Wm. Caldwell. First Special Prize in Surgery—D. F. McDonald, second do., R. J. Brett. The primary was passed by A. B. Cook, William Minaker, John McAlpine, Thos. Hobbly, George Baptie, A. Kennedy, and J. S. Atkinson. Junior Anatomy prizeman, Mr. Strangway.

TRINITY COLLEGE MEDICAL SCHOOL.—The following gentlemen has passed their examinations in this Institution:—Final—D. B. Fraser, D. Fraser, W. H. Moorhouse, D. C. Leitch, J. N. Thompson, N. J. Lindsay, W. H. Lowry, W. Brock, W. Irving, J. L. McDiarmid, L. D. Healy, W. J. Gracey, R. B. Nevitt, W. T. Harris, T. W. Read.

Primary—A. Lynd, N. A. Powell, A. J. Sinclair, G. P. Sylvester, C. McLarty, A. Bray, J. C. Mitchell, A. Leitch, G. W. Rae, M. Stark, J. R. Clark, W. S. Washington, I. Wishart, G. H. Burnham, W. Kennedy, J. D. Wilson, and H. Edmunds.

Honor Men.—D. B. Fraser, University Gold

Medallist; D. Fraser, University Silver do; W. H. Lowry, Medical Faculty Gold Medallist; W. Brock, Medical Faculty Silver do.

D. C. Leitch, W. H. Moorhouse, W. Irving, J. L. McDiarmid, A. Lynd, C. McLarty, N. Powell, A. J. Sinclair, G. P. Sylvester, certificates of honor. W. Y. T. Stuart, 1st year's scholarship; A. Lynd, 2nd year's do.

A convocation for conferring degrees in medicine, was held in the University Building, Trinity College, Queen St. west, on the 14th ult., when the above named gentlemen who passed the final examination, were admitted to the degree of Bachelor of medicine, after which the successful candidates were presented with their medals and certificates of honor.

DRUGGIST vs. PHYSICIANS.—A gentleman in this city, whose wife was ill, took a receipt that he obtained from some of his friends to Mr. Hugh Miller, Druggist, King St., to be put up. Among other things the recipe contained *half an ounce of liq. arsenicalis* in an eight ounce mixture. The family physician, (Dr. Constantanides) who was out of town at the time returned, and soon after was called in. The husband asked his opinion about the medicine. The Dr. asked to see the prescription, and was shown it. He at once told him it was poison and cautioned him against using it, that it might kill the patient who was very weak, and said that Mr. Miller should not have given it without a proper label, or by the advice of a regular physician. The medicine was set aside, and Mr. Miller having heard that Dr. C. had condemned it, was very indignant and sent the Dr. a lawyers letter, alleging that the medicine was to be taken in teaspoonful doses and could do no harm, and asking him forthwith to send him a letter stating that he (Dr. C) was wrong in what he said, basing his very modest request on the ground that the statement was calculated to injure him in his business. The Dr. very properly took no notice of the communication, and we are informed that Mr. Miller states his intention of bringing an action for damages. We ask, can coolness and effrontery go farther than this? The Dr. was perfectly right in condemning in the strongest possible terms the use of the medicine under the circumstances, and also the Druggist who had the hardihood to put up such medicine without the

express direction of a medical man, even if the recipe had been written by a professional man, as long as it was not prescribed especially for the patient in question by the medical man in attendance, it would not relieve the druggist from responsibility. If the patient had taken the medicine and anything untoward had occurred, Mr. Miller would have been held to strict account for it.

A clause in the Act, relating to the sale of drugs, states in effect that all poisonous substances should be labelled with the word "poison" in large letters. This very wise precaution seems to have been entirely overlooked, so that we apprehend that Mr. Miller has himself been the transgressor in this instance.

BROUGHT TO JUSTICE.—On Monday the 13th April, at the instance of Drs. Cranston, Ward, Armstrong and Campbell, an impostor styling himself David A. Smith, M.D., and hailing from Glasgow, (but now residing at Bristol, Prov. Quebec) was brought before George Craig, Esq., of Arnprior, Prov. Ont., one of Her Majesty's Justices of the Peace, for practising as a Doctor of Medicine, without having authority so to do. He pleaded guilty, and, after pledging his word that he would desist from such conduct in future, was let off with the lowest fine provided by law.

SANITARY STATISTICS.

Dr. BROUSE moved in the House of Commons for a Select Committee to consider the propriety of asking for legislation with a view to establish a Bureau of Sanitary Statistics. The following is an abstract of his speech as reported in the *Globe* of April 23rd :

He pointed out that a deeper interest was manifested in this question now than formerly. In Montreal, a Sanitary Association had been established, the result of which had been very satisfactory. The sphere of these local Associations was, however, limited, and it was desired to establish a Central Board at Ottawa, where a store-house of this useful information might be found which would give a tone and an impulse to the local Associations. Both France and England had taken steps in this direction. He hoped the Committee would report in such a way as to induce the Government to give their attention to the subject. If a Sanitary Bureau were established, he designed that it should disseminate among the people information with regard to health ; should encourage

works on hygiene and scientific experiments ; should bring about the compilation of statistics, and any information relative to zymotic diseases and epidemics of every nature, and the best means to prevent their spread ; should consider the diseases common to artisans, resulting from confinement to shops and overwork ; the drainage of cities, and the analysis of the soil ; the hygiene of our homes, schools, hospitals, and public buildings ; crowding and employing children in manufactories, and other matters.

It being six o'clock the Speaker left the chair. After recess Dr. Brouse resumed his speech. He said that he believed that in this Bureau could be accumulated facts which would be of very much use in combatting that great evil of our land, intemperance. Measures of this sort had been made use of to encourage immigration to Minnesota, by showing that the climate of that State was hostile to consumption, and to Colorado by showing that its climate was a health-giving one for invalids. He believed that we had within our Dominion localities in which the climate was most healthful ; and this being the case, it would tend very much to encourage immigration to our shores if steps were taken to make the fact known. He considered the subject a most important one, and hoped the Government would give it their consideration.

Mr. MCKENZIE promised to give the subject his attention, and if possible to bring in a Bill next session.

Dr. Brouse deserves the thanks of the medical profession, and especially of the public, for bringing this matter so prominently under the notice of the Government. Measures for the promotion of the health and happiness of the public are second to no others ; sanitary laws are as necessary to the community as any other species of legislation. The establishment of a Bureau for the collection of Sanitary Statistics is the first step in the direction of sanitary reform. The subject of Hygiene generally, and State Medicine in particular, is attracting public attention both in England and America, more earnestly every year ; and the day is not far distant when it will be assigned a more prominent place in the legislation of all highly civilized countries.

OBSTETRICAL APPLIANCE.—We were shown a few days ago a new appliance for rectifying retroflexion of the uterus by Dr. Scott, of Woodstock. It consists of an oval ring, and wire stem covered with rubber. It is introduced into the vagina and

carried up behind the cervix in such a way as to support the body of the womb in its natural position, the stem is then bent to the proper shape and brought up the back and made fast to a bandage round the waist. It is exceedingly simple in its construction, and in the Dr's. hands has succeeded better than any other appliance he has ever used.

APPOINTMENT.—George Cook, of the village of Chesley, Esquire, M.D., to be an Associate Coroner within and for the county of Bruce.

DIED.

At his residence on the 26th March, H. B. WINANS, M.D., of Exeter, Ont.

On the 30th March, at his residence, JOHN MUNRO, M.D., of Fergus.

At the Union Hotel, Westport, suddenly, DR. MEAGHER, formerly of Kingston, Ont.

On the 21st of January, in Buenos Ayres, S. A., Frederick William, aged three months; and on February 21st, Carlos Guillermo, aged 17 months, sons of DR. WM. H. COVERNTON.

At 31 Gould Street, Toronto, on the 26th ult., Margaret Fisher, infant daughter of H. E. BUCHAN, M.D., aged four months,

On the 26th ult., Frederick William, infant son of J. FULTON, M.D., aged four weeks.

Book Notices.

PEN PHOTOGRAPHS, consisting of sketches of celebrated men and places, seen and visited by the author, also including short tales and miscellaneous writings, by Daniel Clark, M.D., member of the Ontario Medical Council, Princeton, Ont. Toronto: Flint, Morton & Co., pp. 322, 12mo., cloth, \$1.00.

The author has given us an exceedingly interesting and readable book. Many of the articles have already appeared in the periodicals and magazines of the day, especially "Stewarts Quarterly Magazine" and the "Canadian Magazine," and have elicited the favorable criticisms of the press. The sketches are spirited, elegant, and truthful—some of them most touching and impressive. Short sketches are given of such men as Caird, Guthrie, Spurgon, Punshon, Cumming, Carlyle and Dick, in which their personal appearances, peculiar characteristics and various styles of oratory and writing are vivid-

ly portrayed. The author's descriptive powers are of a superior order, and many passages are exceedingly beautiful. The work also contains a biographical notice of the late Dr. Syme, of Edinburgh, and also of Sir James Y. Simpson, M.D., which will be read with interest by professional readers, and from which we purpose giving some extracts in our next issue. We were particularly struck with the truthfulness of the authors remarks on Canadian poets, and his patriotic appeal to encourage native talent. People too often look afar off for beauties, that they might find nearer home, if they would but look for them. Some beautiful descriptions of places are also given, such as the Field of Waterloo, battle fields of Virginia, under a California tree, Balmoral, &c.

The authors contributions on the above subjects have attracted the attention of literary men, both at home and abroad, and have pointed him out as a writer of ability and power. We have been much delighted with a perusal of the work, and would commend it to our professional friends, as a recreation from the continual study and hard work of a professional life. It may be obtained from the author direct, or ordered through any of the Booksellers.

A HAND-BOOK of Hygiene and Sanitary science. By Geo. Wilson, M.A., M.D., Edin. Medical Officer of health, Warwick, Eng. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This is a work that is much required at the present time. The subject of sanitary science is engaging the attention of the public, both at home and abroad, and herein will be found a practical digest of those subjects pertaining to this important department. The following subjects are discussed: preventable diseases, food, air and its impurities, water and its impurities, warming and ventilation, sewerage and drainage, plans of hospitals and dwellings, disinfection, &c., &c.. It is the best work we know of as a text book for medical students, and a hand book for medical practitioners. Being tolerably free from technicalities, it may be recommended to those outside the profession who are interested in sanitary matters.

A PRACTICAL treatise on the diseases of children. By J. Forsyth Meigs, M.D., and Wm. Pepper, M.D. Fifth edition revised and enlarged. Philadelphia: Lindsay & Blakiston, Toronto: Hart & Rawlinson.