

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

T H E

DOMINION MEDICAL JOURNAL.

VOL. II.—No. 3.

TORONTO, ONT., NOVEMBER, 1869.

PRICE, \$2 PER ANNO.

Original Communications.

FRACTURE OF THE SPINE AND RIBS.

BY CHARLES DAVID DOIG, F.R.C.S., EDIN.,
DENBIGH, ONT.

In a previous contribution to this periodical (No. 1, Vol. II), I mentioned, in reference to Fracture of the Sternum, that the existence of a constant local pain, increased by pressure, and of functional incompetence, form reliable diagnostic symptoms of the true nature of the injury. This, however, is not the only instance in which these indications have value in relation to fracture. They are of moment in elucidating injuries of the spinal column and of the ribs at their vertebral extremities, as the accompanying memoir justifies, and are the more important because the patient's condition is occasionally so alarming that a satisfactory examination is altogether precluded, and granting that tactile investigation could be instituted, the depth of the bones and the protection afforded by the soft part, would interfere with the attainment of an accurate opinion on a different basis. The pain may have a peculiar rending, sinking character, easily developed by motion, and thus render probable that a rib has been displaced between the bodies of the adjoining vertebræ. Costal pain and difficult respiration are not, however, caused by fractured ribs alone, but may depend on a muscular rupture, as after sustained violent exertion. In either condition, proper support is indispensable; and, in the latter case, the use of antiphlogistic treatment, as of calomel and antimony, is not of necessity required, as might be, were the stitch dependent on inflammatory condition of the adjacent serous membrane.

A British gentleman, member of a learned profession, resident in Canada West, in the prime of life, sustained an injury of the vertebral

column and of the right side of the chest, 26th March, 1868.

This individual was chopping a large dry spruce, on which another large dry spruce, rotted off at the butt end, was lodged, somewhat high up, in such a way as to fall it east, rather than south, the natural direction of the lay and weight of the trees. At the first movement, the chopped tree inclined to the east as wished, but speedily, owing to the north end of the cut being rotten, heeled round on the stump by the weight of the lodged tree, and, as it neared the ground, inclosed the chopper in the crutch near to its apex. The man was thrown to the ground by the stroke, and lay in a small hollow under the lodged tree. The tree broke in two, at the crutch. The gentleman saw the tree right overhead, but could get no farther for the snow and brush, and expected nothing less than to be transfixed by one of the branches and smashed to a jelly. Fortunately, however, a maple stump close by modified the fall of the trees, and the man, in the horror of the moment, moving his head out of danger, was, by the inclination, merely grazed between the shoulders.

Several lumbermen removed the tree, and by edging a blanket beneath the sufferer, extricated him, and conveyed him to the shanty, where he remained two weeks.

On examination, the vertebral column is injured at the lower part of the right scapula, and again in the region of the last dorsal and of the upper lumbar vertebræ. There is fracture and dislocation of a rib in the neighbourhood of the fifth rib; in all probability it is the fifth rib which is injured. The jaggings of a rib is distinctly felt by the patient, between the scapula and the spine. The sixth and seventh ribs are fractured near their middle, below the right axilla. The seventh is wrenched from its attachment to the cartilage. The tenth is fractured near the spinal column. There is fracture of the spinous process

of one upper lumbar vertebra, apparently the second, whatever more, but not of the third.

Intelligence is perfectly sound. Speech and respiration are almost arrested. The respiration is gasping and panting. The voice is reduced to a whisper, and becomes at times inaudible. The circulation is feeble; the surface of the body cold. The coldness is partly due to laying on the snow until help arrived. There is the distance of a mile between the scene of the accident and the shanty whence aid came, and the news was conveyed by a young Canadian gentleman, who was making ssp troughs for sugar in the immediate vicinity of the accident.

The slightest motion causes excruciating pain of the spine, near the right scapula, and in the upper lumbar region, at the right side, below the axillary space behind the liver, and in the region of the gall bladder; loss of voice and stoppage of breath.

Applied eight yards of calico bandage, eighteen inches wide, outside the shirt, to support the back, ribs, and loins. A little overtightening of the bandage nearly caused the patient to expire, during its application, consequent on pressing in the sixth and seventh ribs.

March 27.—No sleep; deglutition is difficult and painful; passed urine; sips tea containing a raw egg.

28.—No sleep; can swallow easier.

29.—The incessant excruciating pain still prevents sleep; is easier; head has been twice raised to have a draught of tea and water.

30.—With difficulty could be raised to the sitting position. While in this position, he experienced a numb weight in the back of the head and along the spinal column, down to the loins. This sensation gradually disappeared in the course of a few days.

31.—With aid went out, and had movement of the bowels. The horridly nauseous taste which has existed from the outset of the illness is not so bad to-day. He has gradually improved his food from tea and raw eggs to the common shanty diet—pork, bread, tea, baked beans, fish, and potatoes.

April 1st.—There is less uneasiness of the bowels. There is much pain in the region of the liver, gall, bladder, and colon.

2.—Slept well; had a slight movement of the bowels.

3.—Can rise easier, but still requires aid. There is stiffness, weakness, and pain of the spine, in the scapular and lumbar regions, increased by pressure.

9.—Walked home one mile distant.

16.—Has been able to read since Sabbath last; can give a slight cough without carefully supporting the right side; with cautious and attentive adjustment, can lay on the right side. At the time of the accident, he was thrown on the right side, but subsequently lay on the back and on the left side. The pain at the lower angle of the right scapula is excessive, and causes sweating.

The subsequent history of this case is not difficult of conjecture. The patient daily advanced in strength, having gradually diminishing difficulty in changing from the recumbent to the erect posture. In about three months he abandoned the bandage. At the end of the year, there is spinal weakness in the lumbar region; and although the gentleman is fit enough for ordinary agricultural labour, he is weak in the back, and unequal to protracted or violent exertion of any kind. In lifting a heavy weight, he is unable to change from the stooping to the erect posture.

The preceding narrative displays a tremendous injury of the bony and ligamentous fabric of the spinal column, in addition to which the right side of the chest and abdomen were largely damaged. The patient was too ill to bear anything but indispensable handling. During the first twenty-four hours there were some appearances of tetanus, but these fortunately soon disappeared. The functions of speech, respiration, digestion, and of the circulation, were much interfered with, no doubt, consequent on the shock and irritation given to the pneumogastric and sympathetic nerves by the injured parts.

LITHOTOMY.

By R. W. HILLARY, L.M.B.,
AURORA, ONT.

David Kelly, aged 11 years, was brought to me on the 23rd January, 1869; his father stated that he had been complaining of a difficulty in micturition, for about three years. After en-

quiring into the history of the case, became satisfied of the presence of a calculus. In a week afterwards, attempted to sound, but not having any chloroform, I was unable to introduce the instrument, from the great amount of irritation, straining, &c. On a subsequent visit, in company with Dr. S. T. Ford, having placed the patient under chloroform, succeeded, after some difficulty, in passing the sound, (there being a severe stricture at the neck of the bladder,) the genital organs, and in fact the whole body being much smaller than usual for a boy of his age. I detected a large calculus, and from the constant straining, it seemed as if forced into a pouch, which completely obstructed any flow of urine, at times, and considerably impeded the introduction of the instrument. On the 15th July, 1869, and 1st March, 1869, I sounded again, and during the intervals, kept the patient on exclusively mild mucilaginous drinks, with small doses of "Hyos. Liq. Potass. et Camph.," morning and evening, which had an extremely happy effect in lessening the local irritability, soothing the general nervous irritation, and procuring sleep. At the last operation of sounding, I decided that the operation for removal should be performed about the 6th March, having in the interval braced the boy's constitution up, and improved his health considerably. Upon the 7th March, Dr. Lizars, assisted by my brother, D. M. Hillary, of Whitby, and self, operated by a semicircular and median incision, and removed a calculus weighing a little under an ounce. There was little or no hæmorrhage, the only vessel divided, transversa perineæ, being very small, and giving no trouble whatever. There was some difficulty in grasping the stone, in its proper axis, for passage through the wound, and also some difficulty in the introduction of the staff, from the undeveloped condition of the parts; but the operation otherwise, passed off most satisfactorily, consuming only about twenty minutes, from the time he was laid upon the table, until his removal to bed, after washing out the parts the wound was dressed from the bottom, with a solution of carbolic acid and oil, one to six, but as it produced a good deal of pain, was only allowed to remain in for twenty or thirty minutes, after which he had $\frac{1}{2}$ gr. sulph. morph.,

and repeated in six hours, with such good results that subsequent interference was not called for, on the 7th day after the operation, a little urine dribbled through the *via naturalis*, then ceased for two days, returning on the 10th and continuing more or less until it ceased to flow from the wound on the 14th day. The patient only had one dose *Ol Ricini* during treatment, and constantly complained that they would not give him half enough to eat. On my visit, on the 15th day after the operation, he opened the door for me, and nothing would persuade him to remain quiet, until on the 20th day, when the right testicle and scrotum became swollen and tender, then he consented to lie down again; but with an aperient and lotion this soon disappeared. There was not a single unfavorable symptom through the whole of the subsequent treatment. On section of the stone, it was found to be a series of uric and phosphatic deposits. I cannot close this report without stating the danger the boy passed through, in hopes that it may act as a warning to others not to be *too bold* in the use of chloroform *without the presence of an assistant*. In the second or third operation with the sound, I was alone; administered the chloroform, and when I thought sufficient effect produced, proceeded to introduce the sound. I was exceedingly intent on the object, and having left the paper cone over the patient's mouth, the first thing that struck me, was the stoppage of the deep breathing, and on the removal of the cone, the lips were blanched, profuse perspiration all over face, jaw fallen, and no respiration or pulse; fortunately, it was only a few days before that I had read some very able contributions on the use of chloroform, and death from same, so that I was fortunately up in the best mode of treating the case, and after a space, I suppose of five minutes, although it seemed to me an hour, I had the satisfaction of seeing returning animation. In four weeks from the operation, the boy was out driving, quite recovered, and to all appearance, the possessor of good health for a long time.

—Dr. Adams, in the *Boston Medical and Surgical Journal*, gives a case of congestion of the lungs and brain, and a case of hæmoptysis, relieved by the internal administration of chloroform.

Selections.

The International Medical Congress.

FLORENCE, ITALY, October 6, 1869.

Editors Medical and Surgical Reporter :

The International Medical Congress, which has been holding its sittings in this city during the last ten days, and which has been attended by a considerable number of foreign physicians, and by some 160 medical men from all parts of Italy, has laboured under the disadvantage of taking place almost contemporaneously with the International Congress at the Hague. In the discussion of the latter body, questions of public hygiene are justly made to occupy a prominent place; and it is precisely questions of this class which, likewise, give to the proceedings of the Medical Congress their chief general interest. It can, therefore, scarcely excite surprise if many of the eminent men of science of Northern Europe, engaged in such studies, have not found their way to Florence, from the simple fact that they could find their way more easily to the Hague, and could secure, by their presence there, results identical with what they might hope to accomplish here. It is almost superfluous to observe, that the general and permanent causes which render it more difficult for members of the medical profession than for those of any other class to abandon, even temporarily, their associations, have not been without their necessary effect in limiting the number of foreign physicians and surgeons who have repaired to Florence, and, in some cases, hastening the departure of those who came. Still, in spite of these special and general impediments, the Congress can boast the presence of Professor Bouillaud, Professors Lazarevitch, Bartsch, Besse, Buttern, Dujardin, Ebstein, Furnikel, Girard, Jaderholm, Mendel, Pascal, Tolbry, Zimmermann, Lombard, Herzen.

The Florentines had not been wanting in all the necessary preparations to receive; they displayed an assiduous courtesy in the entertainment of their guests; government placed at their disposal, for the daily public discussions, the oratory of the Ministry of Public Instruction; the manager of the great hospital of Santa Maria Nuova caused a suit of apartments, attached to that establishment, to be most elegantly fitted up for the sojourn of the members; the Minister of Public Instruction, Barjoria, formally inaugurated the Congress in an admirable speech; the Prime Minister, Count Menabrea, hospitably entertained the more distinguished at his table; the Florence medical body entertained them all, without exception, at a magnificent banquet at the Hôtel de la Paix, the best hotel in Florence; Commandatore Perazzi did, in person, the honors of the city, in particular of the Florentine pantheon, Santa Croce; and the manager and concessionaire, MM. Damiani and Cesaica, of the renowned mineral baths and springs of Monté Catini—the Vichy of Italy—placed special trains at their disposal to convey them to that spot, and, on their arrival there, did, along with the local authorities, everything that good dinners, and wines, and speeches, and cheering, and military parades, and music, and illuminations, and fireworks, could ac-

complish to give them a hearty welcome. The demonstrative and dramatic side of such proceedings in Italy seldom leaves anything to complain of, but in the present instance the real value of the demonstration lay in the reflection of genuine hospitality and kindness; and I have heard but one voice as to their reception from the foreign visitors to the Congress—a voice of grateful recognition for the social courtesies which enlivened and gilded their serious work.

That work may be summed up as follows:—After De Rengi, of Naples, had been appointed the regular President, and two honorary Presidents had been united with him in the persons of Bouillaud, of Paris, and Bufalini, of Florence, the regular work began by the discussion of the various questions which had been placed on the order of the day. In order to save time, it was found advisable to suppress the readings of entire memoirs, and to give merely the conclusions on which the debates then took place. Accordingly, at the second meeting, the Congress occupied itself with the conclusions of the memoir presented by Roth, of London, on the causes of mortality in children in manufacturing cities, and on the remedies for the same. Lombard, of Geneva, brought forward in this discussion a mass of statistics, proving the greater mortality of infants in warm than in cold climates; a mortality greatly heightened in the south of Europe by two causes—by the custom of carrying new-born infants to church for the purpose of baptism, and by the particular influence of the malaria. His discussion was followed by one originating in a paper of Crispino, on hydrophobia, which passed into a general discussion on poison, and on the benefits derived in the treatment of poison, as bites, from the use of ammonia and of vapor baths.

Much of the remarks of the next speaker, Professor Tommaselli, of Catania, on the cachexia cardiaca, was lost from the low voice of the speaker, so that one could only give a guess at its character from the few critical remarks which it called forth from Bouillaud.

At the opening of the next day's meeting, the 25th, the President communicated a letter from professor Parlatore, the director of the Museum of Natural Science and History, inviting the members next day to that establishment, for the purpose of there witnessing certain experiments, and being made acquainted with certain researches closely bearing on their common object. The invitation was unanimously accepted. Then commenced a discussion on the papers presented by Profs. Fantaleoni and Salvagnolo, on marsh miasma; the second of these medical men holding the theory that the miasma originates in the mixture of fresh with salt water, whilst the first maintains that its cause must not be sought in that mixture, but rather in the putrefaction of vegetable substances thereby generated. This is an inquiry, I need scarcely say, of vital importance in Italy; but I am compelled to say that its treatment by the International Medical Congress was singularly inconclusive, no other result, after all, being secured, than the appointment of a commission to inquire into the whole matter. The discussion nearly took a very polemical, and even political, character, for Prof. Cipriani, of Florence, wished to extend it to the question of

rice grounds, and to the expediency of the latest Italian legislation on that subject.

The remainder of the same day's sittings was filled up by a discussion between Professor Bacelli, of Rome, on the one hand, and Professors Herzen and Schiff, of Florence, on the other, on the part to be assigned to the spleen in the function of digestion. Professor Bacelli repeated a theory which he had already published last June in the *Imparziale*, under the title of "A New Function of the Spleen," where he maintained that the spleen, with its *vasa brevia*, is to the peptic cells of the stomach what the *vena portarum* is to the cholagogue cells of the liver. Dr. Herzen, whose critical observations, already published in the *Imparziale*, had not been taken into account by Prof. Z. Bacelli, rose and repeated them. His objections were, first, that Bacelli's ideas were not at all new, but might be found, in almost the same words, in several old writers; amongst others, in the sixth volume of Burdach's *Physiology* it was shown that the analogy with the *vena portarum* could not be maintained, because conclusive experiments had, a few years ago, been published by Professor Schiff, proving that the secretion of the bile continues if the blood of the renal artery be artificially led into the ramifications of the different veins of the liver. The analogy, therefore, would consist in the fact that the spleen is not more indispensable for the formation of pepsin than the blood of the *vena portarum* for the formation of bile. But, secondly, as Prof. Bacelli evidently admitted, the blood of the *vena portarum* is indispensable for the secretion of bile; the necessary exclusion of less analogy is that the blood coming from the spleen is indispensable for the secretion of pepsin;—a theory, said Dr. Herzen, entirely false, because many experiments have proved that in animals, well restored after the extirpation of the spleen, the secretion of pepsin not only continues, but the digestive power of the stomach is greater than in the normal animals; so that if the spleen has anything to do with the quantity of pepsin secreted by the stomach, it is to be considered not as contributing to the formation of the gastric fermentation, but, on the contrary, as hindering the production of a maximum quantity of the same.

On these two rival theories a very animated discussion arose, which was important, not only in itself, but from its bearings on the still more important inquiries subsequently made known relating to cancer, which the experiments of Prof. Schiff have stimulated to an extraordinary degree.

The morning of the 23rd was divided between the treatment of two topics—the succor to be given to the wounded in actual warfare, and the improvements to be introduced into hospitals. On the first point, some extraordinary bulletins were read from Marshal Vaillant and Dr. Champouillon, showing the utter inadequacy of the medical and surgical assistance during the French campaign in Italy in 1859.

The afternoon sitting was held in the Royal Museum of Natural History, where one of the Professors, Schiff, read a paper which will, probably, be considered as the most important contribution rendered to the International Medical Congress of 1869, and the science which it was intended to pro-

note. After a long and careful series of experiments, Professor Schiff has established, that whilst great danger attends the attempted reduction of cancer by the application of the gastric juice, no such dangers are involved in the application for the same purpose of the pancreatic juice, which is found only to affect the unhealthy tissues. Prof. Schiff illustrated this conclusion not only on proportions of bodies to which the two juices had been applied, but by a living patient, in whom all the more alarming symptoms of cancer had, under the application of the pancreatic juice, disappeared. The loud cheers of the Congress testified to the unanimity of approbation with which the members greeted these researches.

At the sitting of the 29th, the discussion on hospitals, commenced the previous day, was continued, and brought forth many interesting points of comparison between the arrangement and ventilation of the various European hospitals, much admiration being expressed, in particular, for those of Russia.

At the afternoon sitting of the same day, the services rendered to public health by Prof. Bacelli, in the establishment, now greatly diffused, of sea-side hospitals for the scrofulous poor, were generally acknowledged.

At the morning sitting of the 30th, the statistics transmitted by Professor Tassi, director of the Roman hospitals, on the special effect of railways on health, were regarded as very startling. They established that Europe presents an average annual number of 350,000 sick and 4,000 killed, without counting accidents, solely in consequence of railway influences. The statistics presented by Prof. Alcalco, on the relative mortality among the inmates of the different stories of houses in Palermo, were not less suggestive. In the period between last February and June, 1,192 individuals died in Palermo; 605 on the ground floors, 365 on the first floor, 119 on the second floor, and 104 on the third floor of the houses. Nothing can more luminously illustrate the relative health of the higher strata of air in continental, especially Italian, cities.

The sitting of the 1st of October, was remarkable for the statistics which it elicited on the vast preponderance of female over male births announced in Italy to the local authorities—a preponderance so large as to suggest the probability that in order to evade the conscription, many male children are registered as female.

The subsequent proceedings were of a purely formal character, relating to the arrangements for the next Congress—to be held in Vienna—and, as have already had occasion to mention, a most delightful pleasure trip to Monté Catini, on the 3rd instant, wound up the proceedings of the Congress by a generally appreciated and admirably arranged fête.—*Special Correspondence Medical and Surgical Reporter.*

Reminiscences of Royalty and Medicine.

Mr. Keate was the son of a man who had rendered himself conspicuous in the last century as one of the surgeons to St. George's Hospital. Robert was sent early to sea, and was assistant-surgeon of the vessel-of-war in which Prince William Henry, Duke of

Clarence, was placed as a midshipman. They had received the kindest attention from Keate, promised him that if ever he (the Duke of Clarence) was King of England, Robert Keate should be his "body surgeon." This promise was fulfilled, and Keate was the confidential medical adviser of William IV. when he succeeded to the throne. At the time that he was appointed to this office, Keate was justly proud of his connection with royalty.

When a student, I was present at an operation which he performed on Mr. S., an eminent solicitor, who had then chambers in Clement's Inn. Mr. Keate had to amputate a diseased testicle for Mr. S., who gave him a very handsome fee. Keate at that time said rather exultingly, "Between you and royalty, Mr. S., I am fully occupied." Keate at that time thought that his connection with royalty was the basis of his future fortune. I was a mere boy at that time, but Keate's assistant was a young surgeon who has risen to distinction since. During the operation a jet of blood spouted from one of the arteries involved in the operation. The spotless duck continuations of the young surgeon unfortunately received a portion of this jet. Mr. — stopped in the middle of the operation to wipe off the red fluid from his trousers. There was no chloroform or ether in those days, and the patient was keenly alive to the pain which he suffered. Mr. S. said to me afterward, "I meant to have given that young man twenty guineas as Keate's assistant, but as he regarded the purity of his trousers as more important than my sufferings, I will not give him a farthing." If Mr. — honors me with the perusal of this reminiscence, he cannot fail to recognize the accuracy of my statement. Twenty-five years afterward I again saw Mr. Keate. He was old, but not decrepit. His intellect was as shrewd as it had been so many years before, but his views with regard to his connection with royalty had lamentably changed. "Mr. Clarke," he said, "my connection with royalty has been my ruin. I have attended four sovereigns, and have been paid badly for my services. One of them, now deceased, owed me nine thousand guineas. The late King William IV, always paid me, but my journeys to Windsor, to attend upon him and the queen, as a rule, were a grievous loss to me. I have on many occasions, obeying a summons to the royal residence, left a room full of patients anxious for my advice. The consequence eventually was, that my practice declined with respect to the public, and now that I am more than eighty years old, I am a poor man. There is one exception, however, as regards my connection with royalty. That exception is the Duchess of Gloucester, who is my immediate neighbor. I visit her daily when she is in town, and the fees I receive in consequence from her form the staple of my income at present." I asked him if he would kindly furnish me with one or two anecdotes that I might make use of in the event of my surviving him. "Well," he said, "I have no objection to relate to you one or two characteristic anecdotes of the late king. I was summoned down to Windsor to see the queen. As it was 'urgent,' I immediately took post-horses, and in two hours was at the castle. I arrived so early that I was ushered into the breakfast room of the royal couple. The queen was suffering from a pain in the knee,

and she gave me a hint that the presence of the king might be dispensed with. Accordingly I said, addressing the king, 'Will your majesty be kind enough to leave the room?' Keate, said he 'I will be hanged if I go.' I looked at him for a moment; I then said quietly but firmly, 'Then, your majesty, I will be hanged if I stay.' When I got to the door of the apartment the king called me back. 'Keate,' said he, 'I believe you're right; I'll retire. You doctors can do any thing; but if a prime minister or a lord chancellor had presumed to order me out of the room, the next day I should have to address his successor.'" "Once," said Mr. Keate, "the queen had determined to consult a homœopathic practitioner. 'I hate humbug,' said his majesty, 'and I won't allow any homœopath to prescribe for my wife unless you are present.' 'It is impossible, your majesty,' I said, 'that I can meet Dr. D—; there is nothing in common between us.' 'Well, then, was the rejoinder, 'will you overhaul the prescription of the medicine which he offers for her, and see if she can safely take it?' I promised to do so, and on the prescription being handed to me, I said, 'Oh, your majesty, she may take it for seven years, and at the end of that time she will not have taken a grain of medicine. Dr. D—, the prescriber, who had been snuggled up the back stairs, retired in the same way, fancying, no doubt, that he had made a convert of the queen. But in this he was mistaken.'" As a matter of history, this fact should be recorded, as I believe it is the only occasion on which a homœopathic practitioner has had the privilege of prescribing for a queen or a king of England.

Some Recent Matters in Gynecology.

By C. D. PALMER, M.D.,

Professor of Obstetrics and Diseases of Women, Medical College of Ohio.

The subject of *intra-uterine injections* has met with very many animated discussions in this country and Europe. The verdict of the profession at the present time, is against their use. Still, the amount of benefit to be derived from their *proper* administration, in chronic endo-metritis with uterine catarrh, is so much greater than by any other possible means of local application, by unfolding a greater extent of diseased surface, that it is well to bear in mind the necessary precautions which should invariably be taken: 1st. Secure full dilatation of the uterine canal, permitting the escape of the injected fluid. To this end use sponge, laminaria, or, as has been suggested by Dr. Kammerer, of New York, the dilators of metal. 2nd. Let the uterine cavity be cleansed of all secretion, by injection with warm water, or wiping it out with cotton wrapped on a probe. 3rd. Let the temperature of the injected fluid be about that of the body. 4th. The quantity of fluid (caustic) should not exceed a half drachm; much less will frequently suffice; 5th. The fluid should be injected slowly and gently, drop by drop. The unfavorable symptoms, and the fatal results following intra-uterine injections, have generally been owing to a disregard of one or more of the above-named precautions.—*Cincinnati Medical Repertory.*

We would beg to remind our subscribers of a previous intimation—i. e., that if their subscription was not paid in advance, we should expect the sum of Three Dollars for the year, instead of Two. By paying up before next issue, we shall only expect the sum of Two Dollars; but, after that, Three Dollars shall be charged.

We hope that this notice will suffice to bring in the balance of our unpaid subscriptions. After the issue of the December number we shall require three dollars to be paid in all cases.

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, NOVEMBER, 1869.

THE ANATOMY ACT: PROPOSED AMENDMENT.

We understand that some persons in the interest of our country friends, propose seeking an amendment of the Anatomy Act, by which the bodies of persons dying throughout the country and country towns, without friends, may be made available for the purpose of advancing anatomical knowledge among those members of the profession, not resident near the medical schools or those centres where dissection is now legally practiced.

There is no doubt that many persons in the small towns and villages, as well as in the small townships, die every year, without friends, after being a tax on the public chest or benevolence for months or years, and there is no reason why the bodies of such should not be used, in a scientific way, to benefit the lives and health of those who supported and cared for them during life.

We believe that if facilities for dissection were furnished throughout the country, many medical men would avail themselves of them, and keep up that anatomical knowledge without which no man can hope to be an accomplished or safe operator. The country would, in a few years, be supplied with a class of men prepared for any surgical emergency, and persons in remote parts would not be compelled to travel long distances, at great expense and inconvenience, to obtain in the large cities that surgical skill and tact which can only be maintained by constant reference to and practice upon the dead subject.

We believe the move is in the right direction,

and we confidently look forward to the time, not very distant, that it cannot be said that "only in the large cities will surgeons be found to whom it will be safe to trust any of the capital operations."

We believe that many country surgeons have the talent, firmness, ingenuity, and judgment, to make first class operators, and only require the facilities for becoming better acquainted with the details of anatomy and the use of the knife (and the keeping up of that acquaintance), to enable them to compete successfully with their more favoured brethren of the cities.

We think, therefore, such a move would be not only a vast benefit to the profession itself, in remote parts of the country, but would confer an immense amount of good on the community at large.

We hope, however, that our friends, in whatever amendments they may seek, will not pursue any dog-in-the-manger policy, but so construct the act as to make the most liberal and widespread disposition of the benefits thus sought for.

We trust the profession in the country will not allow the movement to fail for want of support on the part of their parliamentary representatives, and we have reason to believe that every assistance will be given them by members of the profession in this city, in procuring so useful a modification of the present law.

INTEMPERANCE.

We have received the report of the Committee on Intemperance, as a disease; a paper read before the Medical Society of the State of Pennsylvania, in June, 1869.

This paper is the result of the labours of a committee appointed by the society to consider this subject, and they have examined it in a light to which medical or scientific men can have no objections.

Extreme temperance men condemn *in toto* the use of intoxicating liquors, and use the motto: Touch not, taste not, handle not. Forgetting the fact, that the production of intoxicating beverages or drugs is restricted to no country or clime, it is as widely spread as the existence of language. Nature, however, human experience, our own observation, and the moral law prescribe the limit—moderation; beyond which, suffering is the result. But in this pamphlet we have the subject considered in its every aspect: it is not sufficient to condemn the drunkard, it is also necessary to point out the first cause and the remedy. This committee recognizes the fact, that in numerous cases this habit becomes a disease, and as such requires the atten-

tion of the physician. Differing from other diseases, it is condemned by the law of the land, and made a punishable offence against common decency and public order. Under these circumstances, the subject possesses peculiar embarrassments, which are not shared by other forms of disease. Medical men are well acquainted with the various phases which alcoholic disease assumes in different individuals, and do not require to have them specially pointed out; sufficient it is to say, that so wide spread is this evil, that sooner or later the State will be called upon to devise means for its arrest. At present medical men should, by every means in their power, point out the great dangers of immoderate drinking, and refrain from the prescribing of alcoholic remedies to those persons in whom the use has become a disease.

In connection with this subject, we desire to draw the attention of the profession to an institution established at Media, Pennsylvania, fourteen miles from Philadelphia, which is intended for the treatment of those persons who desire to be reclaimed from the use of alcoholic liquors, opium, etc. It is a first class institution, under the control of a board of directors, with a leading physician in charge.

TORONTO EYE AND EAR DISPENSARY.

From the Report of the Institution, which has just been published, we learn that the dispensary was opened May 20th, 1867, and the number of patients admitted during the first two years was 224. The number of eye patients was 209; of ear patients 15; the number of males was 125; of females 99; the number of residents of Toronto was 175, and of different sections of Canada and the United States 49. The number of patients discharged cured was 110; improved 91; unimproved 3, and incurable 4. Five patients left, and in one case the result was unknown. The number attending the dispensary May 19, 1869, was 10. Of the eye patients, when admitted, 28 were quite blind; 16 nearly blind; 50 practically blind, and 107 had improved vision. Of the first class (quite blind, 28), 8 were discharged with good vision; 8 with vision improved, and 4 with sight impaired. Seven were incurable, and one left. Of the second class (nearly blind, 16), 12 were discharged with good, and 4 with unimproved sight. Of the third class (practically blind, 50), 33 were discharged with good, and 15 with improved vision, and 2 left. Of the 4th class (impaired vision, 107), 43 were discharged with good, and 58 with improved vision. Five left and in one case the result was unknown. Of the

201 eye patients, therefore, 96 were discharged with good sight (cured), and 77 with improved sight.

ABSTRACT OF DISEASES.

Diseases of the Eye.

Atresia Pupillæ.....	2
Cataract, idiopathic.....	2
" congenital (lamellar).....	2
" traumatic.....	2
Blepharitis chronic.....	1
" ciliaris.....	4
Choroiditis chronic.....	2
Conjunctivitis, simple.....	6
" catarrhal.....	5
" phlyctenular.....	13
" purulent.....	3
Distichiasis.....	3
Glaucoma.....	3
Hypermetropia.....	2
Iritis.....	4
Irido-choroditis.....	1
Keratitis, phlyctenular.....	51
" vascular.....	9
" diffusa.....	3
" punctata.....	4
" pannosa.....	3
" ulcerosa.....	1
Leucœma.....	6
Nebulæ.....	5
Ophthalmia sympathetic.....	6
Panophthalmitis.....	1
Retinitis pigmentosa.....	1
Retinal hæmorrhage.....	1
Strabismus convergens.....	1
Trachoma.....	33
" and vascular keratitis.....	7
Trichiasis.....	2
Tumour Tarsi.....	1
Ulcer of cornea.....	18
Wound of cornea.....	1
Unnamed.....	2

Total.....209

(Diseases of the Ear.)

Catarrh, chronic aural.....	6
tubal.....	1
Cerumen impacted.....	3
Otitis purulent.....	3
Ulcer mem, Tympani.....	1
Total.....	15

Diseases of Eye.....	209
" " Ear.....	15

Total.....224

ABSTRACT OF OPERATIONS FOR YEAR ENDING MAY 19TH, 1869.

Excision of eye.....	—
Iridectomy for atresia pupillæ.....	3
" lucoma.....	11
" juvenile lamellar cataract...	2
" glaucoma.....	3
" kerato-iritis.....	4
" ulcer of cornea.....	1

Total.....24

Keratomyxis.....	6
Opening abscess!.....	1
Paracentesis cornere.....	8
Peritomy.....	3
Tenotomy.....	1
<hr/>	
Total.....	42

We quite agree with the surgeons that "it is a fact greatly to be deprecated, that there is not an Ophthalmic Hospital in Canada, for to this fact must we mainly attribute the rapidly increasing numbers of our blind, of whom, it is believed there are 600 in Ontario, many of whom are paupers,—pensioners on the public bounty. We must not forget, too, that when a father in poor circumstances loses his sight, want and misery are almost certain upon his family also."

The Dispensary is supported by subscriptions from the citizens of Toronto, and is open to the poor of the city and country. It is managed by a Board of 12 Directors. The medical officers are: A. M. Rosebrugh, M. D. Surgeon; R. A. Reeve, B.A., M.D., Assistant Surgeon; Wm. H. Cumming, M.D., Consulting Physician.

DURING the last few months the newspapers have had a plethora of medical correspondents, and we must certainly say, that the articles which have appeared do not reflect much credit upon those members of the profession who took part in the discussion. Discussions of a medical character in the public press, very seldom does any good, and is very often productive of evil, it engenders in the minds of the ignorant very unsettled notions, as to the nature of medical science, and even the educated are perfectly unable to judge as to the real merits of the question under discussion. How absurd it is to suppose that persons who are perfectly ignorant of everything relating to medical science, and have nothing but their limited individual experience to guide them in any opinions they may come to, should be able to decide upon scientific questions. If the gentlemen who have been writing wish to get information, or to convert or be converted, in medical matters, the proper place is through the columns of the Medical Journals, and we shall be most happy to insert anything in medical matters which shall be worthy of publication.

THE Toronto School of Medicine commenced its 27th session, on the 6th of October, with very flattering prospects of success, under the new arrangements. The lectures by Drs. Beaumont and Barrett have proved very acceptable to the students; and the class, up to the present, is quite equal in num-

bers to the average of former years. This school is likely to suffer less by the operations of the Medical Bill than most other Canadian Schools, from the fact that for several years, nearly all its students have been either matriculates of the Toronto University or prepared to matriculate there. From the well known energy and ability of the men connected with this school, we predict for it a most successful future.

EDITORIAL NOTICES.

We enclose printed receipts to such of our subscribers as have paid; and will, after this, send a receipt, as it is more satisfactory.

WE call the attention of the profession to the advertisements in our columns of the Etna and Canada Life Insurance Companies. These are among the best we have in the Province.

WE have on hand a large number of steam atomizers, hand ball apparatus for atomization, and apparatus for local anæsthesia, nasal douches, and extra glasses for the steam apparatus, etc. Physicians who require any of these instruments will do well to order from us at once.

HENRY R. GRAY is prepared to supply surgeons and physicians with anything or everything in the shape of instruments and medicines which they may require, as cheap as can be obtained from any establishment in the Dominion.

C. G. WILSON, chemist and druggist, Notre Dame street, Montreal, has taken the old stand of Evans, Mercer & Co., and is prepared to supply physicians and surgeons with anything they may require. See advertisement.

CORRECTION.—In "OBSERVER's" article, on page 27, line 8, for "2,500," read 5,200; same page, last line, first column, for "argument," read arguments.

Correspondence.

THE MEDICAL ACT—WILL IT ELEVATE THE PROFESSION?

To the Editor of the Dominion Medical Journal.

DEAR SIR,—It is pretty clearly established, that the British Medical Council, as well as the voice of the profession in Great Britain, are decidedly in favour of one central examining body, and if they feel so strongly the need, where they have so many able educational institutions of high standing, and reputation, and a Medical Council with such pres-

tige to administer the law, how much more was such a need felt in this country, with its numerous educating and graduating institutions springing up every year, unrestrained by that conservatism which is the characteristic of age, and all actuated by the desire to exhibit the largest class of students and graduates.

I think we may congratulate the profession in Ontario, on the attainment of two objects so important as the establishment of a central Board, and the power to regulate all its own affairs, especially when we see a proposal in the old country, to appoint, by government, an independent, non-professional body, for the purpose of directing and controlling all professional matters.

The profession in Ontario has not only one examining and licensing board, but it has the absolute control of all matters pertaining to the education, examination, and licensing, of all candidates for admission into its ranks.

Every medical man, therefore, in the province has an interest, and a voice, in the admission of all new members, and if we do not use our power in such a way as to raise the general standing of the profession, and secure for it that respect and esteem to which it is equally entitled, with the professions of Law and Divinity, then surely we must prove recreant to ourselves, and to the trust reposed in us.

Remembering how many have graduated during the last fifteen years, we should not be surprised that censorious persons accuse the schools of sending out men unprepared, either by preliminary education, or professional training, to discharge safely, satisfactorily, or creditably, the onerous and important duties devolving upon them, either as professional men, or private citizens, nor shall we forget that the establishment and enforcement of such a curriculum, as that promulgated by the Ontario Medical Council, while it removes all possible ground for such censure and accusation, will likewise enable our future licentiates to compare favourably with those of any other country, and command that respect, in any position in life, to which, as members of a liberal profession, they are entitled.

Let us refer to the curriculum contained in the published "rules and regulations of the Council,"—a copy of which has been sent to every registered practitioner in Ontario—and say if a candidate who has passed a satisfactory examination in all the subjects there required for matriculation, has not given evidence of a respectable minimum of literary attainment, and the possession of a mind moderately well trained for the further acquisition of literary and scientific knowledge.

It is worthy of notice that hereafter, the period of medical study only counts after the candidate has matriculated, and extends over four full years, unless he is a graduate in arts, when three will suffice.

During that time he must attend lectures in a school or college, approved by the Council, for three sessions of six months each, and during the last, he must take not less than four subjects, he must spend 12 months in the office of a qualified practitioner, attend hospital 12 months and assist at six cases of midwifery. He will then have to be examined by eight members of the regular profession on "Descriptive and Surgical Anatomy, Medical Pathology and Medical Diagnosis, Theoretical and Practical Chemistry, Physiology and Sanitary Science, Toxicology, and Medical Jurisprudence, Operative Surgery and Surgical Pathology, Botany, and Operative Midwifery."

The above examination has to be undergone by all candidates, and I submit that a man who has satisfactorily fulfilled and passed the foregoing curriculum and examinations, furnishes pretty good evidence that he is not grossly ignorant of the first principles of a common English education, or notoriously deficient in his professional knowledge as many are said to be, who yet stand on a perfect equality, before the law and the public, with the most elevated, refined, and educated, in our ranks.

Yours, till another time,

OBSERVER.

Does Alcohol Warm the Body?

Editor Dominion Medical Journal.

DEAR SIR:—In the *Practitioner* for September is an interesting article on this subject, by Professor Ding, of Bonn, and his conclusions are:

"That the heat of the body is always lowered by alcohol, and that alcohol preserves life in febrile affections, where the temperature rises very high, by its antipyretic properties.

"That extreme depression of the vital powers in febrile cases, is most frequently dependent upon the temperature of the blood, and passes off when it falls.

"That the number and strength, of the contractions of the heart, always rise under the use of alcohol. Whenever, therefore, such an effect would be injurious, alcohol would be an improper remedy.

"That in all probability alcohol lowers the temperature, by the retarding influence which it exerts over the oxidizing process."

If it be true that alcohol stimulates the nervous system, and retards the oxidizing or combusive process in the body, we can more readily under-

stand the modus operandi of alcohol, in retaining waste of tissues, in the tubercular affections, and, as we often direct wine or brandy for tubercular patients in the winter, in order to keep up the heat of the body, do we not sometimes expose them to risk from the influence of cold, by trusting too much to the heating properties of alcohol, when insufficiently protected by clothing?

Yours truly,
 UZZIEL OGDEN, M.D.,
 Lecturer Toronto School of Medicine.

Editor Dominion Medical Journal.

MR. EDITOR,—Will you permit me to congratulate Dr. Yates on his improved *idea* of a gentleman? In the last number of your interesting journal he says: “*My idea* of a gentleman is, that he may attack any system or doctrine which he believes to be false or dangerous, but must avoid personal or individual abuse. In both points Dr. Field thinks differently.” I am happy to be able to assure Dr. Yates that on both counts he is entirely mistaken; with his *present idea* of a gentleman I am in perfect accord. But if he still thinks that the proper way to attack a system is to apply to its *adherents* such appellatives as “knaves, fools, bastards, and rascals,” there is a wide margin left for improvement in his *mode* of attack. Ordinary minds will never be able to see wherein such an attack differs from “personal or individual abuse.” Hoping for still further improvement in the Doctor’s ethics,

I am yours, &c., G. C. FIELD.
 Woodstock, Nov. 3, 1869.

Answer to Correspondents.

SIR,—I make bold to ask, through the medium of the DOMINION MEDICAL JOURNAL, if catarrh of the head is curable? Also, what will relieve the irritation or nervous headache caused by it?

I have consulted M. D.’s on the subject, who told me “that catarrh is not curable!”—hence my reason for information.

A STUDENT, AND READER OF D. M. J.

Catarrh of the head is curable, but may require both general and local treatment. If Student will send his address, we will forward him Thudichum’s pamphlet on a new mode of treating diseases of the cavity of the nose. If you require treatment, apply to any respectable registered physician.

—In 1863, Dr. Ebin Swift, a Surgeon in the United States Army, was travelling with his family on the Hannibal and St. Joseph Railroad, when the whole of his baggage, instruments, &c., was lost, has obtained a judgment in the United States Circuit Court of St. Louis for \$6,537.50.—*Medical and Surgical Reporter*.

Reviews and Notices of Books.

A COURSE OF PRACTICAL CHEMISTRY, arranged for the use of Medical Students. By Wm. Odling, M. B., F. R. S.; with illustrations, from the fourth revised London edition. Philadelphia: H. C. Lea; Copp, Clark & Co., Toronto.

This work, it seems, is specially intended for the medical student, but from our perusal of its contents, we certainly think it would be as useful for the physician in active practice. It is a complete and ready reminder of those practical truths of chemistry which the hurried practitioner requires to have at hand at all times. The contents are:

- Chapter I.—Introductory; Chemical Reactions; Chemical Manipulation.
 “ II.—Analytical Chemistry.
 “ III.—Toxicological Chemistry.
 “ IV.—Animal Chemistry.

THE PATHOLOGY AND TREATMENT OF STRICTURE OF THE URETHRA AND URINARY ORGANS. By Sir HENRY THOMPSON, F.R.C.S., Surgeon Extraordinary to H. M. the King of the Belgians; Professor of Clinical Surgery, and Surgeon to University College Hospital. From the third and revised London edition, with Illustrations. Philadelphia: H. C. Lea. Toronto: Copp, Clarke & Co.

That the profession appreciate this work is shown by the fact that it has passed through three editions; and although a large number of surgeons dissent from some of the views expressed therein, still it has a high place in the estimation of the profession, from the well-known abilities of this eminent surgeon. The contents are:—The Anatomy and Physiology of the Male Urethra; Classification and Pathology of Strictures of the Urethra; Symptoms and Pathological Effects of Organic Stricture; Causes of Organic and Permanent Stricture; of Spasm and Inflammation as causes of Urethral Obstruction; the Diagnosis and Treatment of Stricture of the Urethra; Dilatation; the Employment of Chemical Agents in the Treatment of Stricture; the Treatment of Stricture by Internal Incisions; the Retention of Urine depending on Stricture; Urinary Abscess and Fistula; Stricture of the Female Urethra.

Periscope.

The profession of medicine in the United States is suffering most acutely from a perfect deluge of licensing medical bodies, which are manufacturing to the utmost of their bent fullblown medical men.

The American Medical Association intends to take this matter into its serious consideration.

It is, doubtless, difficult to steer clear between the Scylla of infringing the liberty of the subject,

of licensing bodies, on the one hand, and the Charybdis of a profession swamped by men possessed of extreme minimum of medical knowledge, on the other.

The remedy is easy, and it is one that before long must be applied to our English licensing institutions.

The American Medical Council, supposing such a council to exist, must re-examine all candidates possessed of the degrees of the various licensing bodies, and then ratify or annul the diplomas of the candidates.

The English Medical College must, to protect the profession from the "competition downward" of our various licensing bodies, also institute a Central Board of Examiners, to inquire into the diplomas and the actual knowledge, general and medical of the individuals presenting themselves for registration.

In America the competition between licensing is on a gigantic scale. When two or three doctors happen to be gathered together, it is perfectly competent for them not merely to found a teaching institution, but it is permitted to grant them licenses for practice, as the various State local governments permit the freest exercise of any and every medical doctrine, whether eclectic, hydropathic, or homœopathic.

The United States' medical profession stands a chance of having, as many licensing medical and surgical bodies as we have hospitals and dispensaries. The multiplication of teaching bodies cannot be considered an evil, for every general practitioner ought to be competent to educate his successor, but the indiscriminate multiplication of diploma-giving bodies is quite another question. *The innumerable teachers spread knowledge broadcast, but there should be one central portal of very high standard established, not permitted to teach at all, but simply formed to examine any and all candidates of a proper age who might present themselves before it.*

In England we have fewer licensing bodies, and, therefore, the competition downward, although severe, is not nearly so ruinous to the scientific status of the profession as in the newer country.

In England we have long sought the one portal system as regards the granting of professional diplomas, and although, as regards medical practice, the United States' doctors may be considered to be more advanced than the jog-trot practitioners of Britain, yet, in the matter of reforming the tendency to a lowering of the diploma examinations, the shrewd business talent of the English profession will not be found wanting.—London Medical Mirror.—N. Y. Medical Journal.

[The above article is of sufficient interest to attract the attention of every one interested in our endeavours to obtain a good standard of medical education. The italics are ours.]—Ed.

DR. BURELL, Surgeon in the New York Northern Dispensary, gives (in the *Medical Record*, of the 1st November,) an interesting case of cancerous tumour, which under the use of carbolic acid internally and externally, combined with the adminis-

tration of quinine has produced the following results:

With the present statistics of the fatal nature of cancer, all that can with any propriety be claimed in the present instance is, that an ulcerated scirrhus cancer, which had for months been treated with an external application of a watery solution of carbolic acid and glycerine without arresting its progress, began to diminish in size, and soon cicatrized, when the internal use of carbolic acid and sulphate of quinine was added to the treatment. It will be observed that carbolic acid, glycerine, sulphuric acid, and sulphate of quinine are all antizymotics, while sulphuric acid and sulphate of quinine are also tonics. It is also worthy of notice that the first apparent sign of improvement, the softening, was on the internal portion of the tumour. I have examined a number of journals, but have not found nor do I know of any similar case in which this treatment has been previously used. The result may be only a coincidence, although such coincidences in the disease are extremely rare; but the treatment would certainly seem to justify a further trial, since the worth of it can only be tested by experiment. It might also be valuable in other forms of cancer, or of cancer in other situations.

In conclusion, it is worthy of notice that the superficial and deep forms of scirrhus existed simultaneously in the breast, that the ulcer cicatrized firmly, without any sloughing out of the tumor, while it may also be hoped that the general system is not threatened with a reappearance of the disease in some other region, since the axillary induration has disappeared.

Bellevue Hospital Medical College.

This college began its "Regular Term" on the 13th of October, but the "Preliminary Term" was in reality an extension of this by four weeks, the full corps of Professors giving lectures and clinics in accordance with the winter programme. An out-door surgical clinic, by Profs. Mott and Hamilton, and a clinic for Nervous Diseases (3½ P. M., Saturdays), by Prof. Hammond, are valuable features introduced this season.

The introductory address was delivered by Prof. Van Buren. As we were unable to be present, we clip an abstract of it from *The World*.:—

"In his address, Dr. Van Buren told the students that they had chosen as their Alma Mater an institution which, owing to its uniting the practical with the didactic, lectures with 'bed-side' teaching had a history unprecedented in the annals of American medical institutions. He welcomed the ladies, and expressed the hope that the time might come when they should be regular attendants at medical lectures. He advised the students to study hard at the commencement of their course, as here was the most difficulty. If their main object in life was to make money, it would be better to select some other avocation, for, although the practice of a well-established doctor was lucrative, still long years were generally required to achieve such a practice. The necessity of gaining a livelihood, and the demand for physicians, frequently urge a young man to commence practice before he is fully prepared,

and yet our American system of instruction has been so adjusted as to materially do away with these difficulties; it is its design to send from college many-sided students, who have seen all that can be exhibited in the lecture-room the hospital, and the operating theatre, and learned all that can be learned from the appliances of medical colleges. He spoke also of the necessity of understanding the Greek and Latin languages; science needed a tongue comprehensible by the scholars of all nations, and this was to be found only in the dead languages, without which the confusion of Babel would impede the progress of learning. A Russian or a Hindoo anatomist calls the great flexor muscle of the forearm the *biceps flexor cubiti*, just as we do, and the advantage of this was perfectly evident. The acquisition of no modern language could supply to the doctor the want of a knowledge of Latin. He said further, that 'specialties' in medicine must be preceded by a broad general knowledge of the subject, and must not be taken up merely according to whim, caprice, or preconceived preference. He would advise a student to study everything in the form of a disease that came in his way, and fill up the intervals with physiological and pathological anatomy. If the student insisted on being a specialist, time and circumstances would guide him most propitiously while pursuing this course. Dr. Van Buren spoke of the periodical outcry of ignorant persons against vaccination, 'one of the best gifts of medical science to humanity.' Such absurdities, however, soon die out for want of sound vitality. Since the discovery of vaccination by Jenner it has saved more lives than all the battles of the world have sacrificed during the same period. Neither should doctors be scandalized by the wealth of and 'success' of quacks, who make merchandise of nostrums, nor by the 'approval with which public opinion seems to sanction the unfounded petensions of the ignorant and base.' The only true test of a physician's merit is the esteem in which he is held by members of his own profession."—*Medical Record*.

Hæmorrhoids.

Dr. Warren Stone, Jun., in the *New Orleans Journal of Medicine*, gives the following treatment for this troublesome affection:—

Hæmorrhoids were uniformly ligated, when an operation became necessary. It is looked upon as far superior to any other procedure. It was rarely found necessary to apply more than three ligatures—at the utmost four—even to the largest. Having taken pains to have the piles well protruded, the most prominent were seized with a pair of ordinary dressing forceps and well drawn down,—the ligature was then cast around as high as possible. It was only the little vascular tumor occupying the centre of the ring of swollen, engorged tissue which generally exists in cases of long standing that were included in the ligature. Everything else subsided as the ligatures performed their duty. There is scarcely any operation in surgery which affords more certain or palpable relief.

The pain at the time of operating is as a rule

bearable, and the subsequent suffering amounts to but little, especially if the ligatures are drawn very tight, which should always be done.

Proceedings of Societies.

Medical Society of the County of New York.

FEMORAL ANEURISM CURED BY FLEXION.

Dr. Gurdon Buck presented before the Society a patient cured of femoral aneurism in the groin, and read a report of the case, the main points of which are briefly, these:

Edward W——, 30 years, Irish, admitted to New York Hospital, June 24, 1867, had for five months previous suffered burning pain in the right groin, and about two weeks before admission had first noticed a pulsating tumor in that situation. Examination revealed an aneurismal tumor the size of half a hen's egg, over the femoral artery, just below Poupart's ligament. After some weeks of intermittent digital compression, an apparatus devised by Dr. C. M. Bell for compression of the iliac was applied, on 16th July, so as to arrest circulation through the sac. At the end of forty-eight hours the pressure was relaxed, and the next day it was removed completely, all pulsation in the tumor having ceased. The apparatus was not again required; and when some ulcers caused by its chafing had healed, the patient was, Sep. 12, 1867, discharged cured. The tumor was reduced to the size of a marble; there was no pulsation in the posterior tibial; and the limb was almost as useful as ever.

January 14, 1869, the patient was readmitted with a relapse of the aneurism, the first signs of which he had noted about eight weeks before. It presented nearly all its original features; but pulsation in the tumor was not affected by compression of the iliac, in which no pulse could be felt, while it was arrested by deep pressure upon the femoral immediately below, and also by extreme flexion of the thigh upon the trunk. The treatment by flexion was at once instituted, and within a week a marked improvement was manifest, which progressed until February 1st, when the flexion was discontinued. Feb. 4th, the patient was out of bed; on the 6th he was walking about; on the 17th he was again discharged, the tumor, then small and firm, having given evidence of progressive consolidation. Sept. 10th, the tumor, no longer visible, had shrunk to a flat hard mass, and all abnormal sound had disappeared.

Dr. Buck reviewed the history of treatment by flexion, from its introduction by Maunoir, of Geneva, in 1858. The present case was the first on record of its application to femoral aneurism. Its *modus operandi* was partly by direct compression of the aneurismal tumor, but chiefly by indirect compression of the artery on the cardiac side, through the medium of the tumor. Though restricted in its application to aneurisms occurring in the flexures of the joints, it was still a most valuable addition to our therapeutical resources; and, being free from the dangers attendant upon other methods it should wherever applicable, claim the first trial. In the course of his researches upon the subject, he had

found a case reported (of popliteal aneurism) in which flexion of the limb was maintained by a suspension-apparatus that allowed the patient to keep out of bed during the treatment.

Dr. Jacobi called attention to a recent paper upon the stoppage of hemorrhages by flexion of the limbs.

Dr. Salvatore Caro.—I regret, Mr. President, that I cannot present the documents that would establish the priority of the treatment by flexion in favor of my old professor, Dr. Giovanni Gorgone, of the Civic Hospital at Palermo. In 1846-8 this was his customary method of treatment in all aneurisms where it was applicable. In 1847 occurred a case which I well remember, as I was then House Surgeon in the Civic Hospital. A young man, a tailor, having a headache, had gone to a professional phlebotomist to be bled. Instead of opening a vein at the elbow, the operator opened the artery; and, not knowing what else to do, he strongly flexed the limb, and tightly bandaging it, sent the patient to the hospital. An aneurismal tumor was found about the size of a large walnut. The pulsation in it was entirely stopped by forcible flexion of the forearm. This treatment was adopted, and the patient was completely cured. On the 24th of January, 1848, after the capture of the palace of King Bomba, this hospital was destroyed by fire, together with all its records; and for this reason I am unable to give documentary evidence upon this matter. But, to my personal knowledge, the treatment by flexion goes as far back as 1847.—*Medical Record.*

Extracts.

The Relations of Physicians to Invalid Women.

By HORATIO R. STORER.

(Read before the Society, March 16, 1869.)

In the records of the first meeting of the Gynecological Society of Boston, there stands the following paragraph, embodying one of the chief principles in accordance with which the Society was founded:—

“That as in attending upon childbed, all impurity of thought and even the mental appreciations of a difference in sex is lost by the physicians, and an imputation of these would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practise medicine or surgery, in any of their departments, with as much benefit to their patients, or as successfully, as men.”

The preceding statement represents what is undoubtedly the belief of those physicians whose duty call them to daily attendance upon sick women, and who are most competent to judge. The Society will compare with it the following allegations made

by a lady occupying a prominent position in the community, and looked upon as to a certain extent a leader of public opinion,—Mrs. Caroline H. Dall.

“Let us look the question in the face for a few moments. The best physicians are the most sympathetic men. In women sympathy is active;—we all know what tricks it plays them in hysteria. There are a great number of common diseases which men and women can treat with equal success; but when we come to diseases special to a sex, or unusual in themselves, the case is different.

“In the face of death, prejudices disappear, and sex is forgotten; but in the healthy flow of daily life intrusion is readily felt to be impertinent.

“My own opinion is that the annihilation of female diseases can only be brought about by women themselves. After a great deal of experience, I am convinced that no woman who has led an impure life can be herself, that is, be in a normal condition, in the presence of a man; no matter how sacred his motive in seeking her, she cannot be completely undisturbed. Women who are familiar with her usual aspect see the immediate change when he approaches. This remark is not irrelevant. What is true psychologically is also true physically, and for the same reason. What ever the occult sexual laws may be that determine the matter, it is certain that the diseases popularly known as women's diseases create a morbid activity of the senses in the purest women. This is openly admitted fact in hysteria, and it is equally true of all uterine diseases. A woman's presence in a sick-chamber is the only presence possible without some complication of symptoms, some aggravation of the disorder. This complication and aggravation lie outside the patient's will; they may be an extreme mortification to her, but they will have to be considered nevertheless.

“The first reason, then, for educating women as physicians is the desirableness of offering them relief pure and simple,—relief free from unwonted excitement, or perplexing disturbance. Another is to be found in the fact, that a vast amount of female diseases is merely simulated. It is not the less disease because it is neither functional or organic, and it is only the outgrowth of pampered imagination, or false living; but men themselves a disturbing influence, rarely discover that it is simulated. They pity the patient. They cannot tell, as women can, that a mental stimulus, a moral purpose, or a moved nature, will do more than a medicine. But a still stronger reason may be found in the impossibility of any man's penetrating the mysteries of an organism which he does not share. Possessed of an immense plexus of nerves of which he knows nothing, women are sensitive to a thousand pains, and responsive to a thousand remedies of which he cannot dream.”*

Now it will be observed that Mrs. Dall distinctly makes these charges:—

1. That a physician's presence in the sick-chamber is impossible without creating a morbid activity of the sexual sense, that is to say, an unchaste thought, if not an unchaste longing, even in the purest women.

*New Eng. and Medical Gazette (Homeopathic), March, 1869, p. #

2. That a vast amount of female disease is merely simulated.

3. That physicians, themselves a disturbing influence, do not recognize this fact, are unable to detect malingering where it really exists, and are so incompetent to practise.

4. As they are, also, for the reason that "it is impossible for any man to penetrate the mysteries of an organism that he does not share."

It is unnecessary to do more than present these statements in all their grossness. We can only believe that their authoress was unaware what she penned. It would be wicked to believe that she spoke from any personal experience; but there can be no doubt that she has totally misrepresented the general experience of her sex. Physicians, to whom the treatment of the diseases of women would be simply disgusting, were it not for the belief that women really suffer physically far more in proportion to men than is generally supposed, can well afford to pass over this criticism upon themselves, however unintended it may have been, in silence; but an imputation upon the character of their patients has been made, which, unless challenged, would tend to prevent the disclosure of much real suffering, and bestowal of much real aid, and besides to lower the moral standard of professional and social intercourse with women.

If Mrs. Dill has not committed a fearful error of judgment, not only are physicians universally a curse to the community, but the daily meeting of clergymen with parishioner, of teacher with scholar, of friend with friend, unattended as these are by the disgust which is so constantly present in the case of the medical attendant, are productive of so direct and intense a degree of sexual excitement, "even in the purest women," that the very name of continence is a delusion, and of chastity a lie.

Were her statements true, no honorable man could longer continue to practise his profession. If they are true the sooner every one, both men and women, is made to confess the fact, the better for us all; and if female physicians base their claims to recognition and support on such vile slanders as these, never before in this community so distinctly stated, the sooner the better this also.

"Possessed, however, of an immense plexus of nerves of which man knows nothing, and sensitive to a thousand pains of which he cannot dream," the discovery retired to will probably remain in their own possession, and that of their over-enthusiastic advocates.—*Gynecological Journal*.

Ulceration of Intestine, Causing Sudden Death.

A young gentleman, a clerk, was taken ill on Tuesday morning, and kept his bed through the day. On the evening of Wednesday a cup of tea was sent to him. Very shortly afterwards, his sister went to his room and found him writhing on his bed in agony. He said he was choking, and asked for some brandy, but before she could leave the room to get it he suddenly expired in her arms. Mr. James K. Wood, the father of the deceased, said his son had not been ill in any way previous to Tuesday last, and up to that time had never been under medical treatment in his life. The family

were awakened early on Tuesday morning by the shrieks of the deceased, whom they found on the staircase walking in agony and complaining of intense pain in the stomach. For a time he completely lost his sight. Brandy was administered, deceased was put to bed, and medical aid summoned. On the following day he appeared to have perfectly recovered. Dr. Kibber, who had attended the deceased, said that from the external appearance of the body, there was not the slightest indication of disease, and he was perfectly at a loss to account for death. Subsequent witness made a *post-mortem* examination, and found an ulcer in the intestines. This, it appeared, had suddenly given way, and there was a great deal of fluid in the abdominal cavity, which would at once account for death. He had never before either met with or heard of a case of a similar character, and it was one which would prove of so much interest to the members of the medical profession that he was thankful the family of the deceased had resolved upon allowing a *post-mortem* examination to take place.

There are several interesting features in this case and it would have been well had it been put on record in more detail. The temporary loss of sight in connection with an abdominal lesion is a symptom which may claim attention. We believe it is not very infrequent.—*Medical News and Library*.

Sciatica—Recovery.

CLINICAL NOTES, BY G. W. FOSTER, M.D.

Chris. Byrne, Irish-seaman, aged 33, was admitted to ward 12, bed 214, on the 20th October. The patient's history as an invalid begins with an attack of syphilis in 1853, and includes a second attack with buboes resulting in suppuration in 1857, and a third attack of venereal sore with gonorrhoea in 1865. In 1867 he shipped from Baltimore for Liverpool with a scant crew and during stormy weather. He was attacked at sea with a pain in the calf of the right leg, which he describes as having been of a "shooting" character, like "thrusting needles in the flesh," and reaching from the calf of the leg to the knee. The pain afterwards extended to the thigh along the course of the sciatic nerve. There was tenderness of the surface on pressure.

On reaching Cork, he was sent to hospital, and remained five weeks under treatment. He does not know what treatment was resorted to, but thinks he took quinine. At the expiration of five weeks' detention in hospital he was discharged measurably relieved of pain, but it recurred three days after his departure from the hospital.

Three weeks later he was admitted to a hospital in Liverpool to be treated. He remained under treatment four weeks; took quinine and had blisters applied over thigh and hip. He then shipped upon a vessel for America, which was driven by stress of weather into Londonderry, where he again underwent one month's treatment, and was dismissed as cured.

On the 20th August, 1868, he entered the city hospital at New York, and underwent four weeks' treatment for the most part with hypodermic injections containing morphia, and, as he thinks, quinine combined.

He complained at date of admission of severe pain extending along the course of the sciatic nerve, with tenderness on pressure. He thought the pain rather increased by a recumbent posture, and sometimes lessened by gentle exercise. There was very decided loss of motor power in the left leg. The points of introduction of the remedies which had been used subcutaneously were denoted by a number of elevated hard lumps of infiltrated tissue, and also by the scars of small abscesses. The patient was ordered two teaspoonfuls thrice daily of guaiac mixture, ℥iv; iod. potash, ʒi. On the 23rd, ten grains of Dover's powder was given at night. On the 25th, the treatment was changed to a table-spoonful thrice daily, of hydrochlorate of ammonia, ℥iv; pulv. acacia ʒij; water, ℥iv. Mix.

This treatment was continued without cessation or change other than is mentioned in this paragraph, until the patient's discharge from hospital on the 26th of November, apparently entirely cured. On the 12th of November, he took ʒij of fluid extract of ergot. This was ordered for the purpose of testing under observation of the Class, the alleged good effects of this medicine in neuralgia. The result of this experiment is negative as to any advantage from its use. The patient took altogether three doses of Dover's powder; the one of ten grains mentioned above and two others of one scruple each subsequently. On November 16th, he received in the presence of the class a hypodermic injection, over the most superficial part of the sciatic, of morphia, o. sixth grain, and atropia, one-fortieth grain. In three minutes the pupils were sensibly dilated; in ten minutes the mouth and throat were dry, and the patient expressed great relief. A similar injection was used on the 19th with similar results.

The Class will find detailed here the treatment in full of a case of sciatic neuralgia. They may think the minuteness of detail unnecessary, but all clinical facts relative to a disease both so common and obstinate are valuable.

In a second case of sciatica treated during the lecture season, the muriate of ammonia treatment failed, and the case improved under iodide potash thrice daily with subcutaneous use of morphia and atropia two or three times weekly. We all know that there are coincident conditions of the system which must be taken into account in the successful treatment of all neuralgias, in whatever nerves situated, but it is not possible to make an abstract formulation of remedies to meet each case. It is, however, reasonable to infer that the muriate of ammonia treatment will be found more opposite in those cases in which some impediment to secretion or excretion leads to blood impurity, or in which the impuration arises from a poison directly introduced, as the syphilitic: cases in which the neuralgia is in truth the "prayer of the nerve for healthy blood."—*New Orleans Jour. Medicine.*

Fatal Case of Post-Partum Hæmorrhage.

Nov. 24th, 1868, Mrs. D., æt. 35, was delivered of her sixth child. The labor was easy, and nothing that was observed at the time prognosticated hæmorrhage except its rapid conclusion, a single pain carrying the head through the lower strait and

delivering the whole body of the child. The after-birth, above the average size, came away in ten minutes with slight traction of the cord, and was passed unexamined into a waiting vessel. No hæmorrhage followed, and the uterus, with a little delay, contracted firmly. A compress was laid on the womb and a roller above it, and a firm binder pinned tightly over them. I remained two hours in the house, and then left her comfortable and in high spirits. When I made my second visit, twelve hours later, I found that she had been flowing, but had then ceased. Prescribed lead and opium, and directed the nurse in regard to external applications, should hæmorrhage recur, and particularly directing that I should be called immediately should any trouble arise not readily under their control. A week passed by and I heard nothing from my patient, and my anxiety led me to visit her. Her pulse and countenance admonished me that she had lost more blood than was fit, but she directly affirmed that she had not flowed more than was proper, that she was convalescing finely, and knew of no reason why she should not be up in due time.

I left her with some misgiving, but as she was a lady of excellent sense, and had been confined five times before, I thought she ought to be a competent judge of suitable convalescence. Dec. 6th I was sent for in haste, and told that she was flowing, and had been for sixty hours at intervals. I found her pulseless at the wrist, with a deathly pallor of the countenance, lying on her back with head low and feet raised, and altogether in a state of almost complete ex-sanguination. The womb was soft and reached to the umbilicus. I was immediately satisfied that the excessive hæmorrhage was due to a portion of retained placenta, but to have attempted its removal by the hand was then out of the question. My only hope was to check the hæmorrhage and by stimulant and nutrition to rally her so that she could bear the introduction of the hand. I checked the hæmorrhage, and left her with a fair pulse, after prescribing the free use of stimulants and beef essence. The next day she was better, and each day until the 12th she was comfortable and improving. On the 12th I was summoned in haste and found her in a state of partial syncope, nauseated and rapidly sinking. From this she rallied, and I was then convinced that her only hope was in freeing the womb of its contents by the hand. The case was plain but the operation would be attended with the utmost peril, and I called an able physician to be present. He approved the plan, and, at the request of the family, operated, removing a small quantity of pieces of the membrane and some blood clot, made a favorable prognosis, and prescribed for the next twenty-four hours. The next day she was worse, and I removed from the vagina a gill of pieces of the placenta. I forced the womb to firm and solid contraction, so that it was scarcely perceptible in the pelvis.

Dec. 14.—She is failing rapidly. A slow hæmorrhage continues. Lead, opium, and gallic acid internally, with brandy, eggs and beef essence, ice externally, ice water injections per rectum and per vagina, is now the treatment. Summoned counsel again and staid all night.

Dec. 15.—She died this afternoon, after thirty

hours of constant application of the most powerful hæmostatic and restorative remedies.

Results of the *post mortem* examination.—A portion of placenta the size of a large hen's egg was found firmly amalgamated with the womb, and its removal would have been a severe operation under the most favorable circumstances.

I subsequently learned that she had passed a large chamber-vessel full of blood clots and pieces of placenta at two sittings within three days after delivery, and yet I was told that no blood passed in that time, and I know there was no retained blood.

Advice.—Examine carefully every placenta, and trust to your own convictions sooner than to the statements of others.—*Boston Med. & Surg. Jour.*

Chronic Dysentery—Death—Abscesses found in Liver.

John S., aged thirty-three years, a scaman, born in Ohio; was admitted to ward 18, bed 278 (afterwards 265) on the 23th Oct.

The patient stated that his health was always good until the recent war: during this period he was serving in a Confederate regiment stationed at Richmond, and while there he contracted syphilis. The primary sore was followed by cutaneous eruption, periosteal pain, and nodes. He was treated with calomel, iod. p'tas. and syrup sarsaparilla. In the summer of 1864 he suffered from diarrhœa, which reduced his strength so greatly, that he was transferred to hospital service. From that period to the date of his admission he was, for the greater part of the time, the subject of disordered bowels.

At the time of admission was a good deal emaciated, but able to walk from his bed to the stove and sit in a chair. His skin was generally dry, but as his case was generally complicated with intermittent fever, the paroxysms would terminate as usual in that disease, with sweats. His tongue was dry and red at tip, covered with a light-brown fur towards base. The alvine evacuations varied in number from five to fifteen or more in twenty-four hours, and were thin and watery with flakes of mucus, and occasionally pus and blood. The urine was scanty and passed with some difficulty, but was not abnormal in constitution. The patient complained of soreness over the abdomen and pain in the back and arms. His appetite was poor; having no desire for anything except articles of decided taste, either salt or sour; such as ham, lemonade, &c. His pulse was ninety-six; temperature normal; thoracic organs healthy; respirations twenty-four; liver and spleen normal in size; no symptoms present to indicate that either was diseased.

Ordered subnitrate bismuth, ʒij; pulv. opium, grs. ij; in six powders. One at every loose stool. Quinine in sol., grs. xv.; in two doses.

Oct. 29.—Continue bismuth and opium—drink of citric acid, ʒj; syrup. lemon, ʒj; infusion flax seed, one pint.

31st. Bismuth, ʒii; tannin, ʒij; opium, grs. iv. No powders; one thrice daily.

Nov. 2.—Nitrate silver grs. iv.; pulv. opium, ext. hyoscyamus, ʒā grains xii.; pulv. ipecac., grs. v.; twelve pills; one thrice daily; ten grains Dover's powders at night.

Nov. 3.—Ext. hæmatoxylin, ʒij; tinct. catechu, tinct. opium, ʒā ʒss; cinnamon water, ʒj; teaspoonful every two to four hours. Barley water for a drink.

I think it unnecessary to occupy space which might be more valuably appropriated, by copying any more of the prescriptions made for this patient. Those copied afford a good idea of the general plan of treatment pursued. To gratify his constant desire for acids, he was several times supplied with a drink made by adding a tablespoonful of the following mixture to a tumbler of water:—Aromatic tincture sulphuric acid, ʒij; syrup ginger, ʒj; water, Oj; mix. Occasionally, in lieu of this, the following was ordered as a drink:—Pulv. gum arabic, ʒj; syrup lemon, ʒj; water, Oj. Opium suppositories and enemata were resorted to; sulphate copper was used in combination with opium;—so was solution of permanganate of iron, everything which good nursing and careful preparation of his diet by the Sisters could accomplish, was done, but without any permanent good results.

The patient died on the 9th December. On examining the body in the anatomical room, Dr. Kelly found the liver the seat of a number of small abscesses. The following is his account of the appearances presented by the liver:—

These abscesses, to the number of a dozen or more, were found scattered through the organ and occupying both lobes; the greatest number and largest being situated on the convex surface, immediately beneath its peritoneal investment, which was unaltered in appearance. Each of these superficial deposits contained from about half an ounce to an ounce of pus. On making sections of the liver in various directions, several smaller abscesses were found, the largest of which did not contain more than a drachm. The pus, though, of course, somewhat changed in appearance by time, had, as well as could be determined, all the characters of healthy pus. No debris of liver tissue could be found in any of the abscesses; the hepatic substance in immediate contact with the purulent deposits was apparently healthy, and the organ, as a whole, presented nothing abnormal. The gall bladder was moderately distended with healthy looking bile.

This case teaches us how patient and undemonstrative the liver may be under even extensive ravages of disease, and how erroneous those pathological ideas must be, which ascribe so many human ills to mere disorders of the liver.—*New Orleans Jour. Medicine.*

Medical Items.

Specialties.

A distinguished correspondent of this month writes us as follows:—Old things are fast passing away, and he who would stand still and cling to antiquated ideas must needs be soon lost in this age of telegraphs and railroads. We are prompted to make these remarks by the rapid and long strides which the science of medicine is daily making. In the days of our grandfathers, when an individual put up his sign as a Doctor, he professed, and in truth advertised himself to pull teeth, doctor eyes, cut off

legs, &c.; things have somewhat changed since then. The extent of the field of learning occupied by medicine is so great, that it is impossible for one mind in the three score years and ten, to master all of the many difficult problems on the chess-board of life. Hence, the natural tendency to division of labor, from whence arise the specialties in medicine. Since then, this necessity exists, why should the great law-making power of the Doctors condemn this division of labor? It does so by putting its seal of outlawry upon all those who dare, by either sign or any other modest way tell the public what they are. We know that it requires years of intense study to make oneself proficient in any particular class of diseases, especially those of the eye and ear. Ought you then to expect one who has spent the best years of his life in such a course, "to hide his light under a bushel?" yet such is the effect of the code of ethics, for he cannot make himself known in the light of his speciality, for fear of being tabooed by the high dignitaries of the American Medical Association. A change is demanded, not only in justice to those whose inclination may have led them in some special channel, but also in justice to the great public whom it is the special duty of the medical profession to protect. By pursuing the present course, think of the untold injuries which may be, and are daily inflicted by these advertising pretenders who see only the almighty dollar in their every act. We are not only for permitting the man of science who professes a speciality, to announce himself as such, but to compel him to do it—or else the general practitioner will be destroyed. Let the specialist be unmasked, and sell for whatever he will bring in the market. He has preyed upon the vitals of the general practitioner long enough. Strip him of the garb of greatness, with which mystery has invested him, and force him to appear in his true character. Force him to come out and fight the great enemy under his little brigade colors alone. Don't let him wander all over the field and take a stray shot here and another there, wherever he can find a good place fitted up by an old-fashioned general practitioner. Let the surgeon announce himself as such, the aurist and oculist in like manner, but hold them to their bargain, and do not let them trespass upon the field of the general practitioner. By pursuing any other course, you put the latter class completely at the mercy of the specialist. To illustrate:—Let us suppose a case of serious injury occurring; the family physician is sent for—he calls to his aid a surgeon, who, as a matter of course, leads in the case, thus throwing the family physician completely in the back-ground. All the neighbors witness this ignoring of their great man, and that too, by his consent. What is the result? His sceptre departs from him, and it matters not what occurs in that region thereafter, a belly-ache or what not, the great surgeon is sent for. How often does it happen that good men are thus ridden over rough-shod by those who are their inferiors, through the influence of the glitter of an amputating knife. Now suppose you force this surgeon to announce himself as such, the people are educated by this fact, and expect, in all cases of injury, that his assistance will be demanded. He receives the credit to which he is entitled, and no one loses, for he is forced in by his speciality.

Therefore, we say, not only permit them, but compel them to come forth from the hiding place in which they are now cooped by Article— of the Code of Ethics.—*Nashville Jour. Med. & Surg.*

Toxic Action of Quinins.

Dr. Edward Garryman, of Faversham, writes to the *British Medical Journal*:

I was called last month to a lady, aged 40, in previous good health, who had been suddenly seized with œdema of the face and limbs, accompanied by an unusual erythematous rash. She had considerable uneasiness in the præcordia, and was in a state of great alarm. Certainly there was sufficient cause, for she was greatly disfigured, and her arms felt ready to burst. Her idea was, that she was poisoned by a white powder, which she had procured at a chemist's, in mistake for quinine, and of which about a grain had been taken in a glass of wine. I taxed her with having eaten fungi, shell-fish, decomposing cheese, and other unwonted articles of food, but she had pleaded guilty to none of these things. On bringing me the remains of the white powder, it proved to be pure sulphate of quinine. I repudiated the idea of this having done her any harm. After three or four days, the œdema and the rash subsided, but the skin of the face scaled off, and there was peeling of the hands and feet, as after scurvy. My patient remaining somewhat enfeebled, I, unreflectingly, ordered quinine mixture, by way of tonic. Two hours after taking the first dose—two grains—she sent for me, exclaiming, "Oh, you have poisoned me with quinine again." To my infinite chagrin and mortification, all the former symptoms recurred.

I doubt if I have omitted prescribing quinine any day for the last twenty years—in this locality it is largely needed—and this is the first instance in which I have recognized any ill effect, beyond headache, resulting from its administration.—*Medical and Surgical Reporter.*

Dr. FAVROT, celebrated as a ladies' doctor, has just died in Paris. The *Gaulois* asserts that so great was his reputation that ladies of high rank used to consult him masked. At Etretat, whither he was summoned for a consultation, he was beset by a little old man, the type of a *malade imaginaire*, who offered him a fabulous sum if he would live with him as his private physician. Dr. Favrot peremptorily refused the offer, but the little old man expressed such unfeigned despair at the prospect of being separated from him, that the doctor permitted him to follow him about in the capacity of a *courrier*. Thus, wherever Dr. Favrot went, he appealed to "Jacques" to know if he had telegraphed for rooms at hotels, whether dinner had been duly ordered, &c.; in reply to which the little old man invariably pleaded the state of his health in excuse for the omission of his self-imposed duties. "Ah, you remember, Jacques, our agreement; each time you speak of your health, one guinea! No use talking to me about your will. Dr. Declat lost the fortune the Duke de Gammont Caderousse left to him, bequests from the sick to their physicians being illegal in France." The little old man instantly

and invariably took out a guinea, in spite of which the doctor resorted to every possible stratagem to get rid of him. Once, while travelling, he met two of his colleagues; to them he related his misfortune, and induced them to assist him in his dilemma. Accordingly, Dr. Favrot summoned them to consultation on his patient. They were unanimous in pronouncing his health perfect, and congratulated him on there being no further necessity for the continuance of his erratic life in company with Dr. Favrot. The little old man handed his new advisers their fees, and bowed them out of his room. The doctor, having on the previous evening taken leave of his patient, stole on foot from the hotel at an unearthly hour, in order to start by the earliest train. On the steps of the railway terminus sat, awaiting his arrival, the little old man. "Ah, you thought to escape me; but here I am as ill as ever, and I have taken my ticket to accompany you.—*Every Saturday.*

Ovariectomy in a Girl twelve years old.

Dr. Jouon, of Nantes, has removed an ovarian tumor weighing twenty pounds from a girl only twelve years old who, had never menstruated. A long narrow pedicle was secured by a clamp, and the patient recovered. The case is reported in the *Gazette Hebdomadaire*. This is probably the youngest patient on whom ovariectomy has been performed as Mr. Spencer Wells' youngest patient was fourteen. Mr. Wells has had three successful cases in girls of seventeen.—*Medical News and Library.*

External use of Digitalis as a Diuretic.

Dr. Brown has succeeded in re-establishing the renal function in six cases of calculus of the kidney, when all other measures had been tried without effect, by the external use of digitalis in the form of poultices made either by throwing the fresh leaves into boiling water, or by incorporating the concentrated tincture with linseed meal. A rapid fall of the pulse follows the application. The cataplasms made with the leaves are especially to be recommended, and they should be renewed every six hours till the lowering of the pulse warns us to desist.—*Dublin Quart. Journal Med. Sci., Aug., 1869, from Rev. de Théor., Dec., 1868.—Medical News and Library.*

Fashionable Medical Literature.

In a review of a recent work of fiction the *New York Nation* says:

By the way, what the doctors are telling us about the changes which are occurring in the types of disease at the present day, and the increasing prevalence of nervous and brain diseases, seems to have been seized upon by the novelists as affording some fresh material. This is the third novel of the season—the other two were foreign; the one German, the other English—in which we have found the gradual approach of paralysis and the notation of its symptoms to be rather effectively used. The hectic cheek and the hacking cough which used to heighten a heroine's beauty and deepen a reader's sympathy, begin to give place in interest to a numbness in the cerebellar region, a stinging pain along the spine, and certain accompanying mental aberrations. The medical journals do the thing with

a more scientific accuracy, no doubt, but they can seldom lay claim to much dramatic interest, and are not apt to concern themselves about scenic effects.—*Medical and Surgical Reporter.*

Dr. Richardson at Birmingham.

The inaugural meeting of the Midland Medical Society, on the 21st instant, proved a brilliant success. Nearly 200 members of the profession accepted the invitation of Mr. S. A. Bindley, the President of the Society, and when Dr. B. W. Richardson entered the crowded *salon* of the Great Western Hotel, where the conversazione was given, he received an ovation, which must have convinced him of the high esteem and the wide popularity which his labours in the cause of science have won for him. Mr. Priestley Smith and Mr. Edward Parkes, two of the most distinguished students of Queen's College, had been appointed to assist the lecturer in the performance of experiments on animals and the manipulation of apparatus, with which the tables were covered. The address commenced at eight, and until its close, at half-past ten, the attention of the crowded audience was breathless, the applause frequent and impassioned. Taking for his text "Old and New Remedies," the distinguished physiologist discoursed successively on bloodletting and transfusing, on the history and effects of the therapeutic use of oxygen, and on the chemical and physiological properties of the hydrides, nitrites, and chlorides. He performed experiments with the ethers and chloral, exhibited a new method for performing artificial respiration, and concluded with a peroration which, for thought, earnestness, and power, impressed the audience as only a master-mind can impress a large body of competent judges. Dr. Richardson's address was in every respect a great achievement; he indicated the works of great men almost forgotten, demonstrated the intimate alliance of physiological and chemical inquiry, proved how powerfully scientific inquiry can augment the resources of the practitioner, and foretold the near approach of the day when Medicine, rightly studied, shall have established its claim as a true science.—*Lancet, Oct 30.*

Sir James Simpson.

On Tuesday, Oct. 25, Sir James Y. Simpson was presented by the Town Council of Edinburgh with the Freedom of the city, in the presence of a large assemblage. The Lord Provost and members of the Council were in their official robes. The honour was conferred upon Sir James to mark the Council's sense of the value of his numerous and varied contributions to medical science and literature, and particularly his discoveries in connection with chloroform, acupuncture, &c., discoveries which had served to maintain and extend the reputation of Edinburgh and its medical school. The Lord Provost, in presenting the Burgess ticket, passed a high eulogium upon Sir James, who in a speech of considerable length returned thanks for the honour conferred upon him.—*Lancet.*

—The late terrible outbreak of cholera in India, we are very glad to hear, shows every indication of a speedy subsidence. The latest accounts were very favourable.—*Lancet, Oct, 30.*

From a letter by Mr. Fletcher, in the *Lancet*, of October 30th, we take the following:—

Bearing, as the Memorial does, the signatures of 9471 members of the medical profession from all parts of the United Kingdom, it is a document without parallel in our professional history; and one which cannot fail to have great weight in promoting the desired amendment of the Medical Act.

Personally, I attach the utmost importance to the following clauses of the Memorial:—

"The undersigned are of opinion that the system of medical education should be revised, so as to ensure the possession of a thoroughly scientific and practical acquaintance with medicine and surgery on the part of persons applying for the legal qualification."

"To this end it is held to be necessary to substitute for the present system of examination, and for the many forms of licence to practice now granted, one high and uniform standard of examination, and one legal qualification."

The one-faculty system granted, all other desirable reforms must follow.

A Winter Resort.

Next month a handsome hotel, the "Royal Victoria," will be opened at Nassau, N. P., for the reception of invalids and tourists. For some cases the climate of the Bahamas is more eligible than that of Florida, and we are glad to learn that good accommodations are to be provided for visitors.—*Medical and Surgical Reporter.*

—The celebrated Nelaton, doctor and senator, was sent for recently to Mullhouse, to visit Mr. Dollfus, the Mayor of the city, who was somewhat indisposed. Nelaton arrived in the morning and went back in the afternoon. Cost to the indisposed Dollfus, 3,000 francs. What must have been the Emperor's bill, who, during his late illness, had both Nelaton and Fauvel—hardly less celebrated—thrice a day for more than a month.—*Medical and Surgical Reporter.*

Periodical Headaches.

PROF. AUSTIN FLINT, M.D., etc.,
NEW YORK.

As regards successful treatment, this affection, belongs among the opprobria of medical art. If patients be not unpleasantly affected by opiates, an attack may sometimes be warded off, or its severity lessened by a full dose of this drug or one of its alkaloids. The carbonate of ammonia and a saline purgative are sometimes effective at the commencement of an attack. Various palliative measures may be resorted to, such as inhalation of chloroform, evaporating lotions to the head (alcohol, spirits, vinegar, ether), &c. In some cases a towel or napkin wrung out in water as hot as can be borne, and wound around the head, is more efficient than cold applications. Warm stimulating pediluvia, strong coffee or tea, and the application of the galvanic or the electro-galvanic current are useful in some cases. During the intervals, the remedies

which are sometimes of service by way of prophylaxis are, nux vomica or strychnia in small doses, arsenic, small doses of quinia, belladonna, and the preparations of zinc, more especially the valerianate. They may be tried in succession. Hygienic measures are important, and the avoidance of everything, which experience shows in individual cases, to act as exciting causes.

THOS. HAWKES TANNER, M.D., F.L.S., etc.,
LONDON.

R. Quinæ sulphatis gr. xxiv.
Pulveris rhei..... gr. xxxij.
Glycerinæ..... q. s.

Divide into twelve pills, and order one to be taken at night.

Often of service in curing bilious headaches; the patients also taking daily exercise in the open air, and avoiding too much sleep.

R. Acidi nitro-muriatici diluti fʒij.
Strychniæ..... gr. $\frac{1}{2}$.
Spiritus chloroformi fʒvj.
Tincturæ zingiberis fʒij.
Aquæ..... q. s. ad. fʒij. M.

A table-spoonful in water three times a day, for nervous headache.

Holding the arms high above the head produces a marked effect upon the cerebral circulation, and will frequently relieve the severity of that peculiar morning headache, with which some persons constantly awake.

Compression of the temporal arteries with a couple of pads and a bandage may sometimes be of service.

Cold lotions, eau de cologne, etc., to the head, dry cupping, or blisters, or setons to the nape of the neck; the removal of decayed teeth or stumps from the mouth, and change of air, are all occasionally indicated.

R. Zinci valerianatis, gr. xij-xxiv.
Extracti belladonnæ..... gr. iij-vj.
Extracti gentianæ, gr. xxiv. M.

Divide into twelve pills. One to be taken three times a day.

Useful in hysterical headache, especially when there is habitual constipation.

R. Zinchi phosphatis ʒj-ij.
Acidi phosphorici diluti..... fʒjss.
Tincturæ cinchoniæ..... fʒvj.
Aquæ menth. pip., q. s. ad..... fʒij. M.

Table-spoonful in a half wine glass of water three times a day in hysterical headache, associated with debility.

HENRY G. WRIGHT, M.D., M.R.C.P., etc.

R. Tincturæ capsici..... fʒij.
Liquoris ammoniæ acetatis.
Tincturæ aurantii corticis.
Syrupi aurantii corticis, āā fʒvj.
Aquæ..... fʒss. M.

Dose—A table-spoonful. To relieve the headache that ensues after *inebriety*, etc.

R Linimenti chloroformi,
Linimenti belladonnæ..... āāf.ʒss.
Tincturæ opii..... fʒj. M.

For external application in rheumatic headaches.—*Philadelphia Medical and Surgical Reporter.*