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CANADA

MEDICAL AND SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Report of Sixteen Cases of Stone in the Bladder Removed by Operation.

Occurring in the Practice of GEORGE E. FENWICK, M.D., Professor Clinical Surgery McGill University, Surgeon to the Montreal General Hospital.

(Read before the Canadian Medical Association.)

I am induced to lay before this meeting the results of sixteen cases of stone which have come under my observation during the past few years. Stone in the bladder is, in Canada, a comparatively rare disease, at least if we may judge by the number of cases which are presented. In Montreal we have two large hospitals which afford relief to the sick poor of the city and surrounding country parishes, embracing a population of 250,000, and stone in the bladder is so infrequent that few opportunities are afforded the surgeon of performing an operation for its relief. That stone in the bladder has been observed more frequently of late years than formerly is quite apparent. During my pupilage I had an opportunity of seeing the operation performed twice only in one hospital; but, since 1867 I have myself performed the lateral operation, for the relief of stone in the bladder, on fourteen occasions, viz.:

1867.....	3
1868.....	4
1869.....	1
1870.....	2
1871.....	3
1872.....	1

Of these cases there was but one in an adult. The others all occurred in children ranging from two-and-a-half years up to thirteen years of age.

The first case of stone which presented itself was in the autumn of

1850, when I was called to see a child of four years of age, suffering from retention of urine. On attempting to introduce a catheter the instrument passed with a grating sensation over a foreign body which appeared to be impacted in the urethra, close to the bladder. As it was night, and having no assistance at hand, I deferred all operative measures until the following morning, when, in consultation with two other surgeons, I proceeded to remove the obstruction by an incision made in the raphe. The stone removed was over an inch in length and shaped somewhat like a bolt.

The next occasion I was called upon to relieve a little boy of 6 years who was suffering from impacted calculi, three in number, situated close to the meatus. Considerable force had to be employed in removing these calculi, but after some manipulation they all came away without employing the knife. This was in 1857.

No actual case of stone came under my observation throughout the next decade, though I had frequently seen cases of oxaluria, and lithic acid passed in sand. At this period, being unconnected with a hospital, I had fewer opportunities than I have had since my appointment to the Montreal General Hospital.

In the early part of 1867 a little Irish boy, six years of age was brought to the hospital. He was described by his father as not being a free pisser for over two years. It was distressing to see this poor little boy when the paroxysm would come on. He would dance on tip toe, leaning forward, seize the penis in his hand and drag it forward at the same time. From the violence of the straining the rectum became prolapsed. In this case the lateral operation was adopted and the child speedily relieved of a calculus weighing ʒij., grs. xx., composed of phosphates, with a large central nucleus of lithic acid. This was in January, 1867. In March of that year a second case presented itself in a child of two-and-a-half years, when, by the same procedure, a stone weighing ʒj. ʒij. was removed. This was an exceedingly dense and hard stone, composed entirely of lithic acid. There were in this case some peculiar features which demand a passing notice.

It has been questioned by surgeons whether calculous affections are ever hereditary. Cases are mentioned by some surgical writers which would almost lead to the belief in its having such an origin occasionally. In this particular case the father had suffered from frequent attacks of gravel, and he told me that his grandfather had died of the disease. I must state, however, that they were English people, and came from Norfolk, in which county

stone in the bladder is of more frequent occurrence than any other county in England.

Another circumstance connected with this case, and stated by the mother, was that the child had from birth suffered more or less in passing water. When an infant of a week or ten days old it had suffered from complete retention for the greater part of forty-eight hours. The bladder was considerably distended, and a medical gentleman had passed in a catheter and removed the urine. This points to the fact of the formation of a small calculus, most likely in the kidneys, during intra uterine life, and that this calculus became impacted in some portion of the urethra, or possibly had become lodged at the opening of the urethra into the bladder, and had given rise to the obstruction and retention of urine noticed. This is the more probable when we consider the size of the stone removed, and also its composition.

In April, 1867, another case of stone presented itself in the person of a little boy aged six years, a soldier's child, who had shown symptoms of stone for two years. I performed the lateral operation on this boy on the 4th May of that year. In this case an accident occurred which was unavoidable. As I was incising the prostatic portion of the urethra, the lower portion of the rectum became distended with liquid fœces, and, in consequence, the bowel was wounded, the liquid poured out of the wound in considerable quantity. The wound in the bowel was sufficiently large to admit the point of my finger; the stone was removed, and it proved to be a large uric acid calculus weighing half an ounce. Everything progressed favourably, but I was somewhat doubtful as to the result of the wound in the rectum. The child, however, made a rapid recovery, and before he left the hospital I examined the rectum and found that the wound had closed, leaving a cicatrix of about half an inch in extent.

Sir William Fergusson, in his lectures on the progress of anatomy and surgery, delivered before the Royal College of Surgeons in 1864 and '65, states that wound of the rectum is of little moment as regards the final results of the operation, and adds that the accident has occurred to him frequently, and he has recognized it as having occurred in cases where suspicion of such an occurrence did not exist at the time of the operation. In this case the cause was sufficiently apparent, but I deem it of importance to draw attention to the fact as implying that however carefully an operation may be performed wound of the rectum may result, and furthermore, that even though such an accident should occur it is not necessarily followed by permanent injury to the parts.

The next case which came under my observation was in a child

of four years, who was admitted into hospital early in February, 1868. I performed the lateral operation in February, and removed a small calculus, kidney-shaped, weighing ziii , which was composed of concentric laminae of lithic acid and the phosphates. There is something peculiar in the history of this case. The child, at the end of two months, gave evidence of a continuation of its bladder irritation. The parents did not consult any surgeon, but in August of that year, six months after the first operation, he was again brought to the hospital, and I again ascertained the presence of a stone and cut him a second time, removing a small stone weighing zjss . He made a good recovery and has since been free from further trouble. It has been somewhat of a difficulty with me to account for the presence of a second stone in so short a period after the first operation, because I followed the usual custom of examining with my finger for the presence of a second stone, but none could be felt, and furthermore, there were no facets on the first stone removed to indicate the presence of a second; still, I can hardly suppose that a stone of the size of that removed could be formed in so short a period, and therefore must conclude that it escaped my observation.

Case VIII.—In March, 1868, a young lad aged thirteen years was brought to the hospital suffering from all the symptoms of stone. He had been in this condition for the greater part of three years. The agony, at times, was very great. He had been sounded without the stone being discovered, and had been under treatment, but of what kind I could not ascertain. A sound was passed and a small rough stone found to be present. On March 14th, the operation of lateral lithotomy was performed, and a calculus weighing zij , grs. xlv , was removed. The little fellow made a speedy recovery, and left the hospital. The stone was almost entirely composed of the phosphates, hard, irregular and somewhat crystalline in its arrangement; its roughened exterior fully accounted for the amount of distress which the boy experienced.

Case IX.—A child aged six years was seen in the out-room of the hospital; he was suffering from incontinence of urine; would wet his bed at night, and even in the daytime the urine would dribble away, but there was no distress; the prepuce was elongated, and he suffered from considerable itching of the parts. He was placed under chloroform and a sound passed, when a stone was discovered to be present. The lateral operation was performed, on the 27th October, 1868, and the stone removed. It was composed of a central portion of lithic acid, with a considerable coating of phosphates, and weighed zij , Dj . He recovered without a single bad symptom.

Case X.—I was requested, about the end of December, 1868, by a confrère to see a boy, aged eleven, who had suffered from symptoms of stone for the past five years. During this period he had been sounded on several occasions, but no stone had been discovered. On examination under chloroform the presence of a stone was made out, and I advised the parents to bring the child to the hospital for operation. This was done, and I performed lateral lithotomy on the 9th January, 1869. A small round and exceedingly dense stone was removed, composed almost exclusively of uric acid; weight, 105 grs. He made a good recovery and left the hospital at the end of ten days.

Case XI. occurred in the person of a little boy aged seven years, who had been admitted into hospital and had been suffering from symptoms of stone in the bladder for the past four years. The operation was performed on the 5th September, 1870, and a rough, irregular stone removed, composed of a central nucleus of lithic acid, partially embedded in a phosphatic layer.

Case XII.—A child aged five years was brought to my own residence, and on examination I ascertained the presence of stone in the bladder. There was considerable distress, and at times the straining was so great that the rectum became prolapsed. These symptoms had only been noticed by his mother during the last year. I requested her to take him to the hospital, which was done, and the lateral operation was performed on the 21st September, 1870. The stone removed was circular and flattened; it was friable, very rough on the exterior, and weighed 3½ss.

Case XIII. occurred in an adult, aged twenty-nine years, who had been suffering, as he supposed, from stricture of the urethra for several years. The bladder irritation was very great, so much so as to perfectly preclude his attention to business. I was requested, in April, 1871, to visit the patient, which I did, having to travel by rail some sixty miles to reach his residence. I found him confined to his bed, which he seldom left; motion of any kind increased his agony, and he had been in the habit of drinking large quantities of diluents which, he stated, relieved him. I was obliged to give him chloroform before attempting any exploration, and a stone of considerable size was found in the bladder; no stricture of the urethra existed, although he had been treated for that complaint by the passage of instruments. This treatment had aggravated his malady, and for hours after the introduction of a bougie the bladder irritation was very considerable.

My patient determined to come to Montreal for further consultation and advice. He was admitted into the hospital as a private patient on the 28th April, and the lateral operation performed on

the 1st May, 1871, when a stone weighing 3vi was removed. It was soft and friable, and broke into several fragments when seized by the forceps. His general health was not good and he made a tedious recovery. There is one point of interest in the history of this case. His grandfather had suffered from stone in the bladder, and his father had on several occasions passed small calculi. A brother residing in another part of the country has since consulted me, suffering from bladder irritation, with lumbar pain and general dyspeptic symptoms, and on microscopic examination of his urine I found quantities of lithic acid and a few octahedral crystals of oxalate of lime.

Cases XIV. and XV. occurred in children of the ages, respectively, of seven and six. The first was admitted into hospital on the 19th May, 1871, and the operation performed on the day following. The second case came to hospital a few days after, and was cut on the 1st June, 1871.

In the first case, that of the child aged seven years, the stone removed was fusiform in shape, having a projection which looked as though it had projected into the urethra. The body of the stone is round and smooth, as if it had rested on the neck of the bladder. Its weight was 80 grains.

The second case, in the boy aged six years, the stone is round, irregular in shape, and spiculated. Its weight was 100 grains. Both these children recovered after a fortnight's residence in hospital.

Case XVI.—The subject of this case was an infant of a year and a half who was brought to the hospital on the 30th August, 1871, and on examination I discovered a small calculus which I determined to remove. The following day, having made every preparation, the child was brought into the operating theatre and placed under chloroform. Although convinced of the presence of a stone I failed, on this occasion, to obtain any evidence of its presence with the sound. Several members of the medical staff of the hospital were equally unsuccessful; I therefore refused to operate and allowed the child to return to his home.

On the evening of the 9th August last (1872) the child was brought to my surgery, and on examination I again discovered the presence of a stone. On this occasion I took the precaution of securing the assistance of several medical gentlemen, who all agreed with me as to the actual presence of the foreign body. Under these circumstances the child was re-admitted and cut on the 12th August, when a small calculus, about the size of a French bean, and weighing 15 grains, was removed. The child did well.

The cases of lithotomy which I have detailed have all, with one exception, been in children. The operation selected in all

has been the lateral, and the results in all have been satisfactory. Indeed it is recognised by all surgeons that in this class of patient, when the operation is satisfactorily accomplished the results are almost certain of after success. There are, however, certain facts in connection with the operation of lithotomy in the child which deserve attention, and which render it more difficult of performance than when practised on the adult. Firstly, the parts are smaller and the incision must be correspondingly small. The parts in the child are, in structure, soft and yielding, so that in passing the sound or staff, in consequence of the sharp curve of the urethra in infants, beneath the pubis, the instrument may be forced outside of the urethra and pass between the rectum and bladder. Should the surgeon attempt to cut with the staff in this position his operation would be almost certain to fail, and furthermore, he would, in all probability, inflict fatal injury on his patient. These accidents have occurred even in master hands. Sir H. Thompson draws attention to this circumstance in his work on "Practical Lithotomy and Lithotrity." It will readily be admitted that the only practical point which will obviate the occurrence of such an accident is to adhere strictly to the rule of making the staff strike the stone audibly before attempting to cut. "There is one great rule," observes Thompson, "which, as far as I know, is the only safeguard against the performance of an operation on a staff which has not been passed into the bladder, and it is to require a clear, audible, or tactile proof of contact between the stone and the staff on which the patient is to be cut."

Another difficulty in this operation in children is the ease with which the bladder is pushed in front of the finger after all cutting has been accomplished. This circumstance is spoken of by Sir W. Fergusson in his lectures on surgery, and he even illustrates it by the case of a child four and a half years of age on whom he performed the lateral operation. He states: I "could feel a considerable space at the point of my finger and was convinced that the upper part of the membranous portion of the urethra, as well as the sides above the wound, had given way to the pressure of my finger, and that I was only pushing the prostate gland and neck of the bladder upwards and inwards. These parts seemed to recede before the smallest imaginable force."

I may state, gentlemen, that this accident has occurred to me more than once, and that being fully alive to the importance of not pushing the bladder before my finger, I have at once introduced a director along the groove in the staff, and have made it act as a further guide to the finger.

All the operations save one have been performed by the lateral method. The exceptional case was the first one of this series, in that case the stone was not in verity in the bladder, but was impacted in the urethra..

Case of Cerebro-Spinal Meningitis. By GEORGE WOOD, M.D., Coaticook.

R. F., aged 23. I was called to see him on the 27th June, 1872, and found that he had been ill for ten or twelve days, and had been under the care of two different medical men who had "given him up," and the last one in attendance had recommended his family to call me to attend him. I found the patient a well-formed, robust young Canadian, in the employment of a large lumber concern in the neighbouring States. The case was a well-marked one of Cerebro-Spinal Meningitis; head very much retracted; very general hyperæsthesia; the severest pains in the temples, nape of neck and sacrum; tenderness of the epigastrium, with vomiting. The vomiting was more persistent earlier in the case; pupils dilated; did not respond readily to stimulus of light, semi delirious; tongue coated with creamy fur; difficult deglutition, and respiration hurried; temperature, 102°; pulse, 84; bowels constipated; urine scanty and high colored; no appearance of petechiæ.

Gave him Pot. Iod., grs. ij., every four hours; also, R Ext. Hyosciami, grs. v.; Ext. Belladonnæ, grs. j.; ft. pill, No. j., to be given every six hours; also, 30 grs. of Chloral, in one dose, at bedtime; ice water to the head and hot sponge bath along the spine; for food, beef-tea.

Not being able to see the patient on the 1st July, I ordered the same treatment to be continued.

Saw the patient on the 2nd of July; head still retracted; the pains had not diminished in severity; pulse, 90; temperature, 102°; bowels had moved very freely—due to some pills which were given him in my absence; urine increased in quantity, and lighter color; still semi-delirious.

Gave him Pot. Iod., grs. ij., every four hours, and Ext. Calabar Bean, $\frac{1}{8}$ gr. every four hours; diet as before; pills to be continued; ice-bag to head, and hot spine bath.

5th.—Less delirium; rigidity of neck still continues; intense pain in head and sacrum; temperature, 101.5°; pulse, 106; great vigilance; bronchitis in apex of right lung; pupils contracted—due to Calabar Bean; urine less copious; bowels still

loose; substituted the Bi-Chloride of Mercury for Pot. Iod.; Ipecac and warm fomentations for bronchitis.

6th.—Appearances more favorable; cough subsiding; pain in head less intense. Treatment as before.

8th.—Pulse, 74; respiration, 26; temperature, 99 4-5 °; pain in temples continues, but pain and rigidity of neck less intense; pupils dilated to-day, having finished Calabar Bean last night; bowels regular; urine more copious; tongue cleaner; vigilance continuous. Continued Hyd. Bi-Chloride; gave Chloral, 15 grs., every four hours. No delirium.

11th.—Much better; slept last night; pulse, 80; respiration, 22; temperature, 98 4-5 °; pupils normal; bowels regular; urine natural; appetite returning; still has pain in head and back; applied Belladonna and vinegar topically. Gave Pot. Iod. with Peruvian Bark and Port Wine.

13th.—Much worse; pulse, 82; respiration, 20; temperature, 98 4-5 °; greater retraction of head, and intense pain through head, sacrum and hips, annoying hiccough. Applied Croton Oil freely to neck and whole length of spine, except lumbar region. Treatment continued.

15th.—Much the same; rigidity much better, Croton Oil having relieved it. Gave Calabar Bean and Pot. Bromid.

16th.—Pulse, 68; respiration, 20; temperature normal; pain in head and neck less; increased through chest and back. Continued Calabar Bean and gave Pills of Belladonna Hyosciamus and Valerian once every six hours. Continued Croton Oil to the back.

17th.—Did not sleep the preceding night; suffered intense pain in the afternoon of 17th; very much excited, requiring restraint to keep him in bed; towards night less violent, but pains still intense; pulse, 82; respiration, 30; temperature, 99 4-5 °; substituted Dover's Powder for the Bromide; went to sleep immediately and passed a nice night.

19th.—Patient much better in every respect; since taking the Dover (every six hours) has not suffered any pain; rigidity fast disappearing; appetite good; bowels slightly constipated.

20th.—Still improving. Continued the same treatment.

22nd.—Much better; walked about yesterday; pulse, 78; respiration, 18; temperature normal; appetite voracious; had inflammation of eyelids and slight conjunctivitis; stopped Calabar Bean and Pills, and gave Dover's occasionally.

26th.—Convalescent; put him on Bark and Wine.

August 5.—The patient is recovering rapidly.

August 20th.—The patient is so far recovered as to be able to attend church.

Case of Strangulated Umbilical Hernia. By W. B. SLAYTER, M.D., M.R.C.S., Eng., L.R.C.P.L.; Professor of Obstetrics and Diseases of Women and Children, Dalhousie College, Halifax, N. S.; Surgeon Provincial and City Hospital.

The following rather singular case of Strangulated Umbilical Hernia is one of more than usual interest, and, possibly, may be considered worthy of record :

Mrs. McA., aged 57, states that she has been subject to dyspepsia for many years, and that when she ate any indigestible article of diet, bilious vomiting would set in and continue for several days. She also states that she has had an irreducible umbilical hernia for nearly twenty-seven years, and that the bowels never act unless she takes an aloetic purge. Occasionally, when troubled with these bilious attacks, the hernia would swell up and become very painful, but in the course of a few days this state of things would pass off and she would be quite well again. Several surgeons have at different times endeavoured to return the hernia, but without success. When called to see her I found her complaining of acute pain in the stomach, accompanied by constant bilious vomiting, which she fancied was caused by a piece of rich cake eaten a few hours before the symptoms shewed themselves. The skin was hot and dry; pulse, 92; tongue dry, and covered with a white fur; bowels had been moved freely the day before, after the usual dose of aloes. On examining the hernia it was found to be extremely large and tender; the parts covering it somewhat cedematous, but of a natural colour; no tenderness of the abdomen, and very slight tympanitis were present.

A difficulty as to diagnosis immediately arose. Was the vomiting the mere result of disordered digestion, and the inflamed condition of the hernia the result of the constant vomiting; or, were these symptoms the result of a strangulated hernia? The fact of the patient having had repeated similar attacks, acting on the hernia in the same way; the bowels having been moved but a few hours before the attack came on, and her statement that the hernia did not become swollen and painful till some time had elapsed after the vomiting commenced; certainly all favoured the idea that the bilious vomiting was the cause of the hernia trouble.

Being somewhat doubtful, it seemed best to act the "trimmer"

and merely treat the symptoms and watch the case. Counter-irritation over the stomach, Opiates, Bismuth, and Chloroform internally, very soon relieved the vomiting and pain in the stomach; the skin became moist; pulse, 96; patient cheerful; hernia still swollen and painful.

On making a visit the following day I learned that she had passed a restless night; there had been no return of the vomiting or pain in the stomach; hernia still tender; no passage of fœces or gases from the intestines; no tenderness of the abdomen, and but slight tympanitis.

At my suggestion, a consultation was called, and after carefully considering the above-mentioned symptoms it was thought that probably the hernia was strangulated; but as no immediate indications for an operation were present it would be better to endeavour to reduce the inflammation in the hernia, and possibly relieve the stricture.

She was ordered $\frac{1}{2}$ gr. of Morphine Mur. every third hour; to have ice constantly applied to the hernia, and to have an injection of Osgall and water into the lower bowel.

2 p.m.—Nothing passed from the rectum but the injection; tenderness in the hernia somewhat diminished; pulse still under 100; skin hot and moist.

The symptoms continued about the same; the patient cheerful; no increase of the pain, and no return of the vomiting; passed a very quiet night under the influence of the Morphia. Another injection of Osgall and water was administered nearly twenty-four hours after the first, and was followed by a free evacuation of dark-coloured fœces. The hernia still continues tender, but no vomiting or pain is present. Ordered to continue the Morphia and ice.

About 3 p.m. of the same day I was called to see the patient, who had become suddenly worse. When I arrived, found her skin cold and covered with a clammy perspiration; pulse very rapid and thready; countenance anxious; in fact, all the symptoms of collapse were present. In about a half hour she died.

Post Mortem Thirty Hours after Death.—After carefully dissecting down through the hernial coverings and opening the sac, a very large mass of omentum was found, greatly congested and covered with patches of lymph. On moving this mass to one side a small knuckle of intestine was discovered, very dark in appearance, also covered with lymph patches, and tightly strictured by the ring through which the mass protruded. No rupture could be dis-

covered, but on dividing the stricture the parts were readily returned.

The case is very interesting as regards diagnosis. The previous history—the absence of continuous vomiting; the presence of pyrexia; tenderness and pain in the hernia, together with the free evacuation of the bowel—might reasonably have led me to diagnose a bilious attack, followed by acute inflammation of the hernia. On the other hand the acute inflammation, coming on suddenly, only two or three hours after the vomiting commenced; the continuous tenderness and pain in the hernia itself, were symptoms which would lead one to suspect strangulation. The cessation of the vomiting and evacuation of the bowel, below the stricture, had a tendency to cloak the real state of the case, and make the diagnosis one of extreme difficulty. Of course, if the diagnosis had been clear, and an early operation performed, the case, probably, would have turned out differently.

A Case of Spontaneous Expulsion in Shoulder Presentation. Reported by Z. HEBERT, M.D., C.M., Whitehall, N. Y.

A woman, 28 years of age, having had four children, became pregnant a fifth time. On the 4th of April last, when about six months advanced in gestation, some drunken men entered the house and began beating her husband. She went to his assistance and strained herself very much trying to save him. After this time she never felt the motions of her child but once, the same night, and that very slightly. She lost her appetite and felt feverish for several weeks afterwards; her breasts became flabby, and she had the feeling of a dead weight in her belly on changing position; she also noticed a gradual diminution of the abdomen, and recession of the umbilicus, until she thought everything had passed off. She went on nearly two months after when she was taken with labour pains in the night time, but waited until morning before calling a physician. This was on the 29th of May last. When I got there I made a *per vaginam* examination, and found the *os uteri* fully dilated, and a tumour—as large as the bottom of a tea-cup—protruding at each uterine pain, but receding completely when the contractions ceased, but which presented no sign of being the head of a child, and as this protusion did not seem very soft and fluctuant, but spongy and more or less consistent, I sought for another explanation than that of such a protrusion of the bag of water. I pressed the tumour and could feel a prominence on its upper part, which I was sure did not belong to any part of the head on account of the fold of a joint I could feel on

each side of it, nor the buttock from the joint being so small; but there remained to say whether it was a shoulder, an elbow, a heel, or a knee-joint. Although the membranes were thick, I could follow the lower part of the limb, running obliquely backwards, and to the right much further than I could a foot, and felt no continuation of a limb, above the joint, that would lead me to believe it to be a knee or an elbow. I then diagnosed the case to be a shoulder presentation, although I could not easily feel the ribs, for the tumefied scapular region which presented itself did not allow of feeling them, and I could not reach under the joint through the membranes. I then ventured to rupture the membranes at the presenting part, as they were in the way of satisfying myself as to my correct diagnosis of the position, and as I could feel no fluctuation of the waters, showing they were too scanty to be of any use in case I should have had to perform turning, which I intended to defer to the last, as the operation could be of no benefit to the child, for I was convinced of its death by the characteristic symptoms that had presented themselves before, and as the bipolar method of turning with both hands externally could not be performed, the child being so small, and no liquor amnii present, I concluded that the operation of introducing the hand into the uterus would be more dangerous to the mother than any result of leaving the case for some time to nature, which I intended to help in effecting spontaneous delivery, thinking it possible because the child appeared so small, judging by the time of its death and by size of the woman, and as expulsion seemed to have already commenced of itself.

Having ruptured the membranes, a very small quantity of liquor amnii, of a somewhat viscid character, escaped. I then paid particular attention to the way in which delivery would take place. I confirmed my diagnosis by feeling the ribs under the axilla, and by a little more examination I made out the position to be the right dorso-pubic, the back of the child directed towards the abdomen of the mother, the head to the left of and above the pelvis, the breech and inferior extremities to the right and somewhat towards the right sacro-iliac synchondrosis. I then noticed that each uterine contraction seemed to act upon the child so as to bend it, bringing the breech to the head, which caused the back of the child to engage in the brim of the pelvis and gradually slide along the plane of the right ischium until it got nearly in the hollow of the sacrum, when it had rotated nearly a half circle, the head remaining almost in the same position.

At that time the right scapular region of the child, with a part of the back, had arrived at the perinæum, which they were distend-

ing rapidly. The child was not bent directly forwards, but somewhat to the left side; but when the buttocks got to the hollow of the sacrum they were thrown directly into it and expelled in that manner; then the left shoulder and arm escaped, and finally the head. I did not separate the cord, but waited for the placenta, which was expelled a few minutes after. The child presented no signs of a non-mature one, but the bones of the skull were attached to the base of the cranium, but did not unite above to form the sutures, and the scalp was distended with fluid, the skin peeled off easily, showing that intra-uterine maceration had begun for some time before birth. The tumefaction produced by pressure and that we generally find on the presenting part of the scalp of the child in cases of vertex presentations was well defined on the right scapular region, and can yet be seen, as well as other characteristics of the case, of which I have a preparation that I keep at my office. The placenta is a battledore one. On examining it it is found to have suffered inflammation by the products of lymph deposited on its surface, and by the thickness of the membranes.

After delivery I bandaged the woman, as I generally do, and after giving my orders to the nurse I left the house and called to see her two or three times after. No milk appeared; the breasts remained flabby, and she had no marked fever on the third day.

Although she was getting very well I recommended her not to leave the bed for ten or twelve days at least, but on the 5th day of June, the eighth day of her confinement, I was surprised to see her entering my office, asking for some remedy for a cold she took the day before in going out. I blamed her for her imprudence, gave her some remedies, and urged upon her to go home right away, as I was afraid it would rain, and instructed her not to leave the house for five or six days. She obeyed, but kept working all the time, and did not fail going out after the time mentioned, and she is now enjoying good health.

Before leaving the description of the case I brought before you it might not be out of place to give a brief account of the few cases of the same nature first mentioned. Denman was the first to describe natural delivery in shoulder presentation, and he considers it to be a turning of the child within the uterus, effected by the powerful uterine contraction upon the body of the child, and he explains the possibility of such an occurrence as follows:

When the uterus has contracted for a long time upon the child, so as to render it so compact as to spend all its force upon it, the contractions act on the most moveable part of the body of the child, and the inferior extremities being the most prominent, become that part which is moved downwards, while at the same

time the shoulder and head move upwards so as to replace the space made by the descent of the breech, and thus a rotation of the body of the child taking place on its antero-posterior axis, until at last the breech becomes the presenting part, when the labor proceeds as in an ordinary presentation of the breech, and this he calls "Spontaneous Evolution."

Douglass, however, denies the possibility of such a delivery, and having met with several cases he explains them thus :

When the shoulder presents, the clavicle rests under the arch of the pubis; the neck behind and to one side of the symphysis pubis; the head above the brim and more to the same side; the breech to the opposite side; the back to the back of the mother. As the uterus acts upon the child the neck is forcibly bent and the head forced on the thorax, while the contractions force down the breech in the hollow of the sacrum, causing the vertebral column to flex successively forward until the breech has escaped the perinæum. He adds that when the back slides along the hollow of the sacrum it does so rather obliquely; but when the two buttocks pass along the sacral curve they are expelled directly in the antero-posterior position; next comes the opposite shoulder and arm, and lastly, the head. This Douglass proposed to call "Spontaneous Expulsion," instead of "Spontaneous Evolution," as called by Denman.

This explanation of Douglass seems to apply to dorso-sacral positions only, and I don't know of any description that has been given of a case as such the one I have been describing, that is, of dorso-pubic; the difference, however, with Douglass, is at the beginning of the labor only, but the termination of the delivery is precisely the same. The "Spontaneous Evolution" of Denman, however, is said to have occurred, but it must be very rare.

Cases from my Note-book. By W. E. BESSEY, M.D. *Case of Contracted Knee-joint of Twelve Years Standing Cured by Operation.*

Sarah C., a young girl, aged sixteen years, was brought to me with a contraction of the leg at the knee-joint, of twelve years duration. Patient was very healthy in appearance; a bright, intelligent girl, but walked with a crutch and cane.

I was informed that twelve years previously, when quite young, she fell upon some ice and hurt the knee, inducing a severe attack of synovitis, which left her leg in this contracted position, and having been advised to go to the States, with a view to having an operation performed for the straightening of the limb, she had

been advised by the Catholic clergyman of the place to consult me first as to its feasibility.

I examined the limb, found it quite healthy, but contracted to an angle of about 45° ; the knee-joint was also possessed of slight mobility; flexion and extension being possible to the extent of about an inch at least; a strong check to further motion seemed to exist within the joint itself, which I believed, and afterwards found to be bridges of bone, and among the hamstring muscles the contracted tendons of the biceps, the semi-tendinosus and semi-membranosus effectually confined the extension of the joint to a very limited range.

The leg appeared perfectly healthy, but much smaller and less developed than the opposite limb, which might be owing to not being used; for a similar reason the opposite limb was much stouter than usual for a girl of the age, owing, I suppose, to the amount of duty it was called upon to perform. There was great solidity of condyles of the femur, but otherwise the joint seemed normal, and there was no sinus or traces of such.

Having given an opinion favourable to an operation, the patient left to consult her friends as to the advisability of having it performed by me at her own residence, instead of going abroad to obtain relief. This caused me to be consulted by her father and and clergyman, the Rev. Father S., to whom I explained the nature and prospects of such operations, and three days afterwards I was requested to appoint a day for the operation, which I accordingly did, and upon the afternoon of Friday, 15th October, 1869, I undertook my maiden operation for the relief of a joint disease.

Having placed my patient upon a strong deal table and duly administered chloroform, which I now entrusted to an assistant, watching it myself, I caused the limb to be as firmly extended as possible, and severed the the tendon of the biceps or outer hamstring, and also that of the semi-tendonosus of the inner hamstring muscles; the others not appearing rigid I trusted to their elasticity and was not disappointed.

I now found that the severing of these tendons only permitted a more free, but still very limited motion in the joint.

I next began making forcible flexion and extension, continuing the process carefully, to avoid fracturing the condyles at the epiphyses, until I had succeeded in snapping a great number of bony adhesions, and had succeeded in obtaining a free movement of the joint so far as they were concerned. The inner hamstring muscles now became quite tense and did not appear capable of permitting complete extension of the joint. I allowed the limb to rest a few minutes; carried the administration of the chloroform as far as

possible, and then after having applied the usual flannel roller, with a little steady effort succeeded in completing the extension sufficiently to apply a straight back splint, well padded, and in binding the limb firmly down to this appliance. Allowing the limb to remain in this vice for a few hours I removed the bandage and re-applied them so as not to impede the circulation in any degree if possible.

The patient slept well during the first night under the influence of opiates, and went on to do well, the knee-joint giving me not the slightest trouble or anxiety. The ankle, however, was, after a time, the source of much anxiety to me, since from the feeble nature of the circulation in the foot during the first few days, a superficial slough took place over the tarsal bones, which I treated with acid carbohc, one part in thirty, with excellent results finally, although from its slowness in healing I felt much grave anxiety at times.

This difficulty in the case might also have been avoided by doing without pressure over the region of the instep and shin-bone, where the bones are very superficial, or by the use of extra padding at the points indicated.

The subsequent treatment consisted simply in securing perfect rest and immobility of the knee-joint during the winter months, and in keeping the muscles of the thigh confined by a roller, to prevent any possibility of any interference with the reunion of the the divided tendons by any spasmodic contraction.

I had a frame constructed after the pattern of figures 11 and 12 in Bauer's work on joint diseases, with a knee-strap to prevent anterior movement of the joint. This was worn continually, and only removed for ablution and dressing. After the patient began to move about, with the crutch and cane as a support, and the leg swinging, the weight was gradually allowed to rest upon the extremity in standing, and passive motion of the knee-joint was made by myself as often as possible, generally once and sometimes twice a week. By this means I satisfied myself that the joint was perfect, and also that the severed tendons had reunited, and gave evidence of a tendency to undue contraction. This I endeavored to overcome by Bauer's contrivance.

Twelve months after the operation I allowed the crutch to be dispensed with, and the leg to be depended upon entirely in walking, assisted by the cane and the apparatus, to secure against accident, and to prevent undue contraction occurring in the reunited hamstring muscles. After a few months more the cane was dispensed with and the frame alone relied upon for safety in walking. This was continued until July, 1871, almost two years subsequent

to the operation, and finding the frame produced superficial abrasions upon the now active limb, and as I now feared no bad results from the use of the limb, I encouraged my patient to dispense with that also, and accordingly she did so, and has continued active ever since.

My last communication from her asks the advisability of using a shoe with a cork heel, to remedy the slight shortening which exists to the extent of three-quarters of an inch, which I have recommended; and as my patient expects to become a pupil at a convent in the City of Montreal at an early date, I trust to have an opportunity of showing the case to some of my professional brethren, believing it to be as near as possible to a perfect success.

P.S.—I regret to add that undue delicacy on the part of my patient has prevented me from being able to secure photographic illustrations of the case.

Reduction of Dislocation of Hip-joint (Upwards and Backwards) Nine Months out.

On Thursday, 17th February, 1870, a fine healthy boy, aged 12 years, was brought to me from the neighborhood of Honover, Ont., eighty miles distant. He was accompanied by his father and uncle, who were desirous of consulting me as to the possibility of having a dislocation of the hip-joint of the right side reduced, and which, they said, had existed since the May previous, a period of nine months. The father stated that the accident was caused while wrestling with an older boy on his way home from school, who first threw him down and afterwards kicked him on the inside of the thigh, and that on rising the present condition of things existed.

I gave my opinion as doubtful, but gave the case a careful examination and found matters in the following condition:

The boy was able to walk for the latter part of the time pretty well, but without much comfort; there was a continual uneasiness—sometimes pain in the hip—when he kept the leg in motion; the trochanter was very prominent; the head of the femur rested upon the dorsum of the ilium; the knee was drawn up above the opposite, and the thigh strongly adducted; the toes rested upon the tarsus of the opposite foot, and when walking the toes only touched the floor and the whole body yielded to accommodate the want of mobility in the hip.

Having satisfied myself, from walking him about, stripped, before me, and by a close inspection of the part, that it was a simple dislocation, and not hip-joint disease. I next explored the acetabulum with a needle, and found it contained some soft substance

only, from which I argued that if the bone could be restored to its natural position, the pressure of the head of the femur would cause absorption of such deposit, and a much more useful and moveable joint than the present abnormal joint would be the result.

I accordingly decided to attempt the reduction, and requested them to return in the afternoon, when I would be ready for them, in the meantime to give the lad no food or drink, as they were putting up in a hotel.

Returning, as directed, about 2 p.m., I placed him upon the floor between two hooks, one screwed into the floor, to which I fastened a strong linen towel, using it as a perineal band or fixed point; the other into the wall, in such a position that traction would be made over and across the opposite leg, just above the knee. Having adjusted to the limb a wet towel, I brought the pulleys into requisition, and, assisted by the two men, made steady, powerful traction upon the limb for some time, drawing the head of the bone from its abnormal position down to the lip of the acetabulum. I now made several ineffectual attempts to lift the head of the bone over this obstruction, and was obliged to desist. I now felt the want of a similar lateral pulley to raise the bone over the lip of the acetabulum. However, after doing all I could to succeed in this way to no purpose I discarded the pulleys, and continuing the chloroform until the muscles were perfectly limp, I attempted to reduce the dislocation by flexion and rotation, and in this I happily succeeded on the fifth attempt, and after much labor and patient perseverance. In my first attempt I satisfied myself of my ability that I had the head of the femur under my control, as it moved freely. I tried this, and a second time, without any show of success. Upon the third trial, however, I succeeded in placing the head of the bone riding upon the lip of the acetabulum. Emboldened by this success, I made a fourth attempt, with utter failure, and succeeded only in producing even greater deformity than before. I now, after some hesitation, determined upon another attempt, and this time, after much care and patience, succeeded in slipping the head of the bone into the acetabulum with an audible thud.

I now brought the limbs alongside and requested the delighted father to measure and inspect them. They were now of the same length, rotundity of hips same; in short, all deformity had disappeared, much to the gratification of all interested.

I now adjusted a long splint to the leg and side, and bandaged the limbs together; gave the father several half-grain doses of opium in powders with him, to administer at intervals of six hours if necessary; gave him, also, Tr. Opii, and Plumbi Acet, with

directions to make a sedative lotion to apply to hip if any pain, heat or swelling should arise, and as soon as he was sufficiently restored from the chloroform allowed them to start upon their homeward journey, it being good sleighing and a mild winter day, and requesting them to have him seen by the local medical resident once a day; the leg to be kept perfectly quiet, in bed, for three weeks; then to move about for first three months with crutch and cane, to avoid any further difficulty from a too speedy use of limb.

At the end of that time the father visited me, much pleased with the result, stating that his son was able to walk a little with the leg, using a cane; that no pain or swelling had followed its reduction, and that it was constantly acquiring strength; and the local medical attendant who had endeavored to dissuade him from the undertaking in the beginning was now well pleased with the result.

I have not heard from the patient since, but indirectly I am informed that he is all right.

March 11th, 1870, I was consulted by the mother, on behalf of of her daughter who had been totally deaf upon one side for the past four years. She had consulted several medical men, and tried various patent medicines, vaunted as cures for deafness, without success. The girl was subject to occasional attacks of severe pain in the deaf ear, but beyond this they had not noticed anything peculiar.

On examination with the naked eye I thought I could discover a dark mass at the bottom of the meatus. This I confirmed by using Hutchinson's Ear-Lamp, which enabled me to throw a flood of light down upon the mass in question. I now recognized it to be a foreign body, about the size and appearance of a black bean. I took a small silver scoop and, by distending the meatus, succeeded in removing *four small beans*, one of which—the most external—was quite firm, the others were in various degrees of decomposition. (I should have mentioned that during the three days previous a discharge had taken place from the ear.) It is needless to say that hearing was at once restored, and the subsequent treatment consisted in syringing with warm water to secure cleanliness and soothe the irritated surfaces of the meatus.

The true cause of deafness in this case had undoubtedly been overlooked through carelessness in examination.

May 10th, 1870, a child, aged four months, was brought to me, having a congenital deformity consisting of a deficiency in the

development of one leg. The left thigh was about three inches shorter than the opposite one; the bones of the pelvis were perfectly developed, and the hip-joint of the deficient side was also perfect; the thigh muscles were also full size and strength, and the knee and other joints were also perfect; but the leg was flexed upon the thigh by a firm contraction of the biceps tendon or external hamstring muscle, and this gave the leg and foot an upward and outward flexion. The leg, from the knee to the ankle, was about an inch shorter than its fellow of the opposite side, and the foot a little smaller than the opposite.

I severed the biceps tendon and brought the leg down to a straight position, keeping it there by a straight splint, which in a few days I substituted with a gutta percha mould. This was applied for a period of about three months, when it was removed, and the severed tendon appeared to have perfectly reunited.

When about ten months old the child began to use its feet in standing, and a cork addition to the sole was added, and a steel support extended up the leg to prevent twisting. With this appliance, which has been several times removed, the child began to walk, and is now as active, to all appearance, as if nature had formed her perfect.

I mention this case as being one of nature's singular freaks during *intra uterine* life.

Proceedings of Societies.

THE CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association opened on the 12th instant in the room of the Natural History Society.

Dr. D. C. Hamilton, of Nova Scotia, one of the Vice-Presidents, took the chair in the absence of the President, Dr. Sewell, of Quebec.

Dr. McNab of New Hampshire, was invited to take a seat as a Vice-President.

The order being called for proposals for membership,

Dr. David called attention to the fact that at the last meeting a resolution was passed making every proposer and seconder liable for the fees.

A number of gentlemen were then proposed and accepted as members.

After the minutes of the last meeting had been read and con-

firmed, the Secretary, Dr. David, read a letter from the President, expressing his regret at not being able to attend on account of a difficult case on his hands. He, however, forwarded his annual address, which was read by Dr. Marsden of Quebec.

GENTLEMEN,—The next thing in the order of proceedings is the address of the President. Last year Dr. Parker extended his observations over such a very large field, embracing almost every possible subject, that I really find but little left to comment upon or suggest. There are, however, one or two points upon which I would like to touch briefly.

THE "BILL."

It is to be regretted that little or no progress was made last session with the Medical Bill. It will again be submitted to-day for your consideration, and in its discussion it is very much to be desired that all sectional or private interests may be laid aside. The question is not this province or that; this school or the other. We are here to discuss and adopt such a Bill as will conduce most to the public good and the elevation of our own profession. Let me, therefore, bespeak from the members of this Association that reciprocal kindness of feeling which will tend greatly to the peace and harmony of the meeting, while it will expedite the business in which we all are so interested. Medical education is, without doubt, the most important subject that can occupy the attention of a body like this. No argument of mine is necessary to show that this must be the foundation of the professional character in every country. I trust, therefore, that the Bill now to be considered, and which has for its object the advancement of medical education in this country, will be sufficiently advanced at this session that it may be laid before Parliament at its next meeting.

CLINICAL INSTRUCTION.

On looking over the curriculum to be enjoined on medical students I am struck with the small amount of time given to clinical instruction. Although two courses of three months, upon clinical medicine and clinical surgery, are all that is required at most of the recognized schools, still a moment's reflection will satisfy any one that this is far too little. Clinical instruction, as now conducted, is made subordinate, and, as it were, a secondary branch, instead of being put forward as one of the most important and most indispensable subjects of professional instruction.

The importance of demonstrations in lectures upon all subjects, medical or otherwise, requires no proof, and surely no demonstration can be so effectual to the medical student as the illustration

of the remarks of the professor, by an exhibition of the patient in all the different phases of the disorder.

HOSPITAL FEES MUCH DIMINISHED OR ENTIRELY ABOLISHED.

Again, not only should the number of clinical lectures in the different schools be increased, but greater facilities should be afforded to the student to prosecute his studies at the bed-side. For this purpose the hospital fees should be much reduced, or, if possible, entirely abolished. With regard to this matter I am happy to say that in Quebec we have taken a step in the right direction. Our hospitals are almost free, while the number of clinical lectures on medicine and surgery, apart from those given on diseases of the eye, amount to 360 per annum—240 only are required by law.

IMPORTANCE OF HOSPITAL ATTENDANCE.

I believe the student cannot too soon commence his attendance at the hospital, and although his medical education may not be sufficiently advanced to enable him to profit by this attendance to its fullest extent, still, if he is observant he will pick up much which will be invaluable to him hereafter, and he will learn much which will render the lectures he will receive later on in the College far more intelligible, and, therefore, far more profitable than they would otherwise be. To the same effect is the language of the great Trousseau. Addressing his class, he says, "Clinical instruction should not be deferred till near the end of the student's curriculum. From the day on which a young man determines to be a physician he ought to attend the hospital. It is essential to *see—to be always seeing*—sick persons. The heterogeneous materials, though amassed without order, are, nevertheless, excellent materials. They may be for the present useless, but at the later time he will find them stored in the treasure-house of his memory." And they will become of incalculable service to him.

HOSPITAL HOUSE-SURGEONS.

Let me here throw out a hint which, if acted upon, might be of advantage to our students in all the different schools. I allude to the situation of house-surgeon in our various hospitals. Hitherto, I am of opinion, these officers have retained their appointments too long, to the exclusion of others to those advantages which they themselves (it is to be presumed) no longer require. In each hospital I would like to see a house-surgeon and an assistant-house-surgeon. The former should be a licensed practitioner, the latter a student in his fourth year, who, if found qualified, should succeed his chief the following year, on being received. By this arrangement each house-surgeon would spend two years in the hospital, a

stimulus would be given to the students, and a larger number would benefit by the advantages thus afforded. I do not hold positively to the periods here laid down, but I believe the hint here thrown out might be acted upon or modified to the great advantage of our students.

TRIMESTRIAL EXAMINATIONS!

Again, in the interest of the students, there is yet another point upon which I would touch. My colleagues and myself can testify to the immense amount of labour which this entails upon the professors, but we can also testify to the immense advantages it affords the students—and herein we are amply repaid. These examinations are conducted by a Committee of the Faculty, each professor examining on his own branch in the presence of his colleagues. At Laval there are three terms in each year; consequently the student undergoes twelve of these almost public examinations in the course of his four years' study. The advantages to be gained by the student are: first, and perhaps above all, a strong inducement to him to commence his studies in earnest the very day he enters college; secondly, by these examinations he discovers whether his lectures or private reading has been profitable to him or not; and lastly, he learns to appreciate and to take in the full scope of his professional questions, and by frequent habit he obtains a facility of answering. The quality of examinations above alluded to are, of course, in addition to the usual weekly examination in each class.

THE COURSE OF STUDY.

The course of study is, I see, to extend over a period of four years. This is not too long; but, perhaps, it would be well to specify distinctly in the Bill that no degree, *ad practicandum*, shall be conferred before the full expiration of his term.

It has been suggested by the Association of Medical Superintendents of American Institutions for the Insane, that in every school of medicine conferring degrees a course of lectures should be given on insanity and medical jurisprudence as connected with disorders of the mind. As most of the cases of insanity, in their early stages, come under the care of the ordinary physician, that is, perhaps, a subject which may advantageously occupy the attention of the different collegiate councils in this Dominion.

Last year Dr. Parker directed the attention of this Association, in very earnest language, to the necessity of establishing institutions for the treatment of inebriates. It is very much to be regretted that up to the present moment the Government of this Dominion has taken no action in this most important matter. It

is true that Mr. Wakeham, with than enterprise and intelligence which have always characterized him, did, some years ago, at his own risk and cost, open an institution in the neighbourhood of Quebec for the purpose alluded to, and has maintained it ever since upon a most respectable footing, though, I fear, at a considerable pecuniary loss. This he has borne in the hope—hitherto a vain one—that Government would ere this have come to his assistance. It is also true that an Act passed by the Local Legislature in 1869, authorizing the interdiction of inebriates, so that now these persons may be controlled and sent to such institutions for treatment. So far so good; but still this does not exonerate the General Government from the great responsibility which lies upon it in this matter. I agree entirely with your late President that all governments are as much morally bound to make provision for this class of sufferers as they are to find hospital accommodation for the treatment of other forms of disease, whether of the mind or body. It will, no doubt, have been seen by many of you that Drs. Parrish and Dodge, Superintendents of the Sanitariums of Binghampton and Media, have been formally invited to appear before the British Parliament to give a detailed history of Inebriate Asylums in the United States; the system of treatment adopted in them; and its success. This is a most praiseworthy step on the part of Great Britain, and will be followed, no doubt, by other governments; our own, may it be hoped, included.

There is yet another subject to which this Association might call the immediate attention of the Government.

INSANE EPILEPTICS.

As the law now exists no insane person, however violent, (*being also an epileptic*;) can be admitted into the public asylums of the country. The consequence is our gaols contain several of these doubly-afflicted persons, who are exposed to the jeers and gibes of those around them, inducing, no doubt, very frequently, epileptic paroxysms, which, under more favourable circumstances, might have been avoided. Why an insane person, because he is also an epileptic, should be less dangerous to himself or others, or require less the protection of Government for the same reason, I am at a loss to understand. On the contrary, being doubly afflicted, he should be a special object of sympathy, care and protection. I believe this matter has only to be brought under the notice of the Government to be at once remedied. There are some other points upon which I might dwell, as, for example, the better regulating of the duties of chemists and druggists in large cities, medical fees in courts of jurisprudence,

coroner's inquests, &c., &c.; but as there is a good deal of work before the Association, and but little time to do it in, I prefer waiving these so that we may proceed at once to the discussion of the Bill.

Dr. Howard moved the acceptance of the address of the President, and that it be published amongst the transactions of the society in the usual way.

Dr. Campbell seconded the resolution, which was agreed to.

Dr. Trenholm, Dr. Howard, Dr. Worthington, and Dr. De Bonald announced their intention to read papers to the society during the session.

Dr. Marsden pointed out that through many members not paying their fees the society was unable to publish the valuable papers that were read at the meeting. For instance, last year Dr. Howard read a most valuable paper, full of statistics which were of priceless value, but they were practically a dead letter. For that reason he gave notice that during the meeting he would move to increase the fee.

The Nomination Committee was then elected and the meeting proceeded to

THE MEDICAL BILL.

Dr. Howard, the Chairman of the Committee on the Medical Bill, then brought the subject under the consideration of the house. He said that it would be in the recollection of some of the members of the association that at the meeting held in the City of Toronto, in Ontario, which was a very large and influential meeting, a resolution was almost unanimously passed, appointing a committee to draw up a Dominion Medical Act, the object of which was to render the system of medical education, medical examination and registration, uniform throughout all the Provinces of the Dominion. The Society at that time seemed to have imbibed the spirit which was so rampant in political society respecting confederation. It did not require very much forethought, nor did it require very much sagacity to see what a great boon it would be to the medical profession generally to have a system of admission to the portals of the practice of medicine throughout the whole of Canada uniform. Amongst the best minds at that meeting, the oldest and most matured minds, there was a general consensus that it would be a great boon to the profession if the young men in all the provinces had gone through a somewhat similar course of instruction, so that there should be the same standard of education, both preliminary and scientific. Starting with that great general principle, it was determined to

get a representation of the interests of each province and each university, which should form a committee to consider the subject. After a year's labour a bill was presented at Ottawa as the result of the operations of that committee. In the discussion of the subject it was right to say that a very active part was taken by the members of the profession of Montreal. It so happened that he was appointed the chairman of that committee, and that being a very important post he naturally consulted with the influential members residing in Montreal. They had several meetings which were attended—some of them—by gentlemen who were not members of the committee, and at one meeting the committee framed the measure in the shape in which it was presented to the meeting at Ottawa. Independently of those meetings he (the chairman) had held extensive correspondence with gentlemen in the various provinces, and all the suggestions thrown out by those persons were embodied, as far as they could be, in the bill, when it was presented at the Ottawa meeting. At that meeting it was agreed by general consent that only the great principles of the bill, the great matters upon which there might really be a difference of opinion, should be discussed, and the minor matters of detail left to be discussed afterwards. A series of very important amendments were adopted at Ottawa, altering very much the character of the bill. The number of representatives was altered, the proposal to have several councils was rejected, and it was agreed that there should be but one examining board, so that, as they would see, three very important principles in the bill were altered, though not, in his opinion, improved. It was then agreed that the bill, as amended, should be printed and distributed amongst the profession for discussion at the next annual meeting to be held at Quebec. At that meeting the bill was not seriously discussed, because of some difficulties caused by the amendments made not having been translated into French. What he asked the Association to do now was to proceed to discuss the leading clauses of the bill, so as to get an expression of opinion from that body, respecting the great principles involved in the measure, and not to attempt to take up all the clauses. He would mention further the clauses which he believed to be the principal ones. The fourth was that respecting the General Council, and, of course, was one of the most important clauses, dealing, as it did, with the number of members to compose it, and the proportion to be assigned to each province. Then clause twenty-one was one of the leading clauses of the bill, for it was one affecting the registration and determining whether a young man should not only hold a diploma from a university, but also pass an examination before the

Licensing Board, or whether the diploma should be sufficient. The twenty-fourth was important, empowering the Council to appoint a Board of Examiners. The twenty-fifth would naturally be one of these important clauses, for it decided who should compose the Examining Board, and what interests should be represented. The twenty-sixth also came under the same category, as it defined the powers of the councils in the matter of examining students, and the twenty-eighth clause which gave power to the Council to recognize or otherwise new medical schools. These clauses really contained the pith of the whole Act, and if they could agree respecting the principles involved in these clauses there would be no difficulty in arranging the details afterwards. Therefore, he moved that the Association should resolve itself into committee to proceed to discuss the bill.

Dr. Hingston seconded the motion, which was agreed to.

Upon going into Committee,

Dr. Botsford moved that the discussion of the bill be adjourned *sine die*.

Dr. Marsden, who acted as Chairman of the Committee, thought that the resolution was out of order, and the discussion of this question occupied the rest of the morning session.

In the afternoon there was at first only a small attendance, and therefore the discussion of the Medical Bill was postponed, and the time occupied by the reading of a paper by Dr. De Bonald on "The Extinction of Syphilis." He pointed out that all diseases could be divided into avoidable and unavoidable disease, and the disease in question was one of the former class, and could be radically cured. He advocated a plan by which a committee of medical men would be appointed, to whom a bulletin would be sent by all the physicians, specifying the number of their patients, their age and the number of persons affected; stating the mode in which the disease had been caused. By that means they would obtain the most exact statistics as to the number of cases and the causes, and if they could prevent any increase of contamination then the problem was solved, because in time those affected would die. In order to annihilate spontaneous syphilis it was necessary for political economy and hygiene to apply themselves and to eradicate contagious syphilis therapeutics must apply itself. He then pointed out that the great means of extinguishing the disease was by increasing the vitality and powers of the race. Study, observation, science and morals were the bases upon which the ills of humanity would be removed, and if the medical profession were to apply themselves to the work, and be unconditionally supported by the other branches of society, much good would be done. The

lecturer concluded by advocating a system of compulsory licensing and compulsory examination, such as prevails in France.

Dr. Tessier thought that the question was a most interesting one, but it was one in regard to which the people seemed to be asleep, though it was cutting down the manhood of the country every day. He strongly doubted the practicability of the proposal as to statistics, but to put the houses of ill-fame under the control of the police would have a good effect in diminishing the disease. He thought that the meeting was indebted to the lecturer for bringing the subject before the society, for the study of the subject would do a great deal of good, and moved a vote of thanks.

Dr. Hudson seconded the resolution.

Dr. F. W. Campbell then read the report of the Committee on Canadian Medical Necrology, as follows:

MONTREAL, September 11, 1872.

The Committee upon Canadian Necrology beg to report that death has taken away two prominent members of the Association during the period which has elapsed since its meeting in Quebec last year.

First on the list is the name of William Fraser, M.D., L.F.P. and S., Glasgow, one of the foremost physicians of Montreal, and Professor of Institutes of Medicine McGill University, also an attending physician of the Montreal General Hospital, who died on the 24th of July, after a very brief illness. Dr. Fraser had practised his profession in Montreal for nearly forty years, and was esteemed by all who knew him. His professional brethren looked upon him with confidence, as a sound and able practitioner, and his death is a loss not only to the profession of the city in which he lived, but to this Association, in which he took much interest.

Second on the list is one well known to all who have at all regularly been present at the meetings of the Canadian Medical Association—Jean B. Blanchet, of Quebec, whose death occurred on the 21st of July. At the organization of this Association, at Quebec, in 1867, he was one of the most active medical men present; and in the following year, when the Association met in Toronto, he was elected Local Secretary for the Province of Quebec. In 1870 and in 1871 he was re-elected to the same position, which he filled, throughout the whole term of his election, with the utmost fidelity and attention. Dr. Blanchet graduated at McGill University in 1863, and immediately went to England, taking out while there the diploma of the Royal College of Physicians, London. On his return he settled in Quebec, where he was rapidly gaining a first-class position. He had suffered for a year

or more from a troublesome malady which at length required surgical interference. In May of the present year he submitted to an operation at the hands of Dr. Hingston, of Montreal. His recovery quickly followed, but in a couple of months afterward another disease manifested itself which in a comparatively short time cut him off. By this death the profession in Quebec has lost one of its most prominent members, this Association one of its most indefatigable workers and supporters, as well as a pains-taking office-bearer.

All of which is respectfully submitted.

FRANCIS W. CAMPBELL, M.D., L.R.C.P.L.,
Chairman.

Dr. Marsden moved that the report should be received and incorporated in the transactions.

THE MEDICAL BILL.

Dr. Howard then moved that the President should leave the chair, and that the house should go into Committee upon the Medical Bill.

Dr. Botsford moved in amendment, "That it is inexpedient to occupy the time of the Association with a discussion on the Medical Bill." He believed that one of the difficulties the Association had to contend against had been the discussion of the Bill. It had been before the house at several meetings, but even supposing that they could agree upon it, the question arose whether it would be received by the Legislature. It might be said they could only make the trial, but if, in making the trial, they took measures which were destructive to their institution, he would ask them why they should do it injury. In doing so they injured an Association which ought to range around it the intellect and numbers of the profession. Why was it that there were so few persons present that they might in reality say the Association was dying out? He thought that they would stand better in the estimation of the profession and the public at large, as a body of scientific men talking about scientific subjects, and they would do that better by coming in contact with each other, and hearing as to the investigations that had taken place as to the causes of diseases and scientific subjects. The humblest might be able to give them information which would be useful, and if they spent their time in that way it would be better and more beneficial than if they frittered away their time in attempts at legislation, which, when finished, might not be acceptable. For these reasons he thought that it would be better for them to throw out the bill and attend

to the business which would give them a standing in their own eyes, as well as in the eyes of the public at large. (Hear, hear.)

Dr. Trenholm seconded the motion, on the ground that there were not sufficient persons present from Ontario, there being only two present from that Province, where there were more than one-half of the medical men in the Dominion; and inasmuch as the bill which was contemplated was one intended for the whole Dominion, it was impossible that they could enter upon its discussion with the hope of obtaining any practical result. The most they could do was to act for Lower Canada, and they now had a plan which commended itself to the practitioners in the present College of Physicians and Surgeons.

Dr. Marsden thought that it was very evident that the bill, as it stood, was not going to be acceptable to all the profession. If they could carry the draft of a bill by any majority at that meeting, they could not go to the Legislature and present it as the sentiment of the Dominion of Canada. They could not say that it was the sentiment of Ontario, though they had a law there which was similar to the one proposed to be brought forward, and which was a very excellent one indeed. He had been looked upon with suspicion for saying that it was an excellent bill and would kill out the homœopathists and Eclecticists, but it had done so. At present he thought that the Province was in as good a position, for it was not sufficiently advanced for such a bill, and therefore he had been anxious that the proposed bill should be discussed on its merits. But he did feel that, seeing there were only two gentlemen from Ontario, even if they carried their proposal, they could not go with any grace to the Legislature and present it for the Dominion, as it would be opposed by the Ontarians. In medicine, as in politics, these unfortunate divisions were the ruin of everything, and therefore he hoped that the discussion would be postponed *sine die*.

Dr. Grant, M.P., said he gathered from the expression of opinion of a meeting of the profession of Ontario, and also from the opinion of men outside the Association, that there was but one feeling there, and that was opposition to the contemplated bill. For his own part he should like to see some bill which would meet the requirements of the profession generally, but he was satisfied that the profession in Ontario was averse to any legislation which would interfere with the bill they now had. At the introduction of the the new Ontario bill he was opposed to it, but although he was as strongly opposed as he could be to it, yet he knew that since its passing not one homœopathic or eclectic practitioner had graduated in the Province of Ontario. Prior to the passing of that

bill no less than from twenty-five to thirty graduated annually, and obtained as good practices as men who had graduated honorably in a university. He was satisfied that if the bill had accomplished no other good, it had done a great benefit in putting down the principles of homœopathy and eclecticism, and establishing the principle that there was only one basis for entering the profession—an educational one, and not the flimsy basis on which homœopathy and eclecticism rested. (Applause.)

Dr. Rottot expressed an opinion that whilst a common standard of medical education was desirable, it would be also advisable that each province should keep up its own medical schools. But we do not know why after maturing the bill for three years, they were to throw it away.

Dr. Hingston did not understand why they should now throw the bill away, after having done less than nothing. If there was any necessity for a bill of this kind three years ago, there was now a still greater necessity for it. They had a bill in Ontario and in Nova Scotia, so that there was nothing like uniformity in medical education. A graduate of Quebec was a graduate in Quebec alone, and had no right to practise in Ontario, and he should like to ask if, after confederation, that was the position that such a graduate should maintain. He did not agree that the discussion of the bill had done harm to the society; on the contrary, he thought that it had done good. He had no doubt that New Brunswick and Manitoba would follow the example of Ontario and Nova Scotia, and then they would have five different schools sending out graduates with the power to practice in one province and not in any other, so that he thought that they should try and agree among themselves and obtain some uniformity, for it would become more apparent every day that it was required.

Dr. David said that if what Dr. Grant had stated were true, then it would be utterly impossible for them to carry the bill through Parliament, and therefore its discussion would be a waste of time. He was satisfied from what Dr. Grant had said and from letters he had received from Ontario that the reason the members from Ontario had not attended was that they had felt themselves obliged to oppose the bill, which they did not want to do. Under these circumstances he thought it was a mere waste of time, money and labour to go on discussing the bill. He regretted it, because he thought it was not only shameful, but small for the other parts of the Dominion to pass laws preventing medical men from one province practising in another.

Dr. Howard pointed out that the bill had been modified to suit the wishes of Ontario, and now was nearly a counterpart of the

law in that Province. He believed that they could settle the grave questions at issue in a very short time, and much more easily than they could ten or twenty years hence.

After a few words from the President,

The amendment was put and lost and the original motion carried, and the Association went into Committee, Dr. Marsden presiding.

On the preamble, which declared it to be expedient that the laws and regulations for the education, examination and registration of medical practitioners in the Dominion should be uniform.

Dr. Rottot objected to it on the ground that it placed the control of the education of medical practitioners in the hands of the Federal Government, and infringed the privileges of other provinces which he thought objectionable. Therefore he moved that this Association, although desiring that the laws and regulations concerning the examination and registration of medical men should be uniform and similar in all the Provinces of Canada, nevertheless rejected the principle of the contemplated Medical Act which puts the preliminary and medical under the control of the Federal Government. He was in favor of laying down some basis of education and then leaving each province to carry it out.

Dr. Lemoine seconded the proposition of Dr. Rottot.

Some discussion ensued upon the question, and upon a division the amendment of Dr. Rottot was put and lost, the votes being 11 for and 17 against it.

The preamble then passed, and the Association adjourned at six o'clock p.m.

THE DINNER.

In the evening the members of the Medical Association dined together at the St. Lawrence Hall. The chair was occupied by Dr. Scott and the vice-chairs by Drs. Hingston and Peltier. After an excellent dinner provided by the host of the St. Lawrence Hall had been disposed of, the chairman proposed the usual loyal and patriotic toasts, which were enthusiastically responded to. The toast of "The Members of the Association" was proposed, and responded to in admirable style by Drs. Hamilton of Nova Scotia, Botsford of New Brunswick, and Grant of Ottawa; and by Dr. Derby of New York. The health of "The Mayor and Corporation" elicited an admirable reply from the Mayor, and that of "The Vice-Chairmen" by Drs. Peltier and Hingston. "The Press" and "The Medical Profession of Montreal" having been duly honoured, that of "The Ladies" was given by Dr. F. W.

Campbell, and an exceedingly pleasant party broke up about midnight.

PROCEEDINGS OF THE SECOND DAY.

MONTREAL, 12th September, 1872.

The deliberations of the Association continued at the Natural History Society, the Vice-President, Dr. Hamilton, occupying the chair, in the absence of Dr. Sewell, of Quebec.

After the minutes of last meeting had been read the question as to the next place of meeting was put.

Dr. Marsden moved that the next place of meeting should be St. John, New Brunswick. By the time of the meeting they would have direct communication by steamer and rail. New Brunswick would like it, and the Association had not yet met in the Eastern Provinces, and he believed that their going there would be attended with very beneficial results, and promote the great cause they had in hand. He believed that it would probably hasten the results that they all wished heartily to bring about, though they did not agree as to the details. It might be that they would then be able to mature their project for a medical bill which would be acceptable to the whole country.

Dr. Hamilton, of Ontario, seconded the resolution.

Dr. Hingston expressed a hope that at the next meeting the greater part of the time would be devoted to the reading of papers on scientific subjects, and their discussion.

Dr. Botsford said that he was very glad that the proposition had come from Dr. Marsden that the next place of meeting should be St. John, N. B. When he left St. John he was told to urge that that city should be selected as the next place of the meeting. There was one advantage in the selection of St. John, that the weather was more cool than in the interior of the country, and the hotel there was equal to any other in the Dominion. By selecting the Maritime Provinces they would enjoy a pleasant trip, and would, at the same time, be able to attend to their business. In conclusion, he stated that he could say, on authority, that by next year the communication would be direct, either by steamer or rail.

The resolution was then put and carried.

Dr. Trenholm observed that September was rather an inconvenient time for holding their meetings, as many of their patients returned from the sea-side during that month. He believed last year that the time should be altered to June or July, and gave notice of his intention to move an alteration of the by-law, and

therefore he moved that hereafter the annual meetings of the society be held on the second Wednesday of July each year.

Dr. Marsden seconded the proposal.

Dr. Hingston thought the motion pledged the Association for all the future, whereas he thought that they should confine themselves to the next meeting. It would be better for them to fix the time each year, and for the next year he would suggest that the time should be the first week in August rather than the second in July, because a great many people did not leave Montreal till then.

After some discussion Dr. Hingston moved, and Dr. Gilbert seconded, that the time of holding the next meeting should be the first week in August.

On the question being put, the amendment was carried, and the next meeting will be held on the first Wednesday in August 1873.

Dr. Botsford submitted the following report:

The Nominating Committee have unanimously agreed to submit the following gentlemen to the Association for election to the respective offices:

Dr. Grant, M.P., President; Dr. McDonald, of Hamilton, Vice-President for the Province of Ontario; Dr. Marsden, Vice-President for the Province of Quebec; Dr. C. C. Hamilton, Vice-President for the Province of Nova Scotia; Dr. Stenes, Vice-President for the Province of New Brunswick; Dr. Peltier, General Secretary of the Association; Dr. Berryman, Secretary for Ontario; Dr. H. Blanchet, Secretary for Quebec; Dr. Gordon, Secretary for Nova Scotia; Dr. Earle, Secretary for New Brunswick; Dr. Robillard, Treasurer.

Prize Essay Committee.—Drs. Hingston, Hodder, Wm. Bayard, Larue, Yates, and A. P. Reed.

Committee on Medical Education.—Drs. Howard, Rottot, Worthington, James Sewell, Canniff, Ogden, Dickson, McGillivray, Botsford, Earle, Tupper, and Parker.

Committee on Medical Literature.—Drs. Black, Fenwick, Dagenais, Marsden, Larue, Bethune, McIntosh, Fulton, Oldright, Freeman, George Hamilton, and Wickwiré.

Committee on Necrology.—Drs. F. W. Campbell, Workman, Larue, DeWolf, and Harding.

Committee on Publications.—Drs. David, Robillard, F. W. Campbell, Trenholm, Dagenais, Hingston and Peltier.

Auditing Committee.—Drs. Fenwick, Peltier, and Scott.

J. B. BOTSFORD, *Chairman.*

Dr. Trenholm moved the adoption of the report, which was seconded by Dr. Botsford, and carried.

These gentlemen were then unanimously elected to the several offices.

The President observed that, according to the fourth article of the constitution, it was provided that the President and Vice-Presidents should enter upon the functions of their respective offices at the beginning of the next meeting, and the other officers immediately after election. He should give notice that at the next meeting he would move to alter the constitution so as to apply the same principle to the other officers as now applied to the President and Vice-Presidents.

THE MEDICAL BILL.

Dr. Howard said that before asking the society to consent to what he was about to do he would like simply to state why. As they were aware, at last, by a final vote they had obtained an expression of opinion from an influential portion of Lower Canada respecting the principle involved in the bill. After a good deal of debate, and after much having been said upon the question, they at last got a formal motion from Dr. Rottot, representing a very large and influential portion of the French Canadian practitioners in medicine in Lower Canada to the effect that as a whole they objected to the bill which would be a Dominion bill. Whilst they were willing to have a bill for each province they did not feel disposed to adopt the principle which would ultimately confer upon the Federal Government the jurisdiction in medical matters. That, of course, was what he was aiming at, and what they had been working to obtain for the last three years. It was evaded at Ottawa because there was not an attendance from this province. It was postponed at Quebec because the amendments were not translated into French, and yesterday it was almost choked by a vote to suspend the discussion of the subject. Fortunately, now, by the good taste of Dr. Rottot, the discussion was brought on, and subsequently a formal vote of 11 to 17, at a very small meeting, was obtained on the principle contained in the preamble. But the minority represented plainly the feelings entertained by a very influential portion of the French practitioners of Lower Canada. He, as a Lower Canadian, did not feel that it would be right in him to take any further active part in advocating a bill which was not acceptable to his compatriots here. It would be futile for them to go before the Local Legislature to obtain a bill which would not be acceptable to a large and influential portion of the profession. Having at last obtained an emphatic opinion from Lower

Canada, he proposed, with the consent of the Association, as the chairman of the committee in charge of the bill, to withdraw its further discussion, and he requested permission for the committee, having reported, to be discharged. He hoped the Association would see the propriety of that proposal. As a Dominion bill, it could not be discussed at present, and therefore he hoped its discussion would be withdrawn. He need not say that it was a very great disappointment to him, but then there was nothing but disappointment in this world, in medicine as in other matters.

Dr. Trenholm seconded the resolution, but he did it with great regret, because he thought the French practitioners did not appreciate the position.

Dr. Howard remarked that it would be more acceptable to him to have some other gentleman second the resolution, because Dr. Trenholm had tried to choke the discussion of the bill. Dr. Hingston had seconded his original motion, and therefore he hoped he would second the present one, because it would be in better taste after what had transpired.

Dr. Hingston said he would do so, not with pleasure, but with pain, but he would merely suggest that the bill should stand over for a couple of years, after which, perhaps, they might be able to smooth some of their little angularities.

Dr. Trenholm wished to remove any impression of inconsistency in his conduct in seconding the resolution; His reason for trying to suppress the bill was that it was clear that it could not be carried, and so its discussion could only be a waste of time. He had not in the slightest degree changed his opinion as to the necessity for such a bill.

Dr. Howard said that while he left it to the society to be decided whether the bill should be dropped or only postponed, he must retire from the position as chairman of the committee. He had many reasons for doing so, but one very strong one was that from his position as the chairman the bill bore the impress of his hands. If the committee was to be continued he would suggest the name of Dr. Craik to be substituted for his own.

Dr. Rottot observed that he did not oppose the bill as a whole, as he thought there was a great deal of necessity for such a bill, but he objected to some of the provisions of the measure. He hoped, however, that Dr. Howard would continue to act as chairman of the committee, for he was at the head of his profession, and his services were of the greatest value.

Dr. Rousseau also hoped that Dr. Howard would not retire.

Dr. Howard thought the bill should be given up, because it would not be lost, as he felt assured that the law of Nova Scotia

was due to the labours of that Association. For that reason he thought that the gentlemen who maintained that the time of the Association had been misspent in the discussion of the bill, and that the time would have been better applied, to the discussion of scientific subjects were mistaken. The late President of the Association, who took an active part in the formation of the Nova Scotia Bill, also took part in the formation of the measure under discussion, and had been very anxious to have the measure drawn before the introduction of the Local Bill in Nova Scotia. He (Dr. Howard) thought that they should withdraw the bill because the Province of Quebec, which was the only one in which there could be any great difference of opinion, had spoken emphatically against the principle of the bill.

Dr. Hamilton moved that the further consideration of the medical bill prepared for the Association by the committee, at the request of the Association, be deferred for two years.

Dr. Rousseau seconded the resolution, which was carried.

Dr. Howard moved that the special committee be discharged.

Dr. Gilbert seconded the resolution, which was lost on a division.

Dr. Rousseau proposed a vote of thanks to Dr. Howard for his arduous labours in preparing the bill.

Dr. Worthington seconded the resolution.

A LIBERAL OFFER.

Dr. Marsden announced that he had the honour to submit an offer which must be very gratifying to the Association, as it would tend to make the next meeting very interesting. Dr. Grant, M.P., and Dr. Worthington, had offered to the Association a gold medal for the best essay on the zymotic diseases of Canada, the essays to be submitted to the Essay Committee of the Association, without signature, with an appropriate motto, before the first day of July next, and to be presented to the next meeting of the Association. (Applause.)

THE SUBSCRIPTION.

Dr. Marsden gave notice that at the next meeting he would move that the subscription be \$4 in future.

PAPERS.

Dr. Howard then read a very able paper on Scarlatina Pleurisy, which was followed by some discussion; and,

On motion of Dr. Marsden, seconded by Dr. Campbell, a vote of thanks was accorded to him, and the assembly adjourned for lunch.

In the afternoon, Dr. Grant, the newly elected President, took the chair, and Dr. Marsden then gave notice that at the next

meeting he would move that the by-laws should be amended so as to enable the Association to strike off the roll of the members of the Association all permanent members as had been absent from three consecutive meetings and had failed to pay their subscriptions.

Dr. Wright thought the members from the Upper Provinces would not attend the meetings so long as they were held in the fall months of the year.

Dr. Botsford thought it was very important for the welfare of the Association that the whole Dominion should take an interest in it, and that any steps that could be taken should be to maintain that interest. It would be a pity if a large section of the profession were to shut out practically from the Association because of the time of the meeting.

Dr. Marsden gave notice that at the next meeting he should move that the time for holding the meeting should be reconsidered.

Dr. Hingston then gave a description of a case on which he had performed an operation for the removal of a double hair lip, the patient being present was shown to the society.

Dr. Fenwick then read a paper upon sixteen operations of lithotomy which he had performed, and all of which were successful.

Dr. Hingston congratulated Dr. Fenwick upon the success he had had in not having met a single fatal case. It was very gratifying to know that in Canada the statistics in these operations would compare with any part of the world, but the success that Dr. Fenwick had achieved through his coolness and ability was not by any means the average.

Dr. Marsden thought that the successful results of Dr. Fenwick's operations showed that the surgeons of this country were advancing in science.

Dr. Botsford expressed an opinion that the ailment of stone in the bladder was very rare in New Brunswick.

The President observed that in Ottawa, during a period of thirty years, there had only been three cases of stone in the bladder. The cases, as they saw, were very rare in that part of the country, and these that had happened had turned out very well. In one case, at the Catholic hospital, no less than eighty-nine calculi were removed at one time.

Dr. Hamilton believed that in Nova Scotia the disease was still more rare than in New Brunswick. In a practice of thirty-eight years, in a growing town in the County of Kings, he had never heard of a case. Their soil was based upon sandstone and the water was good.

Dr. Fenwick stated that the majority of his cases had been in persons residing in the City of Montreal.

Dr. Gilbert stated that the disease was of extreme rarity in the Eastern Townships, and he could only remember one case in twenty-eight years. Perhaps it might be that the soil in the neighbourhood of Montreal was more clayey than in the Eastern Townships.

Dr. Hingston then read a paper upon Lithotitry, in which, after giving his experience in cases, he stated that he believed that the disease was becoming much more frequent, because he has performed all his operations, both in lithotomy and lithotitry, in the last eight years, and during that period he had performed these operations on seventeen occasions. From the frequency with which other gentlemen, also, had operated, he was led to the belief that the disease was becoming much more frequent, and it was an interesting question to know what was the cause of that undue frequency.

Dr. Marsden thought that the fact was not so much that the disease was more frequent, but that there were more skilful surgeons in the country. In the old time surgeons feared to perform the operation, and frequently let the patients wear themselves out by pain and suffering rather than risk it, whereas now there were so many able surgeons that the operation was performed at once.

Dr. Robillard stated that Dr. Robert Nelson had, to his knowledge, performed the operation many times when he resided in this country.

Dr. Fenwick said that the opinion of Dr. Nelson was that the disease was very rare in Canada, as most of his cases had been in persons from abroad.

Dr. Marsden moved a vote of thanks to Drs. Fenwick and Hingston for their papers.

Dr. Robillard seconded the resolution, which was carried unanimously.

Dr. Hingston observed that Dr. Howard, Dr. Fenwick and himself had prepared these papers, not because they thought that the papers were of especial interest, but to set a good example, in the hope that in coming years others would follow their example and give increased interest and usefulness to the Association.

Dr. Marsden proposed that the resolution as to the Prize Essay Committee be rescinded, as the gentlemen appointed lived in different localities, and that the papers to be sent for the competition of the gold medal offered by the President and Dr. Worthington be examined by a committee consisting of the following gentlemen: Drs. David, Howard, Fenwick, Rottot, and Peltier.

Dr. Hamilton seconded the resolution, which was unanimously carried.

Dr. Freeman moved, and Dr. C. S. Hamilton seconded, "That the members of the Association resident in St. John, New Bruns-

wick. be a Committee of Arrangement for the next meeting," which was agreed to.

Dr. Hamilton moved a vote of thanks to the railway and steamboat companies who had given facilities to the members of the society to attend the meeting at single fares.

The resolution was seconded and carried.

The Treasurer reported that there was a balance of \$22.04 in favour of the society.

Dr. Hingston suggested that it would add very much to the interest of the Association's meetings if the members gave addresses on medicine, surgery and midwifery.

Dr. Hamilton thought the Association should appoint a committee on the various subjects, whose duties it should be to see that papers were prepared for the meetings. Therefore, he gave notice that at the next yearly meeting he would make a motion to alter the constitution so as to have committees to arrange for addresses.

The President said that if they were to be a working body, and desired to accomplish anything, the sooner they began work the better. They had spent five or six years in the discussion of the Medical Bill which had now been found an abortion. It would be well if, for the next meeting in the Maritime Provinces, they had addresses on a few of the more important departments of medicine. If they could get the co operation of some of the members of the profession to obtain addresses upon surgery, surgical pathology, medicine, and sanitary science, it would be very desirable, and add much to the interest of the proceedings of the Association.

Dr. F. W. Campbell moved, seconded by Dr. Fenwick, that the following gentlemen be requested to give addresses at the next meeting at St. John, New Brunswick: Medicine, Dr. R. P. Howard; Surgery, Dr. Hingston; Midwifery, Dr. Hodder; Hygiene, Dr. Botsford. Carried.

Dr. Hamilton suggested that a committee should be appointed to consider the amendments necessary in the constitution and by-laws, and report to the next meeting.

Dr. Marsden moved that the committee should consist of Dr. Hamilton, Dr. Gordon, and Dr. Botsford.

The resolution was seconded and carried.

Dr. Hamilton proposed a vote of thanks to the medical gentlemen of this city for the very handsome manner in which they had entertained those who had visited them from a distance. He could say, with a good deal of satisfaction, that he had never met with so warm a reception as he had received on the present occasion, and he should remember it with great pleasure in the future. Therefore, he moved "that the thanks of the medical gentlemen from a distance be given to the medical gentlemen of Montreal for the very handsome manner in which they received them."

Dr. Marsden seconded the resolution, which was carried.

Dr. Hingston moved "that the thanks of the meeting be given to the officers of the Association for their services during the past year, and that the special thanks be given to the Secretary, Dr. David, for his services for the past three years. He added that although he knew that Dr. David must be glad to be relieved from his labours, he very deeply regretted his withdrawal from the post.

Dr. Fenwick seconded the resolution, bearing testimony to the value of Dr. David's services.

The resolution was carried.

A vote of thanks was also passed to the Natural History Society for the use of their rooms.

The President, said before separating he wished to return to the Association his very sincere thanks for the honour they had conferred upon him in electing him their President. When he came to Montreal on the present occasion he had not the slightest idea that so great an honour would have devolved upon him, inasmuch as when he entered the room yesterday he saw the "household gods," as he might term them, of the profession assembled; inasmuch as he knew that Montreal was the great metropolitan centre, as far as the practice of medicine was concerned, in the whole Dominion of Canada. He felt proud that a young country such as we had—young, it was true, but extensive as to territory, extending from the Atlantic to the Pacific—should have men who take a prominent part in the profession of medicine. He regretted that the honour had not devolved upon some individual who would have been better able to have performed the functions of President of so distinguished a body than himself. He felt, however, that although young in years, he should endeavour to do the utmost he could in order to give the society, as far as possible, a return for the confidence they had placed in him. He was exceedingly pleased that Dr. Hingston had thought fit to move in a direction which, he was satisfied, would be materially conducive to the prosperity of the Association. He knew perfectly well that since the British Association was inaugurated no department had taken a more prominent position than that in connection with medicine. They were well aware that they could only judge as to the advance in the various departments of medicine by the ideas brought out by the men who were leaders in their various departments, and which were admirably explained in the addresses delivered, such as those given during the meeting at Birmingham. He was perfectly satisfied that by the addresses to be given next year, as specified in the resolution of Dr. Campbell, great good would be done, not only to themselves as a body in this Dominion; not only in advancing the material interests of the Association, but at the same time showing to their brethren on the other side of the line, who had done much towards advancing the prosperity of the profession in the United States, that we were a progressive people, so far as the profession of medicine was concerned in the Dominion of Canada, and that we were determined to keep pace with the times. (Applause.) And more than that, their brethren on the other side of the Atlantic would feel proud to render them any assistance they could when called upon to co-operate with them. He hoped that the day was not far distant when they would not only be a united body throughout the length and breadth of the Dominion, but also in the United States and Great Britain, so that they might take the position their profession deserved from one end of the universe to the other. (Applause.)

The President then appointed Drs. Hingston, Marsden, Campbell, and Trenholme, of Montreal, as a deputation to the United States Association

Dr. Hamilton suggested that the Association should petition Parliament in favour of establishing inebriate asylums.

Dr. Marsden thought that was a subject which should be discussed at the beginning of a meeting, and not at the end of one.

The matter then dropped, and the Association closed its deliberations.

Reviews and Notices of Books.

Sciatica, Lumbago, and Brachialgia; their Nature and Treatment, and their Relief and Rapid Cure by Hypodermic Injection of Morphia.
By HENRY LAWSON, M.D., Assistant Physician to St. Mary's Hospital, and Lecturer on Physiology in St. Mary's Hospital Medical School. 8vo.; pp. 200. London: Robert Hardwicke, 192 Piccadilly. 1872.

Dr. Lawson has given us an exceedingly readable book. The style is somewhat peculiar, but the interest of the subject under discussion is maintained throughout. We were somewhat startled at first, in the title of the book—we allude to the assertion that the diseases under discussion are immediately relieved, and rapidly cured by hypodermic injection of morphia, for we feel certain that it is not always a permanent cure in that malady. We have seen cases which have been relieved and apparently cured by that line of treatment, and again we have seen others which resisted this, as well as other methods of treatment. Indeed, we were ourselves a sufferer from Sciatica, which confined us to bed for the greater part of three weeks. The attack lasted six or eight months. In this attack hypodermic injections of Battley's sedative solution gave the greatest ease and comfort, relieving us of that dull, aching pain peculiar to the disease. The after consequences of the administration of opium, such as headache and nausea, did not follow the hypodermic injection, although if we take opium in any other way it is followed by twenty-four hours of discomfort and misery. But we did not attribute our cure to the hypodermic injection or any medication whatever, so much as to the returning heat of summer, the free use of tonics, together with abstinence from all causes of excitement or worry, and careful attention to diet, and general sanitary regulations.

Dr. Lawson explains that he was induced to take up the subject of Sciatica from the fact that he supplied in his own person what he believed "to be the most obstinate and dangerous case of this affection," and certainly to read the cases reported, and the success (almost marvelous) of his treatment by hypodermic injection, will induce the reader to give his peculiar method of treatment a fair trial.

The work is divided into ten parts or chapters. In Part I. we

have general considerations. He alludes to the want of knowledge of the true pathology of the disease itself, and gives a fair and truthful description of the errors in diagnosis which have been made where Sciatica has been confounded with other maladies, such as rheumatism, morbus coxæ or degeneration of the nerve trunk. He combats the idea that the neurilemma is altered in condition, and states in Part II. "Sciatica is a disease of no rarity, yet only one or two cases have occurred in which the nerve has been examined." From the results of observation in these, it is concluded that, in all Sciatic cases, the nerve sheath is inflamed, swollen, and filled with gelatinous fluid. But is this fair? Is it less absurd than the generalization of that proverbial Frenchman who, finding the bar-maid of an English hotel red haired, immediately wrote down: "Englishwomen have red hair."

We fear Dr. Lawson lays himself open to a charge of unfairness, because the alteration in the neurilemma is not only rational, but rests on more than one or two dozen cases examined. It has been stated that "neuralgia has no pathology," if by this term we wish to indicate a structural change of demonstrable character. The difficulties attending an investigation of this nature must be taken into account, as it is unquestionably rare the chance of examining *post mortem* cases of disease of the nervous system belonging to this group, except in advanced stages, and, again, when opportunity serves, the pathological lesions require microscopic examination to prove their existence. With extreme modesty our author observes: "It is, perhaps, unwise to offer any speculation as to the part of the nerve primarily attacked; but, if I may be permitted to say so, I have a strong suspicion that changes of nerve structure commence in those delicate filaments which form such exquisite reticulations on the surface of the sarcolemma of the muscle." The lameness attending attacks of Sciatica is attributed by our author to "a disinclination on the part of the patient to move a muscle whose motion is extremely painful." Is this the cause of the wasting of the muscular fibre also observed? Surgeons are well aware of the consequences occasionally attending mechanical injury to nerve trunks, how these injuries are followed by partial paralysis of a limb, neuralgic pains, and muscular degeneration; on the other hand injury or changes in structure of the delicate filaments on the surface of the sarcolemma, and they must be of frequent occurrence in severe accidents, are not attended by disaster. repair takes place, and the usefulness of the limb is restored.

Part V. is devoted to the subject of treatment. The author remarks: "For convenience sake, it may be advisable to group the

methods of treatment under the four empirical heads of remedies administered: *a*, by the stomach; *b*, upon the skin; *c*, (1) underneath the skin, (hypodermically or subcutaneously), or (2) into the substance of the skin (endermically); and *d*, by hygienic measures." And he adds, "of these I need hardly say, for the title of the paper expresses it already, that the hypodermic method is the only one that I hold to have much real value in the therapeutics of Sciatica."

The author brings in review the various remedies which have been extolled as specifics, but although admitting the apparent benefit derived, in some cases, from the use of turpentine, arsenic, alkalies, acids, and the hypophosphites, he states they have failed, in his hands, to give relief. Iron, Quinine, and Cod Liver Oil, he regards as beneficial chiefly, not from any curative action they possess over the disease in question, but because they serve to "maintain the nutrition of the body, which the agonizing pain of the malady so greatly interrupts."

With regard to stimulants, he is in favour of a liberal use of alcohol, "whether as brandy or whiskey, in severe Sciatica." He condemns the use of sweet wines and malt liquors, and says: "I am as certain of this as I am of anything in therapeutics—the employment of alcohol in some pure form is to be uniformly insisted on in the treatment of Sciatica." Ether, Ammonia, Cannabis Indica, Belladonna, &c., are considered in turn. But purgatives he regards as positively injurious, "except in cases where the degree of constipation is such that their administration is imperatively demanded." We must say that we have seen the very greatest relief given by the one-eighth of a drop of Croton Oil, repeated every two hours until thorough purgation has resulted, and this not in cases where there had existed previous constipation.

The subject of electricity in these diseases is next considered. The author puts very plainly before the reader the various forms of electric vibration in use for medicinal purposes, and states that of all departments of modern therapeutics, the use of electricity is the least understood. This he accounts for from the fact that for years past this method of medication has been in the hands of quacks and charlatans, which has very naturally prejudiced honest men against it. He, however, fully admits the value of this means of treatment, and says, "I am prepared to say that we have in galvanism a remedy which, under other conditions than those under which it is now employed, will prove most valuable in the future."

We come next to what the author states to be the true,—

"almost the only remedy for Sciatica—hypodermic injection of minute quantities of Morphia. The author's directions are specific. He prepares a saturated solution of the Muriate of Morphia, grs. x., in ʒij. of distilled water. This so-called solution requires a temperature higher than that of the atmosphere of England in summer to maintain fluidity. We cannot see why the sulphate is not used which is more soluble, and by carrying it in the solid state can very readily be dissolved for immediate use. The dose he administers in ordinary cases is one-sixth of a grain, equal to two drops of his solution, and sometimes he repeats this three times a day or every eight hours; but why use it in so concentrated a form? surely a few drops more or less of water will do no harm. Dr. Lawson gives the results of sixteen cases treated by his method. He does not confine himself exclusively to the Morphia injection, but attends to the general health of his patients, and to some he gives Iron, Cod Liver Oil, Quinine, &c., &c. Finally, the author takes up the subject of Lumbago and Brachialgia, and gives the results of his experience.

We should desire to proceed further in our analysis of this little work, but already this notice has extended beyond our allotted space. We regard the views of the author as well backed up, and although not thoroughly convinced that Morphia is a certain and universal panacea for Sciatica and other neuralgic affections when hypodermically applied, we must say that our opinion of its usefulness has to a certain extent been modified by the perusal of this work, and that in the future we shall give it a fair trial.

In respect to the get-up of the book, it is printed on good, substantial tinted paper; the type is clear and well impressed, and is a credit to the publisher.

BOOKS RECEIVED FOR REVIEW.

- A System of Surgery; Pathological, Diagnostic, Therapeutic, and Operative.* By SAMUEL D. GROSS, M.D., LL.D., D.C.L., Oxon; Professor of Surgery in the Jefferson Medical College, Philadelphia, &c., &c. Illustrated by upwards of fourteen hundred engravings. Fifth edition; greatly enlarged and thoroughly revised; in 2 vols; Royal, 8vo; Vol. I., pp. 1,098; Vol. II., pp. 1,170. Philadelphia: Henry C. Lea. 1872.
- The Treatment of Syphilis with Subcutaneous Sublimite Injections.* By DR. GEORGE LEWIN. Translated by Carl Proegler, M.D., and E. H. Gale, M.D. Philadelphia: Lindsay & Blakiston. 1872.
- On the Functional Diseases of the Renal, Urinary, and Reproductive Organs, with a General Review of Urinary Pathology.* By D. CAMPBELL BLACK, M.D., L.R.C.S., Edin., &c. Philadelphia: Lindsay & Blakiston. 1872.
- A Manual of Qualitative Analysis.* By ROBERT GALLOWAY, F.C.S., &c., from the Fifth Re-written and Enlarged London Edition, with illustrations. Philadelphia: Henry C. Lea. 1872.

CANADA

Medical and Surgical Journal.

MONTREAL, OCTOBER, 1872.

So much of our space is taken up with a report of the meeting of the Canadian Medical Association that we are forced to postpone some further remarks on the subject of Hygiene, principally in reference to the disposition of sewage, and, also, sewer ventilation. It is well known that decomposing animal and vegetable matter gives out a glutinous, or gelatinous matter, which may be seen floating on the surface of cess-pools. In a system of drains such as we possess, the insides of the pipes or drains are covered with this substance—a substance which is constantly in a state of ferment, yielding an enormous amount of a most poisonous gas. In our sewerage arrangements this vile and noisome gas is constantly contaminating the air we breathe. Each corner of the street contains a grating in direct communication with the sewer beneath, but the quantity of foul gas is so enormous that even these are not sufficient outlets, and a considerable amount is forced into our houses. Any observer can discover for himself the difference between the atmosphere of our city and that of the vicinity of our mountain. The cause is obvious—*dirt, neglect*; and the greatest and most fatal to the inhabitants of this growing city is the dirt and neglect of our sewers. They are hourly becoming in a worse condition, and if this state is allowed to continue much longer it will be a most dangerous undertaking to remedy it. It has been truly said that the time will come when it will be looked upon as a disgrace for a person to contract typhoid fever. It is well recognised by sanitarians as a preventable disease, but in this good city if we continue to dole out to the inhabitants an abundant supply of excrementitious air—a supply in quantity sufficient to contaminate the food we eat and the water we drink—we need not be surprised at a violent outbreak of typhoid fever, or of some other and more fatal plague, as a judgment from the Almighty for breaking laws which he has given us for our guidance. One of the processes of life is the conversion of food into sewage. It should be the aim of science so to utilize the sewage as to render the air pure; to

sweeten the water and fertilize the earth. To purify the air of human habitations it was found necessary to abolish cess-pools: hence the construction of large drains for the purpose of remedying the evil; but while the annoyance to our local habitations was to a certain extent ameliorated it has been found to be a grand mistake, not only in a sanitary point of view, but economically, as we are simply getting rid of a large amount of animal and vegetable matter which can be utilised, and which, under present circumstances, destroys the purity of our rivers, impoverishes our land, and, at the same time, renders pestiferous the air we breathe.

Death has been busy in the ranks of the profession. The celebrated Louis, of Paris, is no more. He died at the advanced age of 86 years. In London, England, Frederick C. Sky closed his mortal career on the 15th August, and more recently comes to us the announcement of the death of Alfred Poland, of Guy's Hospital.

CONFESSION NO PROOF OF GUILT.

The *Lyon Médical*, of April 28, 1872, refers to the case of a girl aged twenty, supposed to be seven months pregnant. After an attack of hemorrhage her size seemed to have considerably diminished, and the girl, being closely questioned on the subject, said that, becoming aware of the discharge, she repaired to the closet, where she stayed ten minutes. She added that all had escaped, but that she had not time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no fœtus had been found in the closet. Perhaps, it was suggested, she had thrown it into the pigstye. The poor creature at first denied such a thing, but at last confessed that it was so. A search was made, but no child was discovered. She was tried for concealment of birth, on her own confession, and sentenced to six months' imprisonment. The girl had not been taken into custody in consideration of her free confession, and she quietly proceeded to the gaol. When admitted it was found that she was far advanced in pregnancy, and soon gave birth to a healthy girl. By the French law she could no longer appeal, as more than ten days had elapsed since the verdict; but the judge, having the power of appealing within two months, did so, and the girl was acquitted.

This case shows that confession, which is looked upon as the clearest proof of guilt, cannot always be relied upon. And what shall we say of the surgeon and the midwife? The examination was probably hurried and incomplete, and the conclusion arrived at on seeing the signs of recent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.