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THE

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A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. III. FEBRUARY, 1871. No. 6.

Original Communications.

CONGENITAL RANULA.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S., ENG.

On the 7th of September I was requested to see the infant of Mrs. R., then three or four days old. On examination, I found a large semi-transparent tumor, situated under the tongue and projecting somewhat beyond the jaw. On passing my finger into the mouth, I found that the tumor passed backwards along the right side. It was about the size of a small almond, semi-transparent, very tense, and over the surface several large veins could be seen. The tumor was of such a size that the tongue was pushed upwards and backwards to such an extent, as not only to seriously impede the action of the tongue, but entirely prevented the child from sucking.

The mother stated it was there when the child was born. The family requested a certain medical gentleman to see it, and he being of the same opinion as regarded the nature of the tumor, I at once passed a bistoury into it, making a free opening. About a drachm of a clear though very tenacious fluid, resembling saliva, was discharged. There was no hæmorrhage. The tumor almost entirely subsided, so much so that the child

was enabled to take the breast easily. In the course of about two weeks the fluid had again accumulated, and the sac was as large as ever. I determined on passing a seton through it, as recommended by M. Marjolin, but that evening the sac burst of its own accord, since which time there has been no return of the trouble, and the mouth at the present time is quite free from any tumor The object in introducing a seton is to excite suppurative inflammation and thus close the sac.

I am induced to report this case, as I believe it to be a rare disease and may be of interest to some of your readers.

Toronto, January 11th, 1871.

STAPHYLOMA OF THE CORNEA.

BY CHARLES DAVID DOIG, L.R.C.S., EDIN.

The cornea is occasionally injured by ulcerative inflammation, and a tumor not unfrequently forms at the seat of mischief, causing much misery to the sufferer as well as materially damaging the personal appearance.

Mrs. M., about 30 years of age, native of Ireland, wife of a tavern-keeper in tolerably good circumstances, resident in Ontario and mother of several children, applied to me in February, 1870, having a bulging on her left cornea at the site of vision. The protuberance had a well-defined base, was larger than a large pea, obstructing the complete closure of the two eyelids and causing constant pain and lachrymation. Great pain was occasioned by exposure of the diseased eye to the light of the fire or a candle, the patient holding down her head and protecting her almost visionless eyeball with her hand. She could discern light but not readily, and for the purpose of vision the eye was obviously useless. Such was the state of matters at that time, and it had existed since 1867. The attack of inflammation from which the tumor took its rise, occurred about the middle of January, 1867.

With the aid of a cataract knife, scissors and forceps, the eyeball being steadied by a spring retractor, I completely removed the tumor, brought the eyelids together, and directed the patient to keep quiet for a few days. The operation was

performed on Monday morning, and in the course of the week cicatrization was completed. I saw the patient again in November, 1870. There is now quite an alteration in her personal appearance. She is able to hold her head erect, face the light of the sun, candle or fire as well as ever There is no lachrymation or pain. The vision is of course lost, and the eyeball is somewhat smaller than the other one, but the deformity is scarcely perceptible without close inspection

Denbigh, Ont., January, 1871.

PECULIAR CASE OF POST PARTUM HÆMORRHAGE.

BY J. M. PENWARDEN, M.D., FINGAL, ONT.

On the 15th of May last I was called to see Mrs. —, who was threatened with abortion, which after great difficulty I succeeded in stopping. On enquiry I found she attributed it to a fall, soon after which the symptoms appeared. About six months from that time I attended her during her confinement, found her health good, the labor natural and progressing so very favorably that I was not required to do more than support the perinæum at the proper time. After the birth of the child, pressure was made over the womb by an experienced nurse, and in a few minutes the placenta was expelled by several vigorous pains, with the loss of a moderate amount of blood only A tight bandage was immediately put on, and she expressed herself as feeling very comfortble. At the expiration of some time, thinking of leaving, I examined her pulse and found it 115 per minute. Fearing hæmorrhage, I prepared a large dose of ergot, and as I was about to administer it, she exclaimed, "I am flowing frightfully!" I gave the ergot. Countenance soon became blanched and pulse very rapid. In a few moments she began to yawn and then fainted, rallied, again fainted rallied and fainted again and again. Pulse disappeared and was imperceptible for nearly an hour. Pupil much dilated. During all this time the loss of blood was excessive, and apparently little less during attacks of syncope than in the intermediate times In addition to large doses of ergot and plumbi acetas, I elevated the pelvis, lowered the head, opened the windows, lessened the coverings, unpinned

the bandage, poured cold water from a height on the womb and also used pressure and friction over it, and pressure on the abdominal aorta All of no avail. I introduced my hand into the uterus without much trouble, found its walls rigid—hence no inertia—and the cavity partially filled with clots of blood, which with a waving motion of my hand I sent through the os. I could now feel a rivulet of blood, which on tracing to its source, I found proceeded from an opening at the upper part, through which I could barely introduce the points of my fingers. After careful dilatation combined with external support, I succeeded in introducing my hand into the second compartment, and was astonished to find it a comparatively narrow channel, extending apparently up to the epigastric region, and having its walls rigidly contracted This irregular contraction could be distinguished on the external surface only by very careful examination. Continuing my hand upward, I came to the fundus, expecting to find some foreign substance the probable cause of the irregular hour-glass contraction, but was disappointed. On manipulating externally and internally to overcome the morbid contraction, I felt something give way. I fancied for a moment that I had done mischief, but very soon felt the fundus forcing my hand downwards, and soon after it was expelled with large clots, and from that moment the flow was readily kept in check by cold applications to the vulva. The patient in the meantime was unconscious and threatened with convulsions, but the brandy given soon revived her somewhat, although for hours she was hovering between time and eternity. I gave her repeated small doses of pulvis opii, which seemed to have a capital effect in allaying irritability and preventing excessive reaction Convalescence was very rapid.

I have described this case at some length for the purpose of calling particular attention, first, to the advisability of always—in cases of post partum hæmorrhage—introducing the hand, and thus finding whether the cause is due to inertia, retention of after-birth, unequal contraction, deficiency of fibrinous element of blood, &c., &c., and, secondly, to the fact that some cases of unequal contraction and post partum hæmorrhage are caused by adhesions of womb to omentum or some other portion of abdominal contents, and till that is remedied by the breaking up of the adhesions, the uterus cannot normally contract and stop the

flow. I am thoroughly satisfied that in this instance the cause was due to adhesions, and that had I not succeeded in breaking them up so that the womb could normally contract and close the bleeding vessels, the patient would have died.

TRAUMATIC TETANUS.

BY G. D. LOUGHEED, M.D., BRIGHT, ONT

On the 13th of December I was called to see W. Mc., aged 8 years, who had received a slight wound on the knee from an axe, the corner of which had penetrated to the bone, dividing the superior internal articular artery. I succeeded in arresting the hæmorrhage at once, by means of a compress and bandage. Called next day and brought the edges of the wound together, sustaining them by means of strips of adhesive plaster.

Heard nothing more from my patient until the 20th, when I was called again by his father, who said his boy complained of a "soreness about the throat that morning. I found at once that peculiar expression of countenance, *risus sardonicus*, characteristic of tetanus. By this time, 9 a.m., the jaws could not without difficulty be separated, pulse 130, full and strong, with a profuse perspiration. There was nothing unusual about the wound, which was not more than half-an-inch in length. Cicatrization appeared to be going on nicely, attended by little or no inflammation in the adjacent structures. On learning that the bowels had not moved since the accident, now seven days, notwithstanding the frequent administration of patent pills, I administered an enema at once, prescribing at the same time a full dose of calomel and jalap, with tinct. cannabis indica and quinine. Six hours having elapsed, two drops of the ol tig. were given, but without any effect on the bowels whatever. Called again in the evening, found the spasms had extended to the muscles of the back and lower extremities, producing *opisthotonos* in a marked degree, the paroxysms occurring every few minutes. Ordered the constant application of ice to the whole length of the spine, together with the administration of twenty drops tr. opii, to be repeated in the course of a few hours, should the spasms continue. This gave almost instantaneous relief for

a few hours, when the spasms again set in, increasing in frequency and severity until 7 a.m., when death supervened from the complete exhaustion which followed the violence of the paroxysms, notwithstanding the support given by means of beef tea and wine.

CURIOUS MALFORMATION

On the 27th of November I was called upon to attend Mrs. McD. in her confinement, which was premature. The pains had been very severe, for upon my arrival I was told by the nurse that all was over, but that she had removed nothing. The fœtus seemed to have reached the fifth or sixth month of development, and was curiously deformed. On examination, the head at the base seemed of the ordinary size, but the vertex was deficient—there being no formation of bone above the level of the ears—and the cranial cavity was filled with fluid. The face was quite natural in appearance and the body perfectly formed as far as the pelvis, which was very small and rounded. There was only one lower extremity, the foot of which appeared to be twisted inwards There was no appearance of genital organs or anus, but a small protuberance occupied the situation of the latter. The mother had felt nothing unusual during the early part of gestation, but she stated that she had received a kick from a cow about two months ago, to which she attributed this strange perversion of nature, and she had suffered more or less since that time. The fœtus showed evidence of decomposition. She soon became convalescent after her confinement, and is now in the enjoyment of her usual good health.

MEDICUS.

DIPHTHERITIS.

BY W S. CHRISTOE, M.D, PLESHERTON.

An interesting case of diphtheritis recently occurred in my practice, in a person aged 40 It presented at first no unusual phenomena, other than its being a purely sporadic case, no other case having occurred in the vicinity for at least three years—

during my residence here—and from my previous experience with this disease, I was induced to doubt the diagnosis, for I generally saw scarlatina either in the same family or vicinity. Whatever opinion I previously held regarding a possible co-relation between scarlatina and diphtheria, this case modified it considerably.

I can easily understand, however, why a specific poison may be so modified by circumstances, as to produce phenomena diverse in character and effect, insomuch, that superficial examination fails to discover it. Those circumstances may be climate, constitutional differences, or epidemics. I recollect well the sentiments of the late venerated Dean of Victoria College on this subject. He said "It is not scarlet fever, there is no fever, no rash, the papillæ of tongue not enlarged, no desquamation of skin. But," he continued, "there is a mild fever, erythematous rash, papillæ somewhat enlarged, but no desquamation. Is it not, therefore, scarlet fever without rash and desquamation?

"Epidemics when present modify disease, such as cholera, causing laxity of bowels, and likewise influenza—materially changing and modifying the usual symptoms of disease. Why, then, may not diphtheria be a modified feature of scarlatina? Dr. Williams was struck with the resemblance between scarlet fever and diphtheria."

The venerable Dean after all his research, very wisely concluded that it was difficult to determine whether malignant sore throat was or was not a modified phase of diphtheria.

I must confess I was greatly puzzled in this case. I treated symptoms, and found it glided involuntarily to that usually adopted for diphtheria—such as anti-putrescent gargles, chlorate of potash, tonics and stimulants. The patient made a good recovery from the disease proper; he was soon enabled to travel from place to place, bound sheaves in the harvest field and performed sundry other light work—but yet seemed to advance no further, his pulse denoted weakness, averaging about 90. This state of things continued for three weeks, when he complained of inability to swallow and a sense of numbness at the tips of his fingers. The paralysis increased, so much so that deglutition became extremely difficult, his teeth, using his own language, felt as pegs of wood. The ciliary muscles of the eye were so paralyzed, that he could look at nothing two minutes continu-

ously without losing his sight. The paralysis gradually extended to both hands, being more marked on the palmar surface. The lower extremities were seized in a similar manner, locomotion became partially, and subsequently, wholly destroyed, compelling him to go to bed—for, strange to say, he could move the limbs in bed with comparative ease, yet had no control over them when out. During this period of about four weeks, I gave him tonics, iron, quinine, strychnine and electricity, but whilst the paralysis of the pharyngeal muscles, eyes and teeth was quite improved so that deglutition and reading were performed comfortably, the extremities became alarmingly worse, great tenderness and pain manifested themselves in the tracts of the ulnar and sciatic nerves and branches.

I began to fear I was administering tonics irrationally, and I withdrew them for a few days. I was now called to my patient and found him greatly prostrated, pulse 120, respiration correspondingly increased—with dry, parched skin, and thirst—and inability to move hand or foot, unless he were looking at them, he could not tell you how nor where they were lying. The fever at first seemed to be of a remittent type. If I was puzzled before, I was more than a little now, to know what to do. I soon resolved, however, to treat symptoms carefully. I therefore put him on diaphoretics, liq. ammonia acetat. being the chief ingredient. This treatment was continued until all trace of fever had subsided, a period of about four days. I became satisfied that it was more symptomatic and ephemeral than otherwise. I gave him quinine and brandy for another week, when I thought I was warranted in renewing the treatment unavoidably postponed. I did so in the form of the syrup of the phosphates or iron and quinine, giving half-grain doses of nux vomica extract twice a-day, combined with a cathartic to keep the bowels all right The first intimation of returning power was the ability to move his thumbs slightly, then to turn his hands over, and from step to step he has improved until now, the date of my writing, or five months from the first attack of diphtheria, he is enabled to walk and perform light labor—such as feeding his cattle and attending to business generally—and is so far improved that I deem any further treatment unnecessary. There is slight œdema of the right leg, with a sense of weakness at the instep, which is gradually subsiding.

This subtle poison presents a few points inexplicable. Why, it is asked, does it primarily attack the throat, yet insidiously, slowly but surely act upon parts so distant? Echo answers why? We are directed to traumatic tetanus for illustration, and told that the poison is transmitted to distant nervous centres, causing totanus in the one case and paralysis in the other, yet the mystery is not solved It is stated, too, that there is some serious lesion of the peripheral extremities of the nerves. This I am inclined to believe, for the following reason the patient in question could apparently stand a severe shock of an electric machine with impunity, when the balls were placed in the paralyzed hands, removing, however, to the wrist or arm, he was quite sensitive to the shock—and as the paralysis passed off, so he in like proportion became sensitive to it This indicates, I think, unmistakeably, nervous lesion, so much so, that the current of electricity failed to be transmitted Another point is, that the paralysis was worse on the side opposite to the part of the throat assailed.

In this case my ability was taxed to keep up my patient's courage; hoping against hope, I assured him he would eventually recover, and that the whole question was one of time, patience and obedience. Both him and myself are gratified to find my prognosis true.

Such cases being so rare in Canada, is my only apology for sending it, with a few comments, to the *Lancet*.

CORRESPONDENCE.

(To the Editor of the Canada Lancet)

SIR,—Irresponsible officials it is well known, are not as a class remarkable for being either courteous or obliging. Their official duties are either performed in an irregular slovenly manner, or wholly neglected. To this class Dr Strange the Registrar of the Medical Council, forms no exception That such a man should have been elected to so responsible an office was indeed *Strange*. *Stranger* still that he refusing or neglecting to perform the duties of his office, has been allowed to hold it so long to the great annoyance of the profession.

Strangest of all, if at the next meeting of the Medical Council he is not called to a strict account for his unofficial and discourteous way

of transacting the business of his office. In some cases, as in my own, neglecting to acknowledge a registered letter containing registration fees, sworn affidavit and diploma, (date being on the 6th day of May, 1870), and for keeping in his possession during the same length of time documents which the law compels the practitioner to lay before him, documents, which years of the best portion of a man's life are spent in obtaining.

I am sure that every member of the profession who reads this will join me in asserting that such conduct is unprofessional and ungentlemanly, and that the perpetrator is unworthy of public position or trust.

MEDICUS.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, FEBRUARY 1, 1871.

ETHICS OF CONSULTATIONS.

As some enquiries have been made regarding the proper mode of conducting consultations, we beg to submit the following clause from the code of ethics adopted by the Canada Medical Association, which covers nearly all the ground :

§ 3. "In consultations, the attending physician should be "the first to propose the necessary questions to the sick; after "which the consulting physician or physicians should have the "opportunity to make such further enquiries of the patient as "may be necessary to satisfy him or them of the true character "of the case. They should then retire to a private place for "deliberation, and the one first in attendance should communi- "cate the directions agreed upon to the patient or his friends, "as well as any opinions which it may be thought proper to "express. But no statement or discussion of it should take place

"before the patient or his friends, except in the presence of all "the faculty attending, and by their common consent; and no "opinions or prognostications should be delivered which are not "the result of previous deliberation and concurrence."

Medical practitioners in some parts of the country, and especially young men, have an intolerable dread of consultations, arising from the fact that too many medical men, when called in consultation, are apt to take advantage of the attending physician, who is always more or less in their power. In some cases the consulting physician endeavors to undermine the regular attendant, by trying to work himself into favor with the patient and the family, and create distrust in the minds of the friends regarding his competency to manage the case properly. A single word, an expression of the countenance, a shrug of the shoulders is sufficient to awaken suspicion or occasion distrust, and we cannot too strongly express our entire abhorrence of such reprehensible conduct. Some professional men when called in consultation, consider it as an acknowledgment of their superior skill and attainments, and therefore assume an air of dignity and importance bordering on fatuity. Such persons should never be called in consultation if it can be avoided, and the attending physician has a perfect right to refuse to meet with any medical man whom he knows to be guilty of any dishonorable practices.

An honest, straightforward man when called in consultation is always the friend of the attending physician, and instead of trying to take the case out of his hands, will make it a point to strengthen rather than weaken the confidence the patient and the friends may have in his colleague, and defend and uphold him as far as he can conscientiously, even when he may regard him as slightly in error If such a policy were more generally adopted, there would not be that aversion to consultations which prevails in some parts of the country

The consulting physician ought always to be very careful never to visit the patient in the absence of the regular attendant, unless in some pressing emergency, and any opinions he may wish to express regarding the case, should be put in writing and under seal, to be handed to the regular attendant on his arrival. It is always best to adhere to this rule, even where the most intimate relations or the utmost confidence exists between the

medical attendants, as any deviation establishes a dangerous precedent and may be the means of awakening suspicion or occasioning distrust

No rivalry or jealousy ought to be allowed to mar the good effects of a consultation, and the utmost punctuality should be shown in regard to the time appointed for holding such. All discussions should be held secret and strictly confidential, and each of the medical attendants should equally share the responsibility of the success or failure of any treatment prescribed. The consulting physician should never, under any circumstances, repeat his visit, unless such visit has been urged by the patient or his friends, and with the consent of the regular attendant.

FEMALE MEDICAL STUDENTS.

The female medical students in attendance at the Edinburgh University, seven in number, are now complaining that they are not permitted to attend the clinics in the wards of the Royal Infirmary. The objections raised against their attendance in the wards, by the professors and students, is the inconvenience of treating certain subjects before a mixed audience of male and female students, and the male students have petitioned the managers of the Infirmary to persevere in their policy of excluding the females from the clinics. At a special meeting of the Royal College of Surgeons, Edinburgh, to consider the question of the medical education of females, it was moved by Dr. Wood and seconded by Dr. Gairdner, "That, in the opinion of th College, "it is neither proper nor expedient that males and females "should be associated together in the study of medicine, either "in hospitals or in classes." The female students maintain through their leader, Miss Sophia Jex Blake, that having secured the privilege of attending lectures, matriculating and enrolling themselves as medical students, they have a right also to attend the clinics at the Infirmary They also contend that no objection can be raised with regard to women attending clinical teaching in the male wards, which does not apply with equal force to the instruction of male students in the female wards. The majority of the clinical lecturers are opposed to the admission of female students to the clinics, but it is believed th

difficulty will be finally overcome by the institution of separate clinics, at certain hours, for the special benefit of female students. This is certainly much to be preferred to mixed classes. The female students have met with a good deal of opposition from first to last, but, as is usual with their sex, they have come out conquerors.

As wives, mothers, sisters and dainty little housekeepers we have the utmost love and respect for them, but we do not think the profession of medicine, as a rule, a fit place for them. But if they choose to enter upon the study of the medical or any other profession which they may admire, we see no good reason why they should be denied any of the rights and privileges accorded to those of the sterner sex.

A writer in the *Medical Press and Circular*, of Dec. 28, says:—"It is very odd they don't try the pulpit or the bar, where their high aspirations might have free scope for gratification, and far more remunerative for their pockets, than this noble but ill requited profession of ours."

NOTICE TO SUBSCRIBERS.

In the present issue of the *Lancet* we have enclosed our accounts for subscriptions to Vol III, and we trust that our friends will not be remiss in remitting the small amount due. During the past six months we have borne the expense of publication out of our own pockets, and we trust that our patrons will come to our aid in the publication of the future numbers. A few have paid their subscriptions, and only a few, but we feel confident that most of our subscribers only require to be reminded of their indebtedness, and the amount will be paid forthwith. Enclose the amount in a letter, and we will send a receipt for the same by return mail.

NEW (?) MODE OF REDUCING DISLOCATION AT THE SHOULDER-JOINT.

Dr. Logan, of New Orleans, has written a paper, published among the transactions of the American Medical Association, 1870, on what he calls a new mode of reducing dislocation of the shoulder-joint.

The method described by him consists in laying the patient supine upon the floor, while the surgeon sits at the same level opposite the dislocated shoulder, or a little toward the feet, at such a distance that his feet will just reach the patient's body Taking the injured arm by the wrist, the surgeon places one heel just below the axilla, taking pains not to press the head of the humerus at all with his heel, while the rest of his foot, a little everted, rests against the ribs. The surgeon then places the ball of the great toe of the other foot against the acromion process above the shoulder, taking pains not to encroach too much with the foot upon the cavity of the joint. In this position he begins to make extension, at first a little downwards, and then outwards, about at right angles to the line of the patient's body. If there is difficulty in accomplishing the reduction, the arm is brought downwards towards the feet, and pried as a lever across the heel, so as to throw the head of the bone into the joint.

The general principle of reducing dislocation at the shoulder by the above plan is not new to the profession, although some points of detail may be somewhat different from the ordinary mode of procedure.

SKIN GRAFTING.

The transplantation of small portions of integument for the healing of indolent and chronic ulcers, has been recently tried on a more or less extensive scale at almost all the great hospitals both in Europe and America. The success has been variable, but the weight of testimony appears to confirm the undoubted value of the operation. Mr. Pollock, of London, who was the first to introduce this operation into England, has been very successful in his experiments at St. George's Hospital The operation was first devised by M. Riverdin, of Paris, in 1869. It consists in removing a small portion of healthy integument from another part of the body as from the chest or arms, and dividing it into small pieces about the size of a grain of rice or even less, and inserting them into the raw surface by means of the point of a sewing needle, small incisions or punctures having been made for their reception by the point of a sharp lancet or bistoury. They are then held *in situ* by small strips of adhesive plaster The surface on which they are implanted should be healthy Large ulcers have in this way been cured in a very short time, as every successful graft of integument is a centre around which new and healthy skin is formed. Cases are men-

tioned in which ulcers that have resisted every other treatment for years, have been completely cured in a few weeks by this mode of procedure. It has also been found highly useful in cases of burns in which the process of cicatrization has been tardy In order that the operation should be successful, the granulations should be healthy, no fat transplanted but only skin, which must be accurately applied to the granulating surface. The new skin is kept in position without interruption and lightly covered with a layer of lint, over which is a small conpress of cotton-wool and a bandage, for the purpose of keeping it warm until it grows on the part.

Professor Williard Parker has resigned the chair of Surgery in the College of Physicians and Surgeons of New York, and is succeeded by Professor Markoe who was formerly adjunct professor of the same branch. Prof. John T. Metcalfe has also retired from the chair of Clinical Medicine. It is also stated that Dr. F N Otis will lecture this winter for Prof. Bumstead the author on venereal diseases, whose health is not sufficiently good to warrant him in continuing his lectures this winter.

RULES AND REGULATIONS OF THE MEDICAL COUNCIL OF ONTARIO.

MATRICULATION EXAMINATION.

The examinations in preliminary education will be held in Toronto and Kingston, on the last Wednesday and Thursday, of September, and the first Wednesday and Thursday in April of every year.

Every student must pass a satisfactory examination in the following subjects, viz.—

English language, including Grammar and Composition Arithmetic, including Vulgar and Decimal Fractions. Algebra, including Simple Equations. Geometry, first two books of Euclid. Latin, Translation and Grammar, and in one of the following subjects, the student having the option of naming the one in which he will be examined —Greek, French, German. Natural Philosophy, including Mechanics, Hydrostatics and Pneumatics.

NOTE.—Students are recommended to select Natural Philosophy or one of the Modern Languages.

The following are the text-books in the various branches enumerated below. Where more than one is named the student may elect which he will be examined in :—

Latin—Cæsar, Commentarii de Bello Gallico, first two books; Cicero, Manilian Law, Virgil, Æneid, first book. Greek—First chapter of St. John's Gospel, first book of Xenophon's Anabasis. French—First chapter of Telemaque, Charles XII. German—Adler's Reader, first part Natural Philosophy—Peck's Ganot; Sangster's first book.

Evidence of having passed a matriculation examination in any of the medical institutions of Canada, prior to July, 1869, will exempt from matriculating before the Examiners of the Council, on payment of two dollars, provided that the various teaching bodies in Ontario furnish the Registrar a list of those who have passed prior to the above date, on or before the 20th of May, 1870, and the students of such colleges as fail to comply with this requisition, will be required to pass the matriculation established by the Council.

Graduates and matriculants in Arts in any University in her Majesty's Dominions are not required to pass the examination, but must register their names with the Registrar of the Council, and pay the matriculation fee—ten dollars.

Graduates in Medicine of any College in the Dominion, excepting those of Ontario, are exempted from passing the Matriculation Examination of the Council upon paying ten dollars, provided they can show that they have have passed a Matriculation Examination in the College from which they have graduated equal to that established by the Ontario Medical Act, and completed thereafter four years of study, &c.

Every medical student shall be registered in the manner prescribed by the Council after matriculating, and such registration shall be the necessary preliminary to medical study.

MEDICAL CURRICULUM.

Every student, after matriculating as above, must spend a period of four years in actual professional study, except as hereinafter provided.

A student who is a graduate in Arts of any recognized College or University will be required to pass three years after graduating in attendance upon medical lectures, before being admitted to examination

Every student shall attend medical lectures for at least three sessions of six months each.

The final course must embrace at least four subjects of six months each.

Each six months course shall consist of not less than one hundred lectures.

Every student must attend lectures in a University, College or School of Medicine, approved of by the Council, as herein provided, viz:—

Two courses of *six months* each upon—Anatomy, Practical Anatomy, Physiology, Theoretical Chemistry, Materia Medica and Therapeutics, Principles and Practice of Surgery, Principles and Practice of Medicine and Midwifery and Diseases of Women and Children. *Two* courses of *three months* each upon—Clinical Medicine, and Clinical Surgery. *One* course of *three months* upon—Medical Jurisprudence, and Botany.

NOTE.—The certificate of attendance on any course is only valid when the student has attended at least four-fifths of the actual teaching days of the session, and when the Lecturer lectures on only one branch of medical science and delivers only one lecture daily; but the Lecturer on Medicine may lecture on Clinical Medicine, the Lecturer on Surgery, on Clinical Surgery, and the Lecturer on Materia Medica, on Botany and Medical Jurisprudence.

Every student must pass two periods of six months each or one period of twelve months in the office of a "regular qualified medical practitioner," in compounding medicines, &c.

He must attend the practice of a general hospital for twelve months.

He must attend six cases of midwifery.

He must pass the primary and final examination of the Council.

All *Students* from recognized Colleges in the United States, must matriculate, and then pass three years of their medical study, including two full courses of lectures, in some Medical School in Ontario, and attend such other course or courses as may be required to complete the curriculum established by the Council, further, that all *Graduates* from recognized Colleges in the United States shall be allowed to proceed to the Examinations of the Council, after having matriculated and passed *two* full courses of lectures in some Medical School in Ontario; provided always, that such foregoing regulation shall not affect those students who have entered upon their studies in such recognized

Institutions in the United States prior to the First day of January, 1870, but that all such persons shall be subject to the regulations in the next succeeding paragraph.

Graduates in Medicine from recognized Colleges in the United States of America will be required to pass the *matriculation* of this Council, and attend one full course of lectures in one of the Medical Schools of Ontario, and all students from such Colleges shall matriculate, attend one full course as above, and such other course or courses as may be necessary fully to complete the curriculum established by this Council.

MEDICAL EXAMINATIONS.

1. The examinations shall be divided into two parts, a "Primary" and a "Final," and will be conducted partly in writing and partly *viva voce*.

2. The *Primary* Examination may be undergone at the end of the third year, and the *Final* at the end of the fourth.

3. The following branches shall be embraced in the Primary Examination, viz:—

Descriptive Anatomy, Physiology, Theoretical Chemistry; Toxicology, Botany, Materia Medica and Therapeutics.

NOTE.—The general professional examinations upon Materia Medica and Therapeutics may be undergone by students at either the Primary or Final Examination.

4. The following branches shall be embraced in the Final Examination, viz:—

Medical Diagnosis, Pathology, Surgical Anatomy, Practical Chemistry, Medical Jurisprudence, Sanitary Science, Operative Midwifery, Operative Surgery and Surgical Anatomy; Materia Medica and Therapeutics, Midwifery, other than Operative; Surgery, other than Operative; Theory and Practice of *Medicine*.

5. The examination on the Primary branches and first eight subjects of the Final is in all respects the same for every candidate.

6. Any candidate who at his *Primary* Examination passes creditably in three or more branches, but fails in the others, shall receive credit for the subjects so passed, and be compelled to pass in the other branches only at a subsequent examination.

7. Students who intend to be examined by the Homœopathic or Eclectic Examiners in the last four branches of the Final

Examination, shall signify their intention to do so to the Registrar previous to the commencement of the Examinations, in order that he may provide means of preventing their identification by other students, or by the Examiners

8 The next Medical Examination will be held in Toronto, commencing on the morning of the first Tuesday in April, 1871.

FEES.

For Matriculation Examination..... $10 00

This is payable to the Matriculation Examiner at commencement of Examination Unsuccessful Candidates will have $6 00 returned to them.

For Registration of Matriculation :—

1. Those examined before Council's Examiner..No Charge.
2. Those examined by various Colleges prior to July 1869, if names have been reported to the Registrar by the College at which they are passed..... $ 2 00
3. Graduates and Matriculants in Arts of recognized Colleges $10 00

For Primary Examination..... $10 00

This is to be paid to the Treasurer of the Council before the commencement of Examinations Unsuccessful candidates will have $3 00 returned to them

For Final Examinations..... $30 00

This fee is payable in the same manner as the last Unsuccessful Candidates will have $20 00 returned to them.

Registration, for membership and authority to practise $10 00

Registration of additional Degrees or Titles.—Each. $ 2 00

RULES FOR THE GUIDANCE OF EXAMINERS AND STUDENTS.

For Board of Examiners.

1. In the Written Examination, each Examiner shall prepare the questions upon the subjects allotted to him.

2. The questions proposed to Candidates are to be dictated to them at the commencement of the examination upon each branch, or subdivision of branch, and are not to be circulated in printed form.

3. Each Examiner is to furnish the Registrar with a copy of the questions proposed by him at the written examination, with a view to their being ultimately printed under the direction of the Council, if considered necessary.

4. Candidates are to be instructed by the Examiners that they are not to sign their names to the papers, but to use instead, a number which will be allotted to each candidate, by the Registrar, before the examination.

5. The papers, when returned to the Examiner, are to be by him examined, and the relative value thereof marked by means of numbers, from 0 to 100, in the Schedule which will be furnished him by the Registrar.

6. The values awarded by the individual Examiners to the answers of Candidates are not to be subject to revision, except by an appeal to the Executive Committee, or (if desired) to the Council.

7. The papers on the subjects of the general examination are to be finally submitted to the whole Board for approval or rejection, and those of the special examinations (in Homœopathy or the Eclectic System of Medicine) to the Examiners approved of for that purpose by the representatives of those Systems in the Council.

8. The oral examinations are to be conducted by the whole Board of Examiners. Any member may put such questions to Candidates, upon any of the subjects of examination, as may to him appear proper.

9. The passing or rejection of any Candidate is to be decided by a vote of the whole Board.

10. The written examination shall be concluded, the answers valued by the Examiners (whose decision in the special subjects shall be final), the schedules compared, and, so far as the written examinations are satisfactory to the Board, the decision must be recorded in favour of the Candidate before he is brought face to face with the Examiners in the oral examinations.

11. The questions of the Examiners in Homœopathic or Eclectic specialities shall be dictated immediately after those of the other examiners in the same branch, and are to be taken down by all the students. But only those who have given notice in accordance with clause 7 under *Medical Examinations*, will be required to answer the special Examination papers.

For Students when in Examination Hall.

12. In all the subjects of Examination, each student must write down all the questions as they are dictated by the several Examiners, whether general or special.

13. The answers are to be written upon one side only of whole sheets of paper, which are to be paged and fastened together in order, by means of paper fasteners, at the top left hand corner in such a manner as to have the first page facing outwards to the view, they are then to be folded neatly and enclosed in an envelop, on the outside of which each Candidate is to write the number allotted to him by the Registrar, to whom the packet is then to be handed. Neither signature, number nor sign is to be written or marked upon any of the sheets enclosed in said envelope.

14. In using abreviations, Candidates will take care to use only those which are generally understood, or which cannot be mistaken.

15 No candidate will be allowed to leave the Hall after the questions are given out, until his answers have been handed in.

16. No student will be allowed in the Hall during the hours of examination, except those actually undergoing examination.

17. Any candidate who has brought any book or reference paper to the Hall, must deposit the same with the Examiner, immediately before the commencement of the examination.

18. Candidates must not communicate with each other while examinations are going on, either by writing, signs or words.

19. Any infringement of the above rules will lead to the exclusion of the person who is guilty, from the remainder of the examinations.

20. Each Candidate will receive a ticket from the Registrar, which will contain a list of the subjects in which he has to pass, and which will admit him to the Examination Hall during the progress of each of such Examinations, and no other. The ticket will also have a number written thereon, which the Candidate is to use as a signature in endorsing the envelope containing answers to questions.

A DIAGNOSTIC SIGN IN ACUTE ENTERITIS. — Dr. Stokes, of Dublin (*Cyclop of Prac Med.*), first noticed the following sign characteristic of this disease:—Toward the right of the umbilicus, it is not uncommon to find a marked pulsation, as if from throbbing of the abdominal aorta or of its large branches.

Selected Articles.

REMOVAL OF A PESSARY FROM THE BLADDER.

BY LEVIN J. WOOLEN, M.D.

Mrs. W., an invalid for some six years, had during that time been under the care of different physicians, all of whom treated her for some form of uterine disease. The os and cervix uteri had been cauterized with different agents, and many kinds of pessaries had been used to support what was supposed to be a prolapsed womb. So far as I was able to ascertain, she never at any time had displacement of the uterus, but there was this peculiarity about her case: at times, having no reference whatever to her menstrual periods, she would be seized with bearing-down pains, resembling in force and character the pains of active labor, which would readily yield to what she was pleased to term a replacement of the womb. It was therefore thought advisable by the physician in attendance to resort to pessaries, and being disappointed in the use of the ordinary kinds he finally procured one of the horseshoe pattern, and in attempting to place it in a proper position to support the uterus, had the misfortune to push it through the urethra into the bladder.

I saw the patient some six hours after the accident happened and found her suffering with severe bearing-down pains, the paroxysms of which would last about five minutes, with intervals of ten minutes' rest. She told me that the pains were becoming harder and more frequent, and thought they were due to the presence of the instrument in her womb, for as yet no one had ascertained the precise locality of the missing pessary. Finding, on examination, that the os uteri was closed, I concluded that the instrument was certainly not contained within that organ. Exploring the walls of the vagina with my finger, I detected a hard substance within the bladder. On introducing a male catheter, in lieu of a sound, I found no difficulty in striking the pessary.

With such instruments as I had at hand I attempted dilatation of the urethra and extraction of the foreign body. In these attempts, however, I was unsuccessful, and yielding to the solici-

tations of the patient and her friends, I made an incision into the urethra, commencing at a point half an inch behind the meatus and extending to the neck of the bladder, some of the fibres of which were divided. The pessary was now readily removed, a gum catheter was left in the urethra, and the patient ordered to keep perfectly quiet.

The wound in the bladder failed to close, and the patient was rid of the pessary at the expense of a vesico-vaginal fistula and partial incontinence of urine. I attempted to cure the fistula by two successive operations. The first was a total failure, the other only partially successful union occurring at two points, thus converting one large fistula into three smaller ones. The patient died, three years after the accident with some disease the nature of which I could not ascertain.

REMARKS.—The report of a case is valuable in so far as it teaches new facts or enables us to correct error. I shall examine a few points connected with the foregoing case, believing that they afford lessons of practical utility.

First. The proper introduction of a "horse-shoe" pessary is not as easy of execution and as free from danger as may have been heretofore supposed. The physician in whose hands the unfortunate accident above mentioned happened is certainly not a rash one, nor was he altogether inexperienced. Precisely how the mistake occurred seems to him at least a mystery.

Second. With regard to the method of extraction, it may be argued that the pessary should have been withdrawn through the urethra. At the first glance such an opinion is certainly plausible, for as it was originally forced along the urethra why not extract it through the same channel? The peculiar shape of the instrument rendered its removal in this way utterly impossible. Whether I should have succeeded better had I had the instruments needed in the operation is, I think at least doubtful. The shape of the pessary became an insurmountable barrier to its removal through the urethra. When, for instance, one of the extremities of the instrument was brought to the internal orifice of the canal, other parts would be pressing against the tissues in such a manner that no further advance could be effected. I therefore, after a long, faithful, and tedious trial gave up all hope of extracting the pessary *per urethram*, and so I proceeded to incise the canal.

Third. Was the operation properly performed? In the main I think it was. Believing that the case would undergo legal investigation, I operated according to the books. Selecting the plan laid down by "Gross on the Urinary Organs" as having been successfully practised by Dr. Baker, of New York, I aimed to follow the directions there given to the letter. One step of the operation, however, I am inclined to think was not properly performed. Having no probe-pointed bistoury at hand, save one that was curved on the sharp, I necessarily divided the fibres at the neck of the bladder somewhat freely. Were I again to operate for the same trouble I should take good care not to injure any of the tissues at that point. The difficulty of extracting the pessary being due almost entirely to its *shape*, I now think that by cutting down to the neck of the bladder, *and no further*, I might have withdrawn the instrument without much difficulty.

Fourth. Was the after-treatment correct? By no means. And here I venture to say that the advice laid down in most books is radically wrong. The books to which I have had access direct that we should leave a catheter in the bladder and enjoin perfect rest on the part of the patient—quoting exceptional cases to prove that union of the divided parts will occur, and the patient escape fistula. Further on, they tell us that to cure fistula we must pare well its edges, bring them together in perfect apposition, and maintain such apposition by ligatures properly applied. Why not say that the ligatures should be applied as soon as we have extracted the foreign body? Surely never again can we have such perfect apposition. The hand of the surgeon, wielded with ever so much skill, cannot pare the edges of a fistula so that they will fit as accurately as when first divided, for he who has placed a knife against the hardened edges of a urethro-vaginal fistula, knows that to pare them well is both a difficult and tedious task.

The expulsive pains heretofore alluded to proved a very formidable obstacle to the success of my attempts at closing the fistula. To them and to the resulting difficulty of retaining a catheter in the urethra—the instrument escaping the second day after the operation, during the absence of the nurse, and remaining out some twelve or fifteen hours—I attribute the partial failure of my second operation.

[The above is the fifth recorded case of the introduction of the open-lever pessary into the bladder—Dr H. R Storer having reported two, Drs. T. O. Edwards and Byford each one.]

The following, from the *Journal of the Gynæcological Society,* is Dr. Storer's report:

In commenting on a case reported to the Gynæcological Society, of Boston, by Dr. Edwards, in which a physician introduced a Hodge's open-lever pessary into the bladder, and for its removal resorted to incision and force, with the result of much subsequent suffering, and a persistent vesico-vaginal fistula, Dr. Storer remarked: "It would be supposed by many that the accident was almost an impossible one to occur in skillful hands. This was, however, a mistake. In the two cases which he had conducted, the previous attendants were gentlemen who were familiar with their art. The truth was, that those who were constantly using pessaries became almost too expert, their very adroitness of itself engendered a species of carelessness. It was easy to see how, in the case of an unmarried woman with a narrow vulval opening, and sensitive at that, the point of one of the lateral rods of the pessary might become engaged within the orifice of the urethra; entering a short distance, and receiving the over-twist motion or semi-rotation, it might easily escape from the grasp into the vesical cavity He believed it was very much easier thus to introduce than to remove it, and that, as he had indicated when putting the first case of the accident upon record, the only feasible method of removal was by the way the pessary went in—through the urethra. Dr. Byford's case received additional interest from the fact that the patient was pregnant; the pessary remaining within the bladder for three months, and was finally removed without interfering with the progress of gestation As to the proper method of introduction of the horse shoe pessary, there was a frequent want of understanding upon the part of physicians He had known instances where, instead of introducing one limb first and swinging the instrument by semi-rotation into its place, the cross-bar had been forced squarely in, just as in the case of the closed lever, whereas, in fact, the largest horse-shoe, properly introduced, could easily pass through an opening that would not admit the smallest closed lever, as was seen in these bladder cases."—*American Practitioner.*

NEW OPERATION OF EMBRYOTOMY BY THE WIRE-ECRASEUR.

Abstract of a paper read by Dr. Robert Barnes, at the British Medical Association, August, 1870. [*British Medical Journal*, October 1, 1870.

Dr. Barnes demonstrated his new operation of embryotomy by the wire-ecraseur, using a rachitic pelvis measuring about two inches in conjugate diameter, and an ordinary-sized fœtus. The head being perforated, he twisted off a portion of the parietal bones by his craniotomy-forceps, the object of which proceeding is to destroy the arch of the cranium and the sphericity of the head. This makes the throwing the loop of the wire over the head more easy, and obviates its riding off when the screw is worked. It was seen that the wire loop could be passed through the smallest chink, and, when it had seized the head either over the lower jaw or occiput, that it was instantly buried in the skull when the screw was worked. In this lay one great superiority over all other methods of embryotomy, there being no contusion of the mother's structures, all force being expended upon the fœtal head. The wire went through the base of the skull without difficulty, making a clean bisection of it. The free section being taken away by the craniotomy-forceps, the portion remaining attached to the spine was then seized by the craniotomy-forceps and extracted without the least resistance. Dr. Barnes said it would be quite as easy to operate in a pelvis much smaller, and, if necessary, to make two or more sections of the head. The extraction of the shoulders and trunk was effected by taking off each arm at the shoulder by hook or scissors, cutting through the ribs with scissors, so as to make the trunk collapse, and then extracting by craniotomy-forceps. The whole operation was completed in less than half-an-hour. Dr. Barnes expressed his conviction that, provided there was room at the outlet of the cavity of the pelvis to allow of manipulation, there was hardly any degree of contraction at the brim that would baffle this operation.—Dr Keiller (Edinburgh) asked Dr. Barnes if he had performed the operation frequently.—The president had never done it at the bedside. He had performed it before his classes, but he was confident that it was feasible. Dr. Keiller

saw a very great difficulty in performing the operation at the bedside. He could not imagine that the head of the child could be broken by the operation which Dr. Barnes had described. He knew the difficulty of extracting a child from a narrow pelvis; and he said that the operation of the *ecraseur* could not possibly deliver a child from a narrow pelvis, on account of the pressure of the soft parts and the condition of the mother. Generally, in cases of narrow pelvis, they had to contend against a contracted uterus, and the great difficulty was to get a sufficient quantity of bone extracted. The objection to the wire-*ecraseur* was, that it was very apt to displace the head He did not think the operation would be safe The great difficulty was the base of the skull, and with a small pelvis it was difficult to keep the soft parts in the least possible diameter. He would have been glad if Dr. Barnes had told the members of a case successfully performed by the *ecraseur*.—Dr. Gibson said that, in an operation such as Dr. Barnes had performed, he would suggest that it was peculiarly necessary that the chin be brought a little down, in order that the base of the cranium might be readily brought through. In removing the head they would get a better slice by first breaking through the occiput.—The president was persuaded that the operation was easy One recommendation was, that it entirely saved the mother's parts. When the wire was brought over the child's head the mother's parts were not injured. He thought it strange that an experienced operator should think it necessary to bring down the occiput. When once the base was perforated, there was nothing to resist extraction.

EXTERNAL PRESSURE TO THE UTERUS IN LABOR.

BY W. S. PLAYFAIR, M.D.

In 1856 Von Ritgen suggested the employment of external pressure on the uterus as an adjuvant in cases of powerless labor In 1867 Kristeller carried the suggestion into practice, and published a number of cases in which he had found it of use

The object was, to *push* the presenting part through the pelvic canal in cases in which the forceps would otherwise be

required to *pull* it through, to apply, in fact, a *vis a tergo* instead of a *vis a fronte.*

This proposal has met with but little attention in this country, and the only author who, as far as I know, refers to it, is Dr. Barnes, in his recent admirable work. He says with regard to it. "This resource, then, should not be lost sight of. In certain cases it may obviate the necessity of using the forceps, or it may stand you in good stead when instruments are not at hand."

It is certain that the advantages to be derived from external pressure are not yet widely known or recognized, and as I have now received very material assistance from it in many cases of lingering and powerless labor, I believe it may not be without interest to state briefly the result of my experience on this point, especially as I do not know of any published cases in this country in which its use had been described.

The class of cases in which external pressure is likely to prove serviceable is of very frequent occurrence—viz., in which the presentation is natural, and the pelvis roomy, but in which delivery is retarded, simply from deficiency or absence of uterine contraction. These are the cases in which resort to the forceps is so often essential, in which the head has passed well into the pelvis, possibly descended as low as the perinæum, and in which apparently but one or two good pains are required to complete the delivery.

Firm pressure, applied under such circumstances, may act in two ways —First, and most commonly, it may merely stimulate the sluggish uterus to increased exertion, just as firm pressure after delivery will cause a relaxed uterus to contract. In this way, pains that are feeble and ineffective may be rendered strong and useful, and a natural termination may result when artificial assistance might otherwise be required. I have of late been frequently in the habit of thus stimulating the uterus, and I feel certain that I have in many instance greatly shortened the progress of a labor that threatened to be long and tedious. It is, indeed, often curious to observe how rapidly the pains increase in force and duration, under the stimulation of gentle and steady pressure at the commencement of each pain. The following case may be taken as a good example of the beneficial effect of pressure applied in this way:

Mrs. —, about 35 years of age, the mother of several children. Labor commenced at noon on the 23rd of February, 1868. The pains were at long intervals, feeble, and of short duration. At 3 a.m. on the morning of the 24th the membranes had been ruptured for several hours, and the os was fully dilated. The pains were now more frequent and regular, but they had no effect in causing the head to pass through the brim. It remained partially engaged, but always receded in the intervals between the pains. After waiting for some time, it seemed as if the forceps would be required. Von Ritgen's method was now tried. The patient being laid on her back, and the hands being spread out on the sides and fundus of the uterus, firm downward pressure was made in the axis of the brim at the commencement of each pain. The good effects of this manœuvre were very striking. The first pain was manifestly increased in strength and duration, and the head was felt to advance decidedly as it was pushed down. The contractions now increased greatly in force, and in about six pains the head was expelled. It was in the third position, and the rotation of the occiput forward was readily made out as it descended. The child was of immense size, and livin. The mother made a good and rapid recovery.

This may be taken as a typical example of the most usual effect of pressure—viz. to stimulate the uterus to increased exertion; and I believe it to be a far more effective and safe agent for this purpose than ergot.

Secondly, it is sometimes possible to push out, as it were, the fœtus in the entire absence of uterine pains. I presume that cases suitable for this must be rare, and that, as a rule, extraction by the forceps is to be preferred. Still, the following case may be taken as proving the possibility of occasionally effecting delivery in this way:

——, aged twenty-five, a lady of great delicacy of constitution, was pregnant of her third child. She had suffered a good deal during gestation, was immensely distended with liquor amnii, and for some months had been almost entirely confined to her sofa. Her labor commenced on the 10th of August, 1870. During most of the day she had feeble pains, and at long intervals. At 10 p.m. the os was only slightly dilated, and the head was felt to be presenting. The pains got somewhat stronger at 3 a.m., and at 4 a.m. the membranes ruptured, an enormous

quantity of water being discharged. At 6 a.m. the os was fully dilated, and the head was engaged in the brim in the first position. The pains were now scarcely worthy of the name. At short intervals there was a barely perceptible hardening of the uterus, which disappeared almost as soon as it was felt, and had no appreciable effect on the presenting part. I was informed that ergot had been administered with advantage in a former labor, and I gave her a full dose without any good result. After waiting till 11 a.m., I began to despair of any progress. The slight contractions previously felt had disappeared, or nearly so, and I made up my mind to apply the forceps.

The husband, however, objected so strongly to any instrumental interference that I determined to try the effect of pressure, *although, in the uterine contractions, I scarcely expected* any beneficial results.

Spreading the hands over the uterus in the usual way, I made firm downward pressure at intervals of from five to ten minutes. The effect was more favorable than I had anticipated. With each application of the pressure the head was felt to descend, and in about three-quarters of an hour it was distending the perinæum. Now for the first time some slight contraction was felt, and the head was soon expelled. The child was born alive, and the mother made an excellent recovery.

A case of this sort is no doubt quite exceptional, and I *should generally prefer under such circumstance to apply the* forceps. Still it may serve to illustrate Kristeller's statement that external pressure alone is capable of effecting delivery. It is, however, as an adjuvant in cases of lingering labor, and as a means of stimulating a feebly-contracting uterus, that pressure promises to be of service. I need hardly add, by way of caution, that gentle but firm pressure in a proper direction is to be used, and that all rough handling of the uterus is to be avoided. The pressure can be most readily applied with the patient lying on her back, but this is by no means essential, and I have constantly used it in the ordinary position on the side, and without disturbing the patient.

PHOTOGRAPHY OF THE SUN.—Prof. Young, of Dartmouth College, has succeeded in photographing one of the protuberances on the sun, a scientific feat often before attempted, but never accomplished. The operation was performed with a telescope, assisted by a spectroscope.

AN ARMY OF DOCTORS.

Seventy-four thousand doctors! Think of it. All this number in our country, according to the present census, unless the newspapers inform us falsely. In 1860 there were fifty-five thousand—an increase of 19,000 in ten years, or nearly two thousand a year!

Ought not those figures to "give us pause?" Reflect a moment what an army they would make even in this day of big armies, or what a city they would form, larger than any in many of the oldest States.

Or, look at it again from another point of view. What a mint of money it takes to support this army! Probably we are within the mark when we calculate that the average income of the 74,000 from practice is a thousand dollars a year each. This makes $74,000,000 a year, which the sick pay for medical advice. For their medicines it is safe to say they pay the odd $26,000,000, which remains to make up $100,0000,000 a year, as what sickness costs the American people. And in this calculation we have left, altogether, out of account the tons and hogsheads of quack medicines, which this misguided people pour down their throats. We could safely estimate that at $25,000,000 a year more.

As we are economical in spirit, would it not be well to save some of this? Can it not be done? Let the people study these figures a while, and then reflect that probably one-half, or certainly a large fraction of this expense, is incurred by a deliberate infraction of the laws of health; that if they tippled less, smoked less, overworked less, were less given to lechery and wantonness, ate slower, exercised more judiciously, were less "fast," and less self-indulgent, they would save some thirty or forty millions a year. When hygiene is at a loss for any other argument, she can appeal to frugality, and statistics will show that the appeal is a wise one.

Making money is in America the "chief end of man"—as the Westminster catechism has it. Plenty of advisers are ready with their wise saws to tell how it can be accomplished. We are one of them, and offer a saw quite as true and less trite than any of them, and it is this—keep healthy. Living in the midst of a commercial mart, and in the thick of the desperate conflict for

wealth, we have seen many a hero in the fight lose all for the want of health, lose it, perhaps, just at the moment when a month or two more of work would have made a fortune.

It is said that when Alexander VI. died, his son, the famous Cæsar Borgia, had every provision made to seize the supreme power and make himself master of Italy, that he had every possible contingency guarded, but one, and that was his own physical inability to take advantage of the crisis. But sickened to threatening illness, by the same poisoned wine which killed his father, he lost his chance and died defeated, an exile and a captive. It were well if many an American business man took warning by the moral this fragment of history conveys, and would remember that the labor of life may be lost by the preventable illness of a week.—*Medical and Surgical Reporter.*

HYGIENIC TREATMENT OF DISEASE.

Side by side with the use of medicine, and not second to it, is the so-called hygienic treatment of disease—the study and regulation of the vital forces The influence that the physician exercises over the mind, and through the mind, over the body; the soothing or the stimulation of the nervous power, the calming of exaltation or the stirring up of apathy, the quieting of the over busy brain or the spurring of the flagging will, the repose of over-used powers or the awaking of suspended vital functions; the subduing of the over sensitive skin or the stimulating of it where wan, muddy, and lifeless, the limiting of supplies to the over-fed frame or the repair of the wasted body by the proper kinds of foods and stimulants, the bringing into play, and so again into existence, muscle that had become wasted and paralyzed by disease, these are among the aims the physician seeks to accomplish, and these are among the means which he seeks to accomplish, and these are among the means which he seeks to employ irrespectively, but by no means necessarily, without the use of medicine, these are among the agencies which you hold in your power in the treatment of disease, and that you, each of you, exercise daily in coping with the various forms of malady, of ailment, and of constitution.—*Lancet.*

THE COUNTRY PRACTITIONER

In an intercourse extending over many years with professional brethren both in the city and country, we have often felt how unjust is the appreciation of country practitioners, as a class, not merely by the public but by the medical men who have been trained and reside in the commercial centres

As a rule, the country doctor is a better educated man than his neighbors, he has seen more of men he knows their physical and moral nature better he has daily opportunities to watch them in the great crises of life, his sympathy is educated by the frequent sight of suffering, he has learned the deep ingratitude as well as the warm thankfulness of the human heart. His life is a hard and a poorly paid one, and hard as it is, he often does not insist on the reward which he could obtain How often do we hear of such a one that "he is not a good collector."

Such experience and such training do not tend to make a man as sharp in money matters as his neighbors but it refines and cultivates the better portion of his nature Who can estimate the amount of unobstrusive charity which country practitioners do every year? There is no possibility of sending the penniless applicant to some other doctor There is no "physician of the poor" who has it a paid duty to attend them.

At all hours and in all weathers, to rich or to poor to the grateful and to the thankless, the country practitioner must render his services, and he does it cheerfully and willingly

The solitary education of the heart and intellect makes them a distinctive class. In no other do we find stronger and more independent views, verging, we grant, occasionally to dogmatism, but, considering their lonely study wonderfully rarely. The scientific knowledge of these men usually perishes with them, a fact much to be regretted, for this knowledge is not the teachings of the schools, but of closely weighed experience

It is not enough considered, and yet it is strikingly true that many of the most beneficient discoveries in medicine, surgery, and physiology have been by country practitioners men who, in the retirement of rural life, devoted their spare moments to study and reflection on the human economy. For ourselves, the most original and bold thinkers, and some of the most skilful combatants of disease we have ever met, belonged to the class of

whom we are writing. They care less for theory than for practice, less for words than for facts, and undisturbed by the advocacy of therapeutic principles, they learn more of therapeutic *possibilities.*

We have always wished and urged upon this class of men to communicate more freely than they are wont the results of their labors. We have always felt that it is a duty for them, and one the performance of which will benefit the cause of medicine and consequently of humanity, and reflect credit upon the American profession, *and we now repeat and emphasize that wish.*—*Medical and Surgical Reporter*

A NEW STETHOSCOPE.

Dr. H. J. Wiesel, of Wheeling, presented to the notice of the *West Virginia Medical Society a stethoscope, composed simply* of a wooden ovoid cylinder, one and a half inches deep. One end is covered by a cushion to fit the irregularities of the head, and an elastic band is passed around the forehead to hold it in its place. He claims for it the following advantages

1. *It is portable.*—The Laennec and Canman Stethoscopes are both large and unwieldy, and cannot easily be carried in the pocket. This is small, and it is proposed that the space it occupies shall be further economized by fitting into it a small case, in which shall be carried either the vaccine materials and lancet, or the hypodermic apparatus, or both, if possible

2. *It does not obstruct the ear.*—In the Canman Stethoscope, the ear is unnaturally filled up by the ear-piece, which diminishes the calibre of the meatus one-half to three-fourths. And in the Laennec instrument, as well as in the immediate method, the tragus of the ear is pushed over and into the meatus, *in* every case more or less obstructing the flow of sound. My instrument leaves the ear in its natural condition, and unobstructed.

3. *It excludes all mechanical sounds.*—The Canman Stethoscope has a roaring sound of its own, which it is oftentimes difficult for a beginner to separate from the pectoral sounds, and, *even in the hands of the adept, leads to confusion,* and prevents the recognition of fine delicate sounds In the immediate meth-

od, where the tragus is always pushed into the auricle, there is also an artificial sound produced. My instrument fits over the external ear, and gives rise to no confusing sounds.

4. *It combines the mediate and immediate methods of auscultation.*—It presents the advantages of the immediate method, because the ear lies close to the chest, while it protects the physician from the objections offered by modest females or a dirty shirt. It, at the same time gives the advantages of mediate auscultation, inasmuch as it slightly intensifies the sound, or, at least, conveys it to the ear in its purity.—*Pacific Med. & Sur. Journal.*

THE CAUSE OF DR SIMPSON'S DEATH.

Long a martyr to rheumatism Sir James was about two months ago laid aside from active duty by a severe attack of *angina pectoris*, which recurred at uncertain intervals, and was accompanied by dyspnea, and latterly by some degree of dropsy Though great danger was apprehended from the first, the issue was long and doubtful, and, up to a few days before his death it was hoped that his valuable life might still be spared for some time, though a restoration to perfect health could not be expected The end, however, was nearer than was supposed and after a few days of unconsciousness, he quietly breathed his last at ten minutes to eight, on the evening of Friday, the 6th of May At the necropsy, the source of his sufferings and the cause of his death was found to be a large, dilated, fatty heart, globular in shape, and weighing eighteen ounces At the apex of the left ventricle, the wall of which was thinned, an aneurism about the size of a pigeon's egg was discovered, all the other organs of the body were fatty The arteries of the brain were atheromatous in a high degree. The brain itself, that imperial source of all his restless mental activity, was found to be by no means large, it weighed only fifty-four ounces and was consequently but little above the average of forty-nine and a half ounces It may be remembered that the brain of Cuvier weighed sixty-four ounces, and that of Abercrombie sixty-three so that Simpson's brain forms rather an exception to the rule, that men-

tal power depends upon the size of brain. On the other hand, it formed a remarkable example of the perhaps more incontrovertible fact, that mental vigor depends upon the number of the convolutions and the quantity of grey matter, for, on being exposed, the brain presented an appearance not soon to be forgotten by those who were privileged to see it, in the apparently increased number of the convolutions, and their great size and development.—*Edinburgh Medical Journal.*

TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, FATTY DEGENERATION, ETC., WITH PURELY MILK DIET.

Arthur Scott Duncan, M.D., in quite a lengthy dissertation extending through three numbers of the *Lancet*, most strongly advocates the use of skim milk in the treatment of these several diseases. He claims that it is superior to the exclusively meat diet of Dr. Rollo, from the fact that it is not objected to by the patient, but is relished, especially at the outset, when the thirst is intense.

To be successful in its use, it must be persevered in, all other articles of diet being excluded until convalescence is established. *The use of milk twenty-four hours will produce marked improvement*, the quantity and density of the urine fall, thirst and voracious appetite disappear, the skin becomes moist, and perspiration is re-established, the troublesome nervous symptoms are abated, and refreshing sleep succeeds to the previous sleepless, restless condition, rendered intolerable by the incessant thirst. In two cases this rapid improvement was noted. In another, with this remedy only, the urine, at the end of three days, fell from 23 pints sp. gr 1038 to 6 pints sp, gr 1038. So that there was a decrease of 17 pints of urine and a proportionate amount of sugar. Other prominent symptoms of the disease were also changed for the better.

Milk is better than animal diet in diabetes, from the fact that casein, being a primitive albumen, is infinitely superior as an agent of nutrition, to the albumen of muscle, which has been highly organized for an important vital function Besides, the sugar of milk is altogether innocuous in this disease, as has been shown by experiments.

The success of the milk treatment in diabetes shows that it is not necessary to restrict the amount of fluid taken by the patient. The thirst bears a definite relation to the quantity of sugar voided, and subsides as the latter is reduced. All of Dr. Duncan's patients were kept on skim milk until convalescence had been somewhat advanced.

Two cases of Bright's disease are recorded, in which skim milk diet was resorted to. The urine, before treatment, was scanty, highly albuminous, with sp. gr. of 1010. Five pints of skimmed milk were ordered to be taken, in divided doses, each day, all other articles excluded. A diuretic of twenty grains of acetate of potash and twenty minims tincture digitalis were also ordered to be taken three times per day. This course was persisted in for two weeks, when all traces of albumen in the urine had disappeared. A tonic of quinia and sulphate of iron, with a moderate quantity of brown bread for each meal, with the milk, was continued for a month, when one of the patients was discharged cured. The other patient eating, clandestinely, starchy food, had a relapse, through which he was brought by exclusive milk diet. In nine months, under bad hygiene at his own home, the disease was gradually reappearing.

PATHOLOGY OF EPILEPSY.

THE *British Medical Journal*, in the numbers of June 4th and 11th, publishes a paper on this subject by J. Thompson Dickson, M. B., etc., Medical Superintendent of St. Luke's Hospital. The following is an outline of his theory.

Epilepsy is a contraction of the cerebral capillaries and small arteries. The order of its stages is cerebral irritation, either direct or following exhaustion, contraction of arteries; cerebral anæmia and consequent insensibility.

Muscular contractions and the phenomena of epilepsy are secondary, not essential or constant, and result from defect of innervation.

Loss of consciousness is generally admitted to be the first subjective phenomenon—called by Trousseau the pathognomonic sign of epilepsy.

The condition of anæmia has only recently been noticed. Congestion of the vessels of the face and neck is secondary, and probably compensatory of the internal anæmia

Schroeder and der Kolk, Trousseau and Brown-Sequard, testify that, when animals have died or been killed during a convulsive seizure, their brains have been found exsanguine.

However cerebral anæmia may occur, whether from pressure or wounding, unconsciousness results An animal bled to death passes through all the stages of epilepsy

Pressure on the cerebrum or wounding of its substance produces contraction of its arteries, while those of the medulla oblongata at the same time dilate and are congested This does not arise from the blood passing from the brain to the medulla, but, the circulation being checked through the brain, the proximal arteries have more blood to send to the neighbouring structures.

However anæmia of the brain may be produced, there is a tendency to convulsions: whether by sudden or gradual depletion (the latter exemplified in menorrhagia), or by distant local hyperæmia (exemplified in the effects of intestinal worms and dentition of ch).

Apropos of ep , one thing is to be considered that currents traverse the nerves only from the periphery to the centre The *modus operandi* is the same in epilepsy generally, whatever be the exciting cause, and cases marked by the *aura epileptica* may be taken as the type. A certain sensation commences at the periphery, or with one of the organs of special sense, and runs toward the brain, ending in unconsciousness. The peculiar sensation is, the final and imperfect current conveyed from the periphery to the exhausted centre

He sums up with the following conclusions.

"1st. The essential condition of epilepsy is contraction of the small arterial vessels and capillaries.

"2nd The occurrence of the contraction is sudden.

"3rd. The duration of the contraction is variable * * * *

"4th. The cause of the contraction is irritation, which may be direct, but is frequently remote, and the result of a variety of causes. * * * *"

"The phenomena corresponding with the conclusions we have adduced are:

"1 and 2. With the contraction of the vessels we have loss of consciousness, always sudden, though the patient may have some warning of the attack through the medium of the irritation by which the attack is brought about.

"3. The duration of the loss of consciousness will vary with the continuance of the capillary and arterial contraction." * * It may be momentary, or profound and prolonged. In respect to unconsciousnes, there is no essential difference between *le petit mal* and *le haut mal* the distinction consists in the muscular manifestations.

Epilepsy, then, "is loss of consciousness, the result of contraction of the cerebral capillaries and smaller arteries, induced by irritation either direct, or secondary to exhaustion "—*New Orleans Journal of Medicine.*

A Convenient Night Urinal.—Last year I had occasion to test a variety of night urinals in a case of atony of the bladder in the male, and found them inefficient in conducting off the urine, and in keeping the bed dry and free from the disagreeable odor in such cases. "Necessity is the mother of invention," and I procured a sheath of gold-beater "condom," cut the end off and made it fast to a rubber-tube about ⅜ of an inch in diameter and some three feet long, passed the condom over the penis, and the rubber-tape beneath the scrotum, to retain it in place, made a slit in the matrass a little below the middle of it, through which the tube was passed into the night vessel beneath the bed, where the urine found its way as fast as it was secreted, without very much inconvenience to the patient He could turn upon either side and in a short time became accustomed to its use, and was made so comfortable by it that he often referred to it in the highest terms af commendation.

It costs about sixty cents, and is in every respect superior to the $3 and $8 urinals designed for such cases Of course, an ingenious manufacturer would improve upon this, by having the sheath pass over the scrotum, and all one continuous tube.

I enclose one to you, which you will find a cheap and excellent device, and which will answer very well for a night urinal. —*Med. & Sur. Reporter.*

TREATMENT OF CHANCROIDS

BY DR. CHAS. C. SHOYER, OF LEAVENWORTH, KANSAS.

I have been most successful in the treatment of chancroids by the following plan. I apply subnitrate of bismuth as a dusting powder with tannin (but do not think the latter essential) as follows.—℞ Bismuthi subnit. 1 oz., tannin 1 dr.—M. S. Apply night and morning. I also apply an ointment of the same, bismuth. 2 drs., adeps 1 oz., on lint or old linen, to prevent contact of the surfaces. Internally, the following:—℞ Ferri et potass. tart. ½ dr., potass. chlorat. ½ dr., aquæ 4 oz.—M. S. One-half teaspoonful before meals. The worst cases recover in five days. I order the parts washed with soap and water twice a-day, and then dusted, afterwards the unguent applied on cloth.

HYPODERMIC INJECTIONS.

Hypodermic injections of various kinds are now so frequently used, and the operation appears so superlatively easy, that we are somewhat apt to forget how much the comfort of the patient may depend upon the maker of the instrument used, and upon the manipulation of him who uses it. Whatever form of syringe be employed, good needles and suckers are the first desiderata. Gold and steel needles are used; but we have little hesitation in recording that those made of the latter metal are the best, if very fine and delicately pointed. Only those who have been the subjects of operation with needles of various kinds, can properly appreciate the skill of the accomplished workman in this matter. Too much care cannot be employed in the making and fitting of suckers. Strongly acid injections are frequently used, the action of which no suckers will long withstand, and as it is necessary that these suckers should be renewed at frequent intervals, it is also equally necessary that the workmanship should be perfect, so as to insure perfect accuracy as to quantity of injection. The working of the instrument is specially worthy of attention. A faultlessly clean syringe, a very fine and sharp needle, well oiled, are necessary items. The point of the needle

should be introduced with the opening downwards, and the piston, whether plain or screw, should be depressed gently and at regular intervals; for the quick and forcible introduction of any fluid under the skin is always irritating, and often very painful indeed The needle should be withdrawn gently, and without any rotatory movement, and the wound of the skin closed with the finger for a minute or two after the operation.—*Lancet.*

NEW ATISEPTIC.—Mr John Gamer recommends (Lancet, Sept. 3rd, 1870) the hydrated chloride of aluminium as possessing extraordinary value as a general antiseptic—"indeed, as a substitute for the very poisonous solutions of chloride of zinc; the caustic carbolic acid, which from its smell cannot serve for many purposes; chloride of lime, which envolves the most unpleasant fumes when used in water-closets or elsewhere, the permanganates, which stain, and sulphurous acid, which cannot be conveniently used in hospitals or in the sick chamber."

The new antiseptic, which Mr. G terms *chloralum*, is non poisonous, entirely devoid of unpleasant smell and may with perfect safety be used for the preservation of edible articles, such as meat, fish, etc.

For ordinary disinfecting purposes solutions varying from 1006 to 1010 specific gravity, are quite strong enough It is quite harmless to vegetation.

"In the dead house, the dissecting room, museum, and laboratory, chloralum will be found invaluable"

CHLORODYNE.—In regard to the composition of this popular medicine, the most decisive communication is one from Mr. E. Smith, of Torquay, who made a careful qualitative and quantitative examination of Dr. Collis Browne's chlorodyne, and puts its composition as follows:—R Chlorof 4 drs, morph. mur. 20 grs., æth. rect. 2 drs; ol menth pip. M 8, ac hydrocy. dil. 4 drs.; tinct. capsici 6 drs, mucil acac 1 oz., theriacæ ad 4 oz. M.—*Pharmaceutical Journal.*

PROTRACTED RECOVERY

FROM EXTENSIVE COMPOUND COMMINUTED FRACTURE OF LEG.

BY DR. ELLIOTT RICHARDSON

The uncertainties of prognosis are frequently illustrated by fatal results from apparently trivial causes, while, on the other hand, it is sometimes our fortune to witness wonderful recoveries from injuries which would generally be considered almost necessarily fatal, either to life or the usefulness of the member affected

The following case possesses some interest, not only on account of the ultimately favorable result, but also on account of the protracted recovery

A railroad employé, 31 years of age, of good height and physical development, in good health, but not free from the use of alcoholic drinks in excess at times, was admitted to the Pennsylvania Hospital, under the care of Dr. W. Hunt, October 29, 1869, suffering from injuries received by being run over on the railroad.

On examination, the right thigh was found to be much swollen and discolored, giving evidence of very serious and extensive contusion of the part. The knee-joint was unharmed, but below the knee the limb was extensively injured. On the inner and upper side, about three inches below the joint, was a lacerated surface about three inches in length, communicating by a rather narrower opening with the seat of a comminuted fracture of the *tibia. At a distance equal to about one-third the circumference* of the leg on the upper and outer side was a wound about an inch in length, which was found to communicate with a fracture of the fibula.

The fracture of the tibia was freely examined at the time, and found to include, as nearly as could be ascertained, the entire shaft of the bone for a distance of two and a half inches to three inches, the fragments consisting of a large one and a number of smaller ones. The fracture of the fibula was not comminuted.

The patient was profoundly depressed at the time of admission, but, gradually recovering, efforts were made to save the limb. He remained in the hospital until April 6, 1870, during which time several fragments of bone were removed through the

sinuses, four in number, communicating with the fracture. At the time of his discharge the fibula had united, but the tibia showed no evidence of attempt at union, and the patient, refusing to submit to an operation for the removal of a large fragment of necrosed bone, went to his home.

On the 22d of June I saw and examined the leg. No union had yet occurred between the two fragments of the tibia The sinuses still continued to discharge minute spicule of bone On introducing a probe, it was freely passed over a denuded surface of bone for a distance of at leat two inches.

When I next saw the patient, October 6, 1870 I found both bones of the leg firmly united. A large amount of necrosed bone could still be detected, but he had so far recovered the use of his limb as to be able to walk with the aid of a cane. There was shortening produced by a marked curvature towards the tibial side, but the muscular development and usefulness of the limb seemed to be good.

It will be seen, from the above, that nearly a year elapsed before union between the fragments of the tibia occurred, and that it occurred at least between fragments of bone separated two or three inches from each other.—*Medical Times.*

IN-GROWTH OF THE TOE-NAIL

BY J. WARING-CURRAN, L.R.C.S.I., L.K. Q.C.P.I., &c.

The general treatment of ingrowing toe-nail which is always tedious and frequently troublesome, it is not my intention to review, but as briefly as possible to explain a form of treatment which I have practised for the last three years with uniform success, or, to be accurate, with that amount of success which may be expected resulting where evulsion of the toe-nail is not resorted to, and where I think, I shall presently show the necessity of performing that simple, though painful, and disagreeable operation, was in several instances overcome The first four of my patients were cases wherein I had exhausted my experience and book-learning, in order to prevent, if possible, evulsion, but there was little improvement, the case did not progress as would have been desired, accordingly, I took advantage of a fortunate

incident in trying a new method of treatment. At the house of a literary friend, I met an Italian lady, whose high attainments and publications are well known in literary circles. After discussing various topics, in conversation, we entered upon the very remarkable one of "filbert nails," which she told us were cultivated by the ladies of her native town to such a degree that they ignored the wearing of gloves, in order to exhibit the neatness and symmetry of the finger nails. She told me, in order that they may be properly grown, chiropodists, practising the art of nail cultivation, were in the habit of putting their consultees under the following plan of treatment. Out of the centre of the nail they cut a triangular portion—the base at the free extremity of the nail, and the apex at the matrix—so as to encourage the nail to contract from the edges towards the centre, or, in other words, to make the central part of nail grow with greatest prominence. Having three chronic cases of in-growing toe-nails in the district, I bethought me to try the plan of cutting out a triangular central portion, with a very wide base, shaving the edges of the in-growth as thin as expedient with a piece of glass, and tying the separated nail together loosely with a piece of dentist's silk from beneath, and placing between the nail and contiguous soft parts, into which the nail intruded, a piece of thick worsted, coated with mercurial ointment. Where those exquisitively-sensitive granulations existed, I applied some extract of belladonna and resin ointment rubbed together, and adopted the same method in remedying the shape and growth of the nail.

In the course of time the affected nail assumed a better shape, grew out more prominently, and away from the sides, whilst the pain and irritation was overcome by the belladonna application, and eventually cured by the mercurial ointment, and pressure taken off by the better shape assumed by the nail.

As against every method of treatment, which has for its object the cure of in-growing toe-nail without evulsion, it may be said, my plan needs much patience, and requires time and perseverance. The patients were only too glad to have something to do, and to practice it, for there is a great antipathy among them to tearing out the nail by the forceps even under chloroform. I ignore the other spray, for I have used it in removing a toe-nail, and should be sorry to depend on its pain-destroying virtues in future.

Nails, thus operated on, acquired a normal shape in six months, whilst in from six weeks to three months, according to the existing severity of mischief in the soft parts surrounding the nail the toe became healthy. I insisted on the wearing of broad toed shoes with low heels, that the foot should not be thrown too prominently forward, or the toes be unduly compressed together.

In two of my patients the outer side of toe-nail had overhanging soft parts which appeared healthy on the surface but into which the nail was growing, these I shaved off with a bistoury, lifted the nail, took out the triangular portion and by stimulating applications, got a flat, healthy surface, which soon skinned over.

It may be readily gathered what I mean to show is that a central portion cut out of the nail will alter the shape of that nail and, if the disease in the soft parts be attended to, will be found of great practical utility in treating, and altering the shape of, an in growth of the toe-nail.—*Med. Press and Circular.*

TORONTO HOSPITAL REPORTS.

SUMMARY OF CASES UNDER THE CARE OF DR. CANNIFF.

(Reported by Mr. Abbott, Clinical Clerk.)

Thomas D., aged 17, native of Canada, admitted 13th October, 1870—suffering from shock. Was accidentally run over by Lieutenant-Governor's carriage at the Agricultural Fair Had been in a state of collapse for some time. It was feared that some important internal organ had been ruptured. But after his admission into Hospital no particular symptom appeared Most likely there had been severe concussion of the solar plexus Was dismissed quite well, 24th October.

John R., aged 33, native of England, admitted September 27, 1870—venereal disease. Disease appeared 23rd August Had up to time of admission treated himself, by applying sulph copper and Holloway's ointment. The most interesting feature of this case was the fact that the primary chancre which was deep and cartilaginous with no discharge, readily healed under the use of caustic, black wash and calomel; and about 24 hours

after, as he was about to leave the Hospital, there came around the seat of the first sore a plentiful crop of small pimples, which shortly formed into soft chancres These were gradually healing when he ran away, having violated rules. The use of calomel above referred to, consisted in sprinkling the chancre with it. This has been found useful in several obstinate cases of Hunterian chancre, and is recommended instead of the internal use of mercurials.

Margaret B., aged 70, native of Ireland, admitted October 25, 1870—a burn. Caused by falling, probably while intoxicated, upon a heap of burning shavings. There was extensive burning of the skin upon the left side of the face, neck, chest and over the stomach. There was a good deal of prostration, and it was necessary to support her. The burn was treated by the application of linseed oil and carbolic acid, and the exclusion of the air from ulcerated surfaces. The healing did not quickly set in, but finally proceeded, and all ulcers were closed up by 1st December.

Kate C., aged 21, native of Canada, admitted 2nd November, 1870—typhoid fever A servant, with well marked symptoms of fever, the prognosis unfavorable Has been ill for a few days. To have a warm bath, and take fever mixture—liq amm acet., 2 oz., spt. eth nit., 1 oz , tinct. hyos., 6 drs , aqua ad., 8 oz., every three hours, unless in a sound sleep or sweating. In twenty-four hours' time the symptoms h much modified The condition of the patient did not materially change during the following seven days In the meantime she took freely of beef tea, milk, and occasionally farinaceous food. On the 11th, whiskey, 4 oz in twenty-four hours was ordered On the whole, the patient took but little stimulant. Convalescent about the first week in December. At the last, as a tonic, she took tinct nux vom., 10 drops three times a-day.

James G , aged 28, native of England, admitted 24th November, 1870—acute rheumatism. Has been ill two days. Parts first affected were feet, then legs, and then the arms. Treated by administration of pot. iodidi, 5 grs. every eight hours. Hydrate chloral, as an anodyne when necessary, grs. from 10 to 30 On the 26th, a black draught, with 40 drops tinct opii was given. The acute symptoms abated, and became much better until Dec 6, when, from careless exposure or the condition of the weather, he was worse. A good deal of swelling and redness of feet and hands, but a strong lotion of plumbi acet. soon

gave relief. The iodid. pot. discontinued and tinct iron 25 drops in water, substituted. Tinct iodine occasionally applied He was confined to bed for ten days. Appetite fair, and there was no restriction to food. Convalescent by the 15th December

BOOK NOTICES.

ANATOMO — PATHOLOGICAL NOTES ON EPILEPSY By Gonzalez Echeverria, M D (Univ Paris) Professor of Mental and Nervous Diseases at the University Medical College of New York Physician-in-chief to the New York Hospital for Epileptics and Paralytics, &c New York Wm Wood & Co Toronto Adam Stevenson & Co. $5.

This is an 8vo volume of nearly 400 pages, handsomely bound in cloth and illustrated with four beautiful chromo-lithographs and six heliographic plates expressly made for this work The plates have been faithfully copied by the author, from specimens which he has prepared.

The author does not claim to offer any new discovery, although he hopes to be able to throw new light on some subjects not well established In the first chapter he gives the various theories entertained by different writers, regarding the supposed pathology of the disease and finally gives his own views on the subject. He entertains the opinion that the medulla oblongata is the original seat of epilepsy. and several cases are given which seem to verify these statements. and that the disease primarily involves the vaso-motor nerves of the great sympathetic Organic lesions are observed, however, in long standing cases in the cranium. brain, cerebellum, spinal cord, peripheral nerves and sympathetic ganglia, but the medulla never escapes the influence of the disease The lesions in the sympathetic system noticed by the author, consist mainly of a proliferation of connective elements at the expense of the nerve-cells and fibres In the 2nd, 3rd and 4th chapters, he treats of the cause and pathology of epilepsy · and in the 5th and 6th he refers to the frequency and nature of the attacks and the appropriate treatment. He prescribes pot. brom. and strychnine with counter irritation to the nape of the neck and discusses the use of sub-cutaneous injections of woorara, but does not consider it useful He strongly recommends the adoption of hygienic measures and good nourishing diet. He deprecates the use of narcotics, except conium, which he considers valuable in cases of

cerebral derangement or vertigo The author is also in favor of trephining the skull for the relief of epilepsy due to local injury to the *head.*

THE CAUSES, SYMPTOMS, RESULTS AND TREATMENT OF SPERMATORRHŒA. By Roberts Bartholow, A.M., M.D., Prof of Mat. Medica and Therapeutics in the Medical College of Ohio New York Wm. Wood & Co Toronto Adam Stevenson & Co. $1.

This little work, which has reached its 3rd edition, comes to us somewhat enlarged and improved But whilst some additions have been made to the previous editions, the author says he has not changed his views regarding the nature and true mode of treating spermatorrhœa, but is more than ever convinced that it is a *neurosis*, and that the treatment, to be successful, must be based on this pathological basis. This is quite different from M. Lallemand's theory, the central idea of which is the production, by various causes, of an irritation or inflammation of the prostatic portion of the urethra and seminal ducts

It is a useful, practical work on the subject upon which it treats, and supplies a want that has long been felt by the profession. A great aversion is entertained by many practitioners regarding a subject so disagreeable in itself, and in this way many an unfortunate patient falls into the hands of ignorant quacks, whose only object is to work on the credulity of the patient, and extort from him fabulous sums as a compensation for their services. Viewed in this respect alone, the *little work before us will accomplish a good purpose. The instruction* on the treatment of this neglected affection is both valuable and practical.

PRACTICAL ANATOMY, A Manual of Dissections. By Christopher Heath, F.R.C.S., Assistant Surgeon to University College Hospital, Teacher of Operative Surgery in University College, London, &c. First American from the Second English edition, edited, with additions, by William W. Keen, M.D., Lecturer on Pathological Anatomy in the Jefferson Medical College, &c., &c. Philadelphia: Henry C. Lea, 1870 Toronto: Copp, Clark & Co.

A "dissector's manual" is an invaluable assistant to the student of anatomy, and we are happy to welcome the new edition of this valuable work. The first English edition was issued about six years ago, and was favorably received not only on account of the great reputation of its author, but also from its

great value and excellence as a guide-book to the practical anatomist. The second edition, which was much enlarged and improved, was published last year. The American edition has undergone some alterations and additions which will no doubt enhance its value materially. The convenience of the student has been carefully consulted in the arrangement of the text, and the directions given for the prosecution of certain dissections will be duly appreciated. Directions for the preservation of the subject, the injection of the vessels, and the making of preparations for future use, have been given in an appendix. Several illustrations and diagrams have been introduced, which serve to make it more interesting and instructive.

We have just received the first No. of the AMERICAN JOURNAL OF MICROSCOPY, published monthly by George Mead & Co., Chicago, at $1 per annum.

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