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THE CANADA LANCET:

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Original Communications.

EXTRACTS FROM A CANADIAN WORK BY D. CLARK, M.D., PRINCETON, ONT., ENTITLED, "PEN PHOTOGRAPHS."

SYME.—At the little wicket-gate of the Royal Infirmary, Edinburgh, stood a grey-haired sentinel, as I entered for the first time." On the black-board in the entry was written by this cerberus, "Sectio Cadaveris," "Dr. Balfour" and "Mr. Syme," not Dr.—(in Britain the Surgeon and the physician do not always merge their professions). Jolly, rollicking students are pouring in,—some to the *post mortem*—some to the wards—but the greatest number to the theatre, where Syme was to operate. He, for the first time, in the history of the hospital, and the second in the annals of surgery, was to excise the tongue of a man, for cancer. The theatre—small, dirgy, badly lighted from the north, and with break neck seats towering with Alpine steepness above one another—was crowded to its utmost capacity, by a tumultuous throng. Round the table were about a dozen surgeons chatting and discussing, but when the patient walked in, and laid himself down upon the operating table, a thin, dark-featured, withered up, and unostentatious man rose up, and took his coat off. There was no fuss about him, but in all his movements, there was an air of determination, or let me rather say of resolution. That man could not be indecisive if he tried, for the thin and compressed lips, and the *positiveness* of manner, and firmness of speech, as he explained the case, declared that the mind was "made up," without fail, to accomplish a certain work, and it was done in all its terrible details, and although death was the result, in this case, he succeeded afterwards. When Syme lectured he had poor utterance,—a nasal twang, and a faltering of voice —not agreeable to listen to, until the ear became tutored to the discordant sounds. He was epigrammatic in his lectures, and although he indulged in no useless verbiage, yet there was a completeness in every sentence, which made his lectures a model for students to copy from, and made it important to catch every word which fell from his lips. He had not the elegance of diction of Simpson, or the flowery language of Bennett, or the smooth-flowing eloquence of a Henderson. His aim was to speak to the point, with the fewest words possible to elucidate his subject. Hence his great popularity among those of his students who were of an analytical turn of mind, such always hate circumlocution, or even redundancy. Syme, like Simpson, was a son of the people. He came of an old and respectable family in Kinrosshire, and had an early training at the High School, Edinburgh. He was always reserved unless engaged in some of his favourite pursuits, and then he was voluble in the extreme. One of his pastimes, when quite a lad, was experiments in chemistry, and to such an extent did his passion for it lead him, that he was forsaken by his classmates for fear of explosions from his odd mixtures. His pocket money went for chemicals and apparatus. His ingenuity was often tasked to compensate for an empty purse, by the invention of needful appliances. He did not merely experiment as laid down in works written on the science, but he was perpetually forming new compounds, and testing their affinities, and relations to the danger of his life and limb, and yet he was only sixteen years of age. At this time he made a discovery for which he never received due credit, viz., he was the first to show how to apply *practically*, india rubber to its many uses. He entered the University at the age of eighteen, and while attending the non-professional classes was articled as a student of Barclay and Knox—the most skilful anatomists of that city. They will be remembered as the surgeons, (especially Knox) who got into bad repute as the recipients of the bodies of the murdered furnished by Burke and Hare, who, as murderers, are remembered with horror to the present day. The surgeons fled to England to evade condign punishment from the enraged populace, who accused them of being accessory to the crimes of the procurers. Knox died in Brighton, Eng., a few years ago. This flight compelled Syme to seek a new connection. He became acquainted with Liston, at that time attracting notice as a man of distinction as a surgeon. They were distantly related, and

both having a common object in view, soon became warm friends. Syme made gigantic strides forward, under Liston, and when the latter commenced to lecture in a private capacity, Syme was made demonstrator of anatomy, in his dissecting room.

* * * His students hailed from all parts of the world. On the same benches sat Egyptians and Asiatics, Russians and Americans, Frenchmen and Italians, and numbers of his students, now scattered all over the habitable globe, still feel the *afflatus* of the master teacher. In his operations he was always cautious, more than brilliant, and delighted in being successful, more than in being flashy and wanting success in the end. He took as much care of his patients afterwards, as during the operations, and he always impressed upon his students the importance of careful watching of cases after the knife had done its work. He used to say, the French were good operators, but with a grim smile he would add, "I have been in France often, but I never saw a man with a wooden leg." When in the Fever Hospital he carried out the "good old plan" of blistering, salivating and bleeding, for every disease, from nose-ache to toe-ache, but became so satisfied with this irrational mode of combating disease, in all its manifestations, that he entered the battle-field against it, and has been ably followed by Dr. John H. Bennett. The practice got into disrepute, but the fag end of the long file of converts cried out that disease changed in its type, and *necessitated* a change of treatment. "Ah," said Syme, "but if your theory be true, how does it happen that we perform more bloody surgical operations, than of yore, and notwithstanding that, and the great loss of blood, under conservative treatment, more recover?" That was a Gordian-knot which his opponents had no sword to cut. At the urgent request of his students and admirers, he wrote several works of acknowledged ability, and in these he showed his common sense, erudition and perspicuity. He showed in a monograph on "diseased joints," that a joint diseased could have its affected part cut out and thus save valuable limbs. This was a gigantic stride forwards. Many a poor unfortunate blessed him for this discovery. * * * In 1832 Syme published a work on surgery. There were few medical works in those days, and the most of them were valuable for their antiquity more than for their usefulness. Syme's book was a god-send to the surgical students of Britain, and even America. It was the quintessence of wisdom, and contained, in a few words, lessons of instruction, which were not a mere jumble of words, but almost proverbs on surgery. I remember how delighted I was, only a few years ago, to re-peruse his book, notwithstanding I had Miller, Pirie, Druitt and Gross at my elbow. * * * One of his greatest discoveries was in regard to the formation of bone. He showed conclusively by a series of experiments that bone was formed from its external covering, and not from the centre, and thus opened the way for practice in regard to the union of the bone, especially, in deformities of the bones of the face, by adapting to each other the parts of bone which supplied means of growth. It can at once be conceived how dozens of hitherto incurable cases of deformity and disease could by this knowledge be remedied and cured. I fail to recollect one other surgeon whose genius has done so much. Simpson justly immortalized himself in the practical use of chloroform. Syme has a catalogue of inventions, and applications, and theories attached to his name and memory, either of which would be a great memorial of which any surgeon might be proud. I can scarcely realize the fact that three such men as Syme, Simpson, and Sir James Clark, have passed away within a few months of one another; but, they fought with death many a severe battle in the bodies of others, and now the fell-destroyer has his revenge. Syme was a severe opponent, and showed little mercy to his antagonists, but he scorned to take an undue advantage, yet he held his ground with great tenacity, and no foe ever found his theories wrong in practice. He scorned superficial investigation, and had no patience with pretenders. I remember how he fought, as late as 1857, against the "blood letters." The battle had been going on, for over 30 years, and Syme's army of progressive medical thinkers was daily increasing, while the "fogies" were fast passing away. He told his students how he was ordered by his superiors to go to the Infirmary, regularly, every evening, to bleed his patients. It mattered not if the diseases were as wide as the poles apart, the panacea was bleeding. One patient in one of the wards was bled one evening to the extent of five pounds, and in the morning as the unfortunate did not seem much better he was bled two pounds more. In low fevers as well as in severe injuries the same course of treatment was pursued, and he did not wonder at the great mortality. He said often, in substance, if you

have a diseased fruit tree in the garden, you do not cut a gash in it, and let the sap run out, to restore it to the healthy action. In bodily disease, a vein is opened in the arm, to reduce inflammation, and because in acute disease the pain is allayed, it is supposed to be subdued. The *susceptibility to realize pain* is deadened by the reduction of blood in the system, as a string tied round the arm benumbs it, because of impeded circulation. At the same time, nature has to make a draft upon the system to repair the mischief done. The master builders have no material to work with, and the encroachments of the enemy go on apace. The words are mine, but the argument contained is his, and the world at the present time endorses the sagacious view. Who can calculate the good such a man does to humanity. The circle of his influence ever widens, and deepens. and long after his name has been forgotten, his practical discoveries will still bless frail mortals, in the hands of a cloud of noble workers, who will doubtless rear a goodly superstructure, on the solid foundation laid, with sagacity and skill, by such as honest and undefatigable Syme. Let me say in conclusion, that Syme, Liston, Miller, and Simpson forgave one another long before the grave closed over their remains, and left behind them only a sweet remembrance.

SIR JAMES Y. SIMPSON, M.D.

Dr. Simpson's class-room was always full of students. It was semi-circular in shape, and had elevated seats. When he first entered the class-room we noticed a stout-built man, rather inclined to fatness. His rounded figure, short neck, and dumpy hands, suggested a baby. His hair was worn long, and was of an auburn color. One lock was continually dangling about his eyes, and required constant attention from his left hand. We were doubtful if he could concentrate his thoughts, were it not for the brushing back of the truant mass. His face was full and ruddy. The eye of a deep blue color and sharp; and the mouth somewhat firmly compressed, when in a state of repose. He smiled as if he meant it, and the effect of it was irresistible. His *forte* in lecturing was not so much because of elocutionary power, choice phrases, elegant language, rhetorical flourishes, and violent gesticulation, or declamation, as in having a mellow and full voice, using as plain language as professional lectures would allow, and in a colloquial style that was pleasant and instructive. His sentences were short, and to the point, and stripped of all useless verbiage. At the same time his lectures were vigorous. When he chose to be sarcastic the words came sharp as a Damascus blade, and in a tilt with a medical antagonist his power lay in facts and figures. He would wield the chalk on the blackboard with effect, because he could enter into details with great facility and overpower his opponent with details, into which few were able to follow. His thrusts at a certain system of medicine, which, at that time, held to infinitesimal doses, were ludicrous in the extreme, when figured up on the board. At the same time he never descended to personalities, or coarseness; and although he lectured on the most delicate subjects, there was a natural refinement about him, and in his choice of language a chasteness which would not shock the most fastidious taste. He was fond of interlarding his remarks with remarks illustrative of some important subject; but although he had medical experience extending from the crowned heads of Europe to the *gamin* who cling to the wheels of nobles, yet he never betrayed, by word or gesture, professional confidence. We remember the anxiety manifested in Edinburgh in the spring of 1858, when Lucknow was besieged, and with the Cawnpore tragedy fresh in the minds of the British people, intense interest centered on the beleagured city. About that time the mythical story of "Jessie of Lucknow," with the heart-stirring exclamation of "Dinna ye hear it?" found its way into the papers. Prof. Simpson came into the lecture-room one morning, and before commencing his lecture, read the thrilling story with great effect. There was a six-footed Highlander sitting on the bench behind me, who, while listening to the recital of Sepoy cruelties, and the weird-like history of suffering, with flashing eye and clenched fists, until forgetting time and place, he startled me by a sudden springing from his seat, and laconically exclaimed, "D——m 'em." Consternation immediately seized him. He wilted into his seat and amid the titter of his comrades, and the forgiving smile of the Professor, he felt that he was pardoned the breach of etiquette. There was a charm about Simpson's face which acted as a talisman among his patients, and if there was a weakness about him more prominent than another, it was that of promising to be everywhere and go everywhere, to relieve suffering humanity, when it

was beyond anything but omnipresence to do so. He meant to overtake all he promised. The soul was willing but the flesh was unable. The patients —high and low—would be annoyed at his delay, but when he appeared and smiled upon them, the scolding was forgotten in the joy at having his presence, and seeing his painstaking care exercised in their behalf. I never knew of his making any invidious distinctions between the rich and poor.

* * * Being a person of great sensibility, he often shrank from the infliction of pain necessary for the prosecution of the duties of his profession. He was continually on the alert for drugs that might destroy pain, and suspend feeling during severe operations, or paroxysms of pain. In the end of the last century, Sir Humphrey Davy recommended Nitrous Oxide (laughing gas) as an Anæsthetic, but no practical benefit flowed from this suggestion until 1844, when Dr. Horace Wells, a Dentist, of Hartford, Connecticut, U. S., employed it for extracting teeth without pain. He was led use it—not as a narcotic merely—but as an excitant, for he had observed that when persons were greatly excited, as in a street fight, in battle, or in a state of intoxication, they were insensible to pain, and, therefore, he inferred that excitement induced by gasses would produce the same effect. He communicated his views to his friends but they were not favourably received. On the 30th September, 1846, Dr. Morton, of Boston, U. S., used Sulphuric Ether in the same way with success. This he did at the suggestton of his friend, Dr. Jackson. Dr. Simpson was not altogether satisfied with Ether. He set his mind to work to find out some more potent compound. Not being a chemist himself, he communicated his desire to Mr. Waldie, an accomplished chemist of Liverpool. This gentleman suggested chloroform, and Dr. Simpson was always careful to give him credit for the recommendation. Dr. Simpson experimented with it upon himself, and his two assistants, Drs. George Keith and Matthew Duncan. He often amused the students by giving his experience of the inhalation of the drug. This was on the 4th of November, 1847, and on the 10th of that month, he introduced it to the notice of the *Medico-Chirurgical* Society, of Edinburgh. Many of the members experimented with it, and the consequence was that a crowded meeting was found in a state of excitement which was very amusing. Some of the most sedate became hilarious and even riotous, and those who usually had most voluble tongues, were in a state of torpidity, like intoxicated men. It was introduced into the Royal Infirmary, and in a few months was used throughout christendom. Chloroform was discovered by a continental chemist, called Soubeiran, in 1831, by Liebig, the next year, and at the same time by Mr. Samuel Guthrie, Sackett's Harbour, New York, but the discovery of its peculiar narcotic properties, was by Dumas and Peligot, three years later. It acts in the same way as opium or alcohol, by suspending consciousness, and therefore sensation and volition. Dr. Simpson has shown, however, that the idea of lulling or destroying pain in this way is not new. He quotes from Dioscorides, Pliny, and Apuleius, authors of antiquity, that during the existence of the Roman Empire, the mandrake root, (atropa mandragora) steeped in wine was given to destroy suffering in persons who were to be treated by operations, and complete insensibility was the result. Pliny says that the seeds of *eruca* were given to criminals before being lashed or executed. The gall and vinegar offered to our Saviour was doubtless of the same character. The extract of Indian hemp is used in India for the same purpose, and Dr. Simpson showed that narcotic *vapours* were, in the 23th century, used during surgical operations. Many persons believe that he was the discoverer of this potent agent, when he was only the means of making it of practical use. It is true that many deaths have taken place from its use, but think of the hundreds of thousands to whom it has been administered safely; and contemplate the fact that it has saved the lives of countless myriads by its anodyne virtues as well as by its destroying the effects—so often fatal formerly—of the so-called "shock," to the human system during a serious surgical operation. Now, though the limb may be severed from the body, or organs of sense extirpated, or the keen surgeon's knife searching for morbid growths in the vital parts, or pangs the most poignant racking the frame, yet, by chloroform, the hallucination is complete. The most beautiful imagery dances before the mental eye. The most seraphic sounds from angels' harps fall upon the ear. A state of ecstatic joy comingles with intermittent periods of obliviousness, until consciousness folds up its wings and all existences are a blank. In the meantime a needed work has been done, and untold suffering avoided. * * *

A CASE OF LUMBAR HERNIA.

BY WELLINGTON N. CAMPBELL, M.D.,
House Surgeon, Reception Hospital, West Ninety-Ninth Street, N. Y.

Thomas Whelan, four years of age, born in this city, was brought to the Out-Door Dispensary of this Hospital, on the morning of November 22nd, 1873, for the treatment of an abscess, as the father called it. We were directed to the spine as the seat of trouble, from the peculiar aspect of the patient, which is so characteristic of spinal disease. On examination, was found a convex curvature of the spinal column, at about the middle of the dorsal vertebra, which was first noticed by his parents two years ago, and which very gradually increased in size. Eighteen months ago an abscess formed in the left loin, between the crest of the ilium and the last rib; after attaining a considerable size, it was lanced by a surgeon in attendance, and much pus discharged therefrom. A poultice was then applied, and it continued to discharge up to the first of last May, at which time they discontinued the poultice and the wound closed. One month following the closure of the wound, another tumor made its appearance, which gradually increased, and the father, deeming it advisable to have it lanced as before, brought his child to this dispensary. The tumor was found to be situated at that point where the quadratus lumborum and latissimus dorsi intersect the external and internal oblique muscles. It was then about the size of a goose egg, soft and fluctuating to the touch; tympanitic resonance was obtained on percussion, and upon performing taxis forward and inward, it was reduced, followed by a rumbling or gurgling sound, reappearing upon the patient's coughing or making muscular exertion.

From these and other familiar signs it was diagnosticated to be a lumbar hernia, due, in all probability, to disintegration of the muscular fibres of these muscles, owing to the long-continued discharge from the abscess above mentioned. After reduction was accomplished, a compress and bandage was applied to retain the intestine in place. The case was presented to Prof. Mott, at his clinic, at Bellevue College, on the following Wednesday, and he confirmed the above diagnosis.

In looking over the literature of the subject, I find that Gross makes mention of but four cases of lumbar hernia. Holmes one, and Erichsen of none. Gross, Vol. II, page 559: "lumbar hernia is extremely infrequent, the only cases hitherto reported being those of Petit, Pelletan, Cloquet and Chapplain."

Holmes says that in the third *Bulletin des Travaux de la Societe de Medecine de Marseille* Dr. Chaplain relates the case of a man, aged sixty, who, after being squeezed between a wall and a carriage, found in his loin a tumor between the crest of the ilium and the last rib. It appeared at first like a chronic abscess, but the presence of intestine was easily ascertained. Mr. Kingdon has seen a case of this kind. The bowels protruded just above the crest of the ilium, at its highest point, about three inches from the spine, just where the quadratus lumborum and abdominal muscles meet. The man was fifty-four years old, tall and thin. He suffered with hæmoptysis and emphysema of the lungs.

The reasons I deem sufficient for publishing this case are as follows:—

1st. On account of its rarity.

2nd. On account of the peculiar circumstances under which it occurred.

3rd. The imminent danger that would necessarily follow the opening of a tumor of this nature.

Correspondence.

(To the Editor of the LANCET.)

SIR,—Surely the *Globe* has "gane gite" on matters medical. When the Medical Bill was before the House it pinned its faith to the Homœopathic sect, and became lacrymose over the fate of their "little bill," and deprecated, with all its thunder, the "big jorum or death" of the "Allopaths," and the cruel fate of Mrs. Squeers' sulphur and treacle." Now it flies off at a tangent, and deserts its first, or second, or third love, medical, in consequence of Mr. Gladstone's expressed intention to study medicine, and under the caption of physiological studies, in this day's issue advises every one to become "his own physician!" It is so easy to "know thyself," and the knowledge of the "action and uses of drugs" and the "laws of health" are so easily acquired, that there is really no difficulty in the way! Really! And then, you know, "regular practitioners" would not "make so much money!" Of course not, when every one becomes a "regular practitioner," and has only one patient, and that one a "deadhead!" The idea is a capital one, and worthy of

"The Thunderer." Let us pursue it to its logical conclusion. Of course there would be no one in the whole medical Utopia to find fault; no more actions for mal-practice. Every one might elect the Allopathic "big jorum," the Homœopathic eleventh dilution, the Hydropathic wet blanket, the vegetarian cabbage and corn salad, or the Hygienic melange, *a la Ryder*, according to the dictates of his own sweet will. And of course every one could be his own Editor, and Printer,—it is so easy to write leading articles and set type, you know;—his own lawyer, butcher, baker, tailor, cook, laundress, clergyman,—who could not write a sermon, that would please himself, and preach to his own satisfaction?

In fact there is nothing to prevent one from being everything to himself, and absolutely independent, from the day he is weaned to the day of his death! I can't quite see how he could be his own undertaker; true he might solve the difficulty by becoming a convert to "cremation," he could then build his own funeral pile, ascend it at the time he had decided upon "shuffling off this mortal coil," and, by means of a time-fuse, both fix the date of his own demise and funeral, and actually dispose of his own ashes. I merely throw this out as a suggestion; doubtless the *Globe* will discover a "better way."

I have no doubt, Mr. Editor, but that by the time the Editor of the *Globe* understands "the nature of digestion, the circulation of the blood, the qualities of drugs and their effects on the human frame," "I and every other" Regular Practitioner will not only be able to write leading articles on subjects we know nothing about, but will also be able to set the type, put them in form and print them.

In conclusion, let me whisper in the sapient editors' ear *"ne sutor ultra crepidam."*

Yours truly,

A REGULAR PRACTITIONER.

Toronto, May 15th, 1874.

A MONSTROSITY.—ONTARIO MEDICAL ACT &c.

To the Editor of the LANCET.

SIR,—On March 4th, I delivered a woman of a full grown, dead, female child, whose heart was outside the chest. The aorta, pulmonary artery and veins and venæ cavæ passed out over the interclavicular notch of the sternum and were adherent to the skin, which thinned down and changed to serous membrane, so far as naked eye appearance indicated, where it rested on the heart. The pericardium was absent, and the heart considerably flattened. From the condition of the child and the statements of the mother, I judge it had been dead two weeks before labor came on, which seemed to have been delayed that time. I was not allowed to open the chest, consequently cannot describe the internal arrangement of the organs. There was six or eight times the usual quantity of liquor amnii. The placenta was very tender and slightly adherent, which compelled me to pass my hand into the uterus and scoop out the contents. The woman made a good recovery.

The Ontario Medical Act, which you published in the May number of the LANCET, ought to prove both a professional and public blessing. Here, in New Brunswick, we are without any law to regulate the practice of medicine. Hence the Province is overrun with quacks of the most barefaced description. Some of them go from house to house, seeking for victims to "cure," and when one is found willing to employ them, the most unreasonable promises of cure are made, which in too many cases prove disastrously false.

It is desirable that the Ontario Act become a Dominion Act as speedily as possible, with such wise modifications and amendments as will make it apply to all the Provinces.

Every M.D. who runs into politics and obtains a seat in the Dominion Parliament, should use his influence to get such a law enacted. The general public are extremely ignorant of medicine, and ought to be protected by law from quacks and impostors generally. HUMANITARIAN.

Salisbury, N. B., May 17th, 1874.

Selected Articles.

ROTHELN, OR GERMAN MEASLES.

BY ROBERT LIVEING, M.D., F.R.C.P., PHYSICIAN TO THE MIDDLESEX HOSPITAL.

GENTLEMEN,—In April, 1870, Dr. Murchison directed attention in this theatre to two cases of German Measles then under his care. Since that time until the present summer (1873) I am not aware that any similar cases have been admitted into our hospital; indeed, the malady is of so mild

a character that it is not commonly seen in our wards. It is therefore all the more important that you should turn your attention to it whenever occasion offers; for ignorance of its peculiarities may hereafter involve you in troublesome errors of diagnosis in the practice of your profession.

The disease we are speaking of was first described by German writers more than half a century ago, under the name of "rubeola," by which name it is still known in Germany. Unfortunately the same name has been applied in the country to common measles, or morbilli, so that we are obliged to introduce a new name, such as "German measles," "rotheln," or "hybrid measles," or "hybrid scarlatina." The two latter names are most objectionable, inasmuch as they give colour to the erroneous notion that the disease is a combination of measles with scarlatina.

The following points are especially worthy of note:—

1. The premonitory fever in German measles is generally mild, and resembles in many respects, though not in duration, that of common measles. There is more or less pain in the limbs, slight shivering, sore-throat, and often, though by no means always, coryza, redness of the conjunctivæ, and sneezing. All these symptoms were present in some of the cases I have had under my my care. The characteristic features, however, of the premonitary fever, as contrasted with that of measles, is its *duration*, which is seldom much more than twenty-four hours, whereas in measles it is from three to four days—that is, the eruption of the latter disease appears on the fourth or fifth day. Dr. Murchison remarks on this point, that "most authors fix the duration of this stage at about three days, the eruption being said to appear on the third or fourth day. In my experience, its duration, as in the cases you may have seen in the wards, is much shorter, the rash appearing on the second day, or even within the first twenty-four hours." Dr. Murchison's experience is entirely borne out in this respect by my own, and that of many other observers. Indeed, I consider the short duration of the febrile attack before the eruption appears as one of the most constant and distinctive features in which the fever differs from ordinary measles.

2. The character of the eruption when it first appears is almost all described as "measly"—that is, in small reddish patches. In the first instance the rash consists of small rounded collections of minute red pimples, which after a time coalesce and form larger irregular patches, just as in measles, but with apparently less tendency to become of a horse-shoe or crescentic shape. After a time the patches may all unite, and then the skin becomes to the naked eye of a uniform red colour, closely resembling that in scarlet fever. This coalescence of patches was complete in two of the cases recently under my care in this hospital, In the other cases the confluence was only partial, the eruption retaining some of its patchy character until it finally faded away. The rash is generally of a rather brighter colour than is met with in typical measles. "The eruption," says Dr. Murchison, "is copious in direct ratio to the severity of the general symptoms. It lasts longer, as a rule, than the rash of either measels or scarlet fever—from four to ten days. Its disappearance is followed by a desquamation of branny scales." With regard to the desquamation, I would remark that it is not generally such a characteristic feature as in scarlet fever. Very mild cases of the latter disease often desquamate freely. Mild cases of German measles, on the other hand, desquamate but little, as in the cases before us, where it was but slight. The protracted duration of the eruption is certainly one of the characteristics of the malady, though no doubt a more or less variable one, and of little or no value as a means of early diagnosis. In the cases under my care in the hospital the eruption lasted from five to seven days—a longer time than is usual either in measles or scarlet fever.

3. Amongst the most constant symptoms of this fever is the persistent, though not generally severe, sore-throat. The tonsils are red and swollen, and remain in that state usually for some days after the rash has faded; indeed the sore-throat is often the last symptom to disappear. This soreness about the fauces is by no means of the same severe character as that met with in scarlet fever, and very rarely leads to ulceration.

4. The presence of albuminuria if of not unfrequent occurrence, and it was present for a short time in two of the examples under discussion. It does not always, however, pass away rapidly, as it did in these cases; it may become chronic, or even lead in some rare instances to acute dropsy. This, in fact, constitutes the chief and almost the only grave feature of the disease, but, as it rarely occurs, a favourable prognosis may be given.

5. The disease propagates itself, and never leads to the production of either scarlet fever or measles in others. The seed, as a gardner would say, comes up true. This is a fact of great importance, and almost conclusive against its being either a mild form of morbilli or scarlatina, or even a combination of the two.

6. German measles affords no protection from either of its allied diseases; nor does scarlet fever or measles protect, in the slightest degree from attacts of rotheln. This fact, if admitted—and it is undoubtedly true,—is the strongest possible evidence that the disease is distinct from all others, however its superficial appearance may lead us to believe that it is some modified form, or so-called hybrid, of scarlatina and morbilli. All my patients, with one exception, had previously had measles. My own opinion is, that rotheln is more distinctly epidemic, at least in this country, even than ordi-

nary measles, and certainly more so than scarlatina; and, further, that it is probably far less contagious than either of those diseases, though on this point I should be very unwilling to dogmatise. Several convalescent children were in constant communication with the cases in my wards, but not one of these children contracted the malady. Moreover, several cases that I have had under my care in private practice have failed to communicate the disease to others.

In conclusion, I would remark that German measles is not yet fully recognized by the profession in this country; little or no account is given of it in ordinary text-books on medicine, and its name does not find a place in the "nomenclature of diseases" drawn up by a committee of the Royal College of Physicians. Under these circumstances, it is not surprising that errors of diagnosis should sometimes bring discredit on our profession. For example, a medical man is called in to a case of German measles in its early eruptive form; he is not particular to inquire about the symptoms or the duration of the premonitory fever, and he at once pronounces it *measles*. Perhaps this would be of little importance if the case remained under his care, but unfortunately he is sent for to the country, and in the meantime the character of the rash of his patient has changed to a uniform red eruption, and is pronounced by some other medical man to be *mild scarlatina*. In the course of ten days, probably, the patient is well, and it is then evident that the case is one neither of measles nor of scarlatina, but of rotheln. It is in order that you may be on your guard against similar mistakes that I have to-day directed your attention to this subject.—*Brit. Med. Journal.*

YELLOW FEVER.

We have more than once referred to the terrible epidemic of yellow fever which visited the little town of Shreveport last autumn. A few particulars of the outbreak and nature of the disease, as observed by a medical man on the spot, will not therefore be out of place. Dr. Henry Smith, of New Orleans, who was deputed by a life insurance company to report on the epidemic, left his house on September 10th, and arrived at Shreveport on the 13th, after a journey of nearly seventy hours. He found the town in a state of terror and panic impossible to describe. All who had been able to fly had done so, and desolation reigned supreme. Dr. Smith worked night and day with a devotion which does him honour. After pointing out certain defective sanitary conditions apparent in the locality, and which must have had a powerful influence in prolonging the existence of the disease, Dr. Smith gives the following details, based on his treatment of 243 cases of unequivocal yellow fever. The fever often came on very suddenly, with rapid pulse and high temperature, generally preceded by a severe chill, with pain in head and back, occasionally accompanied by spasms of the lower extremity. The skin became hot and dry, the pulse full and strong, ranging from 120 to 140 and upwards. The tongue was coated and dirty, with a flabby appearance. The average duration of the febrile paroxysm was sixty hours, or about two days and a half. In favourable cases the establishment of convalescence was succeeded by great depression of the vital powers, the pulse falling from 140 to 80, 70, and even 50, while in one case it sank as low as 40 beats in a minute. In the graver cases the face was suffused, and the eyes highly injected. There was often furious delirium, while profound stupor marked the last stages. The perspirations were variable, and occasionally offensive. The skin was bronzed and yellow, but this appearance was often wanting. In many of the fatal cases, simultaneously with yellow eyes and skin, there were black stools, reddish-dark urine, and bloody vomit, while the skin was covered with bluish or or black patches. During convalescence abscesses and eruptions on the face were frequent, and desquamation of the cuticle was very common. A noticeable fact was the rarity of black vomit, and when it did occur the patient sometimes recovered. In a large proportion of the cases the kidneys were affected early in the disease, frequently resulting in fatal suppression of urine. Retention was common, necessitating the constant use of catheters. As regards the purely medicinal treatment of the disease, Dr. Smith found that quinine and opiates were as a rule inadmissible, and he is satisfied that the former agent cannot be used in uncomplicated yellow fever. From ample trials he regards aconite as the most useful drug to be exhibited. It produced free and sometimes copious diaphoresis, and appeared to exert great controlling influence on the heart's action, and indirectly over the nervous system. Its administration, however, requires great caution, and its effects should be carefully watched.—*The Lancet.*

BILLROTH'S CASE OF EXTIRPATION OF THE LARYNX: ARTIFICIAL VOCAL APPARATUS.

In the JOURNAL of January 31st was given an account of a case in which Professor Billroth of Viena extirpated the larynx on account of malignant disease. The man on whom the operation was performed was exhibited at a meeting of the Vienna Medical Society, on February 27th, when Dr. Guessenbauer, in the unavoidable absence of Dr. Billroth, described the apparatus which had been devised to supply the place of the larynx. The object to be carried out, to enable the man to speak, was to establish a communication between

the trachea and the cavity of the mouth. An apparatus was made, from instructions given by Dr. Gussenbauer, by Herr Leiter, the instrument-maker; and the patient had been able, by the aid of this, to speak distinctly when exhibited to the clinical class in the hospital. The apparatus, however, did not perform its functions perfectly; and an improved one had been constructed by Messrs. Leiter and Turriegal, which was demonstrated to the Society. It consists essentially of two curved canulæ—a tracheal canula and a voice-canula; and, for vocal purposes, there is a tongue of silver plate, capable of producing a deep note. This has been proved by numerous experiments preferable to one with a high note, as it allows more space for breathing; and the air can pass more quickly, and more readily produce vibrations in the metallic tongne By means of this apparatus, the patient is able to speak well, with a clear sonorous voice; but, before he can speak, he is obliged to expectorate, to remove the secretion accumulated in the apparatus. Dr. Gussenbauer has also made some experiments with the view of forming an apparatus of elastic membrane, the tone produced by which resembles the human voice more closely than that of metal; but he has found that the apparatus of elastic membrane is much less capable of being cleaned than the metallic one; and there is the further objection, that the elasticity becomes impaired by continued use. The patient at first wore a respirator for protection against the cold air. As a large portion of the epiglottis was removed, it was thought at first that the patient would not be able to swallow—and, in fact, fluids passed out through the opening that had been made. He learned, however, to push the dorsum of the tongue back when he swallowed, so as to close the opening of the air-passage; and a special apparatus has been devised by Dr. Gussenbauer, which still more completely acts as an artificial epiglottis. After Dr. Gussenbauer had described the apparatus, the patient applied it, and read some lines aloud. Articulation was evidently attended with some little difficulty; but, in spite of the monotony of the voice, the words could readily be distinguished.—*Brit. Med. Journal.*

THE IDENTIFCATION OF THE REMAINS OF DR. LIVINGSTONE.

The hold that the superstition of burial has upon the English race, and the probabilities cremation has of becoming popular, seem to us to be plainly outlined in the excitement in regard to the recovery of the body of the great African traveller and philanthropist. To us the one important point has been the recovery of his diaries and other papers and records. Yet we hear very little about this, although the newspaper press has teemed with particulars concerning the body. When the latter reached England, the question of its identification was of course an important one. As the readers of "Livingstone's Travels" will remember, some years ago he was seized by an infuriated dying lion, and his left arm very much lacerated, the bone being crushed to splinters: from these wounds he recovered with an ununited fracture. Dr. Livingstone had during life consulted very freely Sir William Ferguson concerning this arm, and to him were intrusted the examination and identification of the body. In his report he says, *inter alia:*

"From what I have seen I am much impressed with the ingenious manner in which those who have contrived to secure that the body should be carried through the long distance from where Livingstone died until it could reach a place where transit was comparatively easy, accomplished their task. The lower limbs were so severed from the trunk that the length of the bulk of package was reduced to a little over four feet. The soft tissues seem to have been removed to a great extent from the bones, and these latter were so disposed that by doubling and otherwise the shortening was accomplished. The abdominal viscera were absent, and so were those of the chest, including, of course, heart and lungs. There had been made a large opening in front of the abdomen, and through that the native operators had ingeniously contrived to remove the contents of the chest, as well as of the abdomen. The skin over chest, sternum, and ribs had been untouched.

"Before these points could be clearly ascertained, some coarse tapes had to be loosened, which set free some rough linen material—a striped colored bit of cotton cloth, such as might have been an attractive material for the natives among whom Livingstone travelled,—a coarse cotton shirt, which doubtless belonged to the traveller's scanty wardrobe, and in particular a large portion of the bark of a tree, which had formed the principal part of the package,—the case thereof, no doubt. The skin of the trunk, from the pelvis to the crown of the head, had been untouched. Everywhere was that shrivelling which might have been expected after salting, baking in the sun, and eleven months of time. The features of the face could not be recognized. The hair on the scalp was plentiful, and much longer than he wore it when last in England. A moustache could not be recognized, but whiskers were in abundance. The forehead was in shape such as we are familiar with from memory, and from the pictures and busts now extant. The circumference of the cranium, from the occipnt to the brow, was twenty-three and seven-eights inches which was recognized by some present to be in accordance with such measurements when alive.

"In particular the arms attracted attention. They lay as if placed in ordinary fashion, each

down by the side. The skin and tissues under were on each side shrunk almost to a skeleton bulk, and at a glance to practised eyes—there were five, I may say six, professional men present—the state of the left arm was such as to convince every one present who had examined it during life, that the limb was Livingstones's. Exactly in the region of the attachment of the deltoid to the humerus there were indications of an oblique fracture. On moving the arm there were the indications of the ununited fracture. A closer investigation and dissection displayed the false joint, which had long ago been so well recognized by those who had examined the arm in former days. Thousands of heads with a like large circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fracture in this locality is exceedingly rare. I say this from my professional experience; and that such a specimen should have turned up in London from the centre of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authorities to have existed, is beyond human credibility. It must not be supposed by those who are not professionally acquainted with this kind of lesion—which often causes so much interest to the practical surgeon— that a fracture and new joint of the kind now referred to could have been of recent date or made for a purpose."—*Phda. Med. Times.*

CINCHO-QUININE.

The following communication from J. F. Miller, M.D., of Goldsboro', N. C., appears in the *Philadelphia Medical and Surgical Reporter*, of February 14th, 1874:—

The comparatively new article of medicine, *Cincho-Quinine*, having become a subject of much comment by quite a number of medical gentlemen, I have been induced to try it in my own practice. I have been using it freely for about twelve months, and have fairly tested its virtues, both as a tonic and antiperiodic, and I can safely recommend it to my professional brethren as a most valuable medicine. I have observed but one unpleasant effect on children, *i.e.*, an efflorescence of the skin after giving the medicine for several days in full doses; but this effect is comparatively rare and really of little importance. I do not regard the cincho altogether equal to the sulphate of quinia as an antiperiodic, of the same quantity by weight, but probably about one-eighth weaker; that is to say, it will require one-eighth more by weight of the cincho to make it equal to the sulphate of quinia as an antiperiodic. But the sulphate costs a little more than one-third more than the cincho, which, as a pecuniary investment, leaves a balance in favor of the latter article. The cincho-quinine certainly agrees with the stomach better than the sulphate, and produces little or no nervous derangement, and is consequently preferable to the sulphate in many cases. Notwithstanding the eruption that now and then appears from its exhibition to children, I regard the cincho-quinine the very thing for this class of patients, for by making an elixir of the medicine, they take it very readily, which is a most important consideration.

The following are only a few of the many cases of children treated with the cincho-quinine, and I also give the formula, used by myself in preparing the elixir:—

Ella, child of W. F. F., æt. eighteen months, has had intermittent fever, quotidian form, for several days. Chill believed to appear from eight to ten o'clock A.M.

R	Cincho-quinine	grs. vij.
	Aro. sulph. acid	gtt. v.
	Syr. zingiberis	
	Aquæ rosæ	aa 3 ss.

Mix and dissolve. Sig. Teaspoonful at eight and eleven A.M., and two and five P.M.

No perceptible chill, but a slight fever came on about one o'clock P.M. Repeat the prescription at five, seven, nine, and eleven A.M., following day. Result, no chill or fever, and patient recovered without further difficulty.

Tommy, son of T. B. H., æt. five years, has had two chills, tertian form, the last chill being very severe and fever lasting unusually long; bowels costive. Time of chill seven A.M.

R	Hydr. chlo. mitis	
	Leptandrin	aa. gr. ij. M.

Sig. Take at bedtime.

Medicine acted well early next morning, and at eight and eleven A.M., and two and five P.M., two teaspoonfuls of the following mixture were given:—

R	Chincho-quinine	grs. xij.
	Aro. sulph. acid	gtt. vij.
	Syr. zingiberis	
	Aquæ rosæ	aa. 3j.

Mix and disolve. Result, no return of chill or fever, and patient rapidly recovered. The remainder of the prescription was given to him in teaspoonful doses *ter in die.*

The last case that I shall notice (though many others might be given) is that of my own child, Charlie, æt. seven and a half years. To him I gave the same prescription given to child of T. B. H., with a like result. A few drops of tinct. cinnamon will add to the agreeableness of the elixir of cincho-quinine.

"ON DRAINAGE."

It is a well-established fact, that the principal cause of fever is a humid, miasmatic state of the atmosphere, produced by the presence of an excess of moisture on the ground, from which poisonous exhalations constantly arise, and carrying into the system of those who inhale it a virus which, if not sufficiently intense to produce fever, has such a disturbing effect upon the functions of some organs as to weaken the general system and act as a powerful predisposing cause of some of the most common and fatal maladies to which the human body is subject.

It follows as a matter of course, that the first effort to improve the salubrity of any place whatever should be directed toward preventing the aggregations of water in particular localities, and to remove such as have been allowed to collect.

As the sanitary condition of any city or district of country is so intimately connected with its proper drainage, and the latter is so dependent upon and governed by the topography of the locality, it would appear requisite that any inquiry into the causes or remedies for sanitary evils existing in the city of New York should be based upon a thorough knowledge of the topography of the island upon which it is built; and I have no hesitation in expressing the opinion that one of the chief causes of mortality is to be found in the defective drainage of certain districts of the city; and furthermore, that this is an evil which is increasing as the city extends itself towards the northern portion of the island, and that the main elements by which the evil is increased are the so-called city improvements, or grading of streets and avenues, which are now being carried forward.

The consequence is an accumulation in different localities of deposits of stagnant water, which in itself is not only detrimental to health and productive of epidemics, but by reason of accumulation it causes the saturation of an extensive area of ground, permanently unfitting it for building sites, since no house can be located within this area of saturation without being affected by dampness to a greater or less extent.

The result is that any change of temperature in the apartments of these houses must produce a condensation of the moisture which is ever present in these apartments by presence of capillary attraction, which has caused it to ascend from the saturated earth on which the house is built. The very heat with which the occupants of houses so situated seek to draw off this dampness only aids in the end the capillary force which is always at work. As a result of this disregard of nature's simplest laws, and under a criminal combination of ignorance and neglect, we have constantly present the various forms of intermittent and typhoid fevers, consumption, scrofula, and all the diseases attendant on the atmospheric conditions which are due to this source.—GEN. VIELE ON DEFECTIVE DRAINAGE, *The Sanitarian for March.*

ATOMISED INHALATIONS.

The Paris Academy of Medicine has had a discussion respecting the therapeutic value of inhalations of atomized fluids, or sprays that deserves attention. The debate originated in a report on the mineral waters and baths of France presented by M. Bourdon. In France several of the mineral waters are used not only for baths and drinking, but for application to the respiratory mucous membrane as sprays. It may indeed be said that it was in these establishments that the use of sprays first found favor. Rooms are fitted up for the purpose, and filled with the atomised mineral water, the use of small apparatus being in reality a substitute for such rooms. We are, however, disposed to think that the use of the small apparatus is in many cases preferable to a resort to the establishments. It will be seen that it is to the latter the discussion at the Academy chiefly related.

M. Bourdon mentioned that atomised waters were used by Fontan at Luchon more than thirty years ago, and ten or twelve years ago the therapeutic uses of Luchon water, in the form of spray, were brought under the notice of the Academy. It was shown that the spray really penetrated by various experiments on animals, and on a woman whose trachea had been opened; but it has been contended that the composition of the liquids is changed, and no doubt gaseous constituents are decreased or lost.

From the debate that ensued, it is clear there is great divergence of opinion in France as to the therapeutic value of sprays. Trousseau approved of them, as did others, and as do now Professors Gubler, Demarquay, Giraldes, and others. M. Ridoux, who is inspector at Eaux-Bonnes, says he has only used sprays for the fauces and first portion of the larynx. In pulmonary diseases he finds they fatigue the patients too much. He says in experiments on animals the liquid penetrates the trachea and bronchi because it is injected with force; but in human beings, in ordinary conditions, he does not believe the spray enters the deeper parts of the respiratory passsges to such an extent as to be useful. He therefore does not attach much importance to spray in diseases of the lungs, and in this he was supported by MM. Durand-Fardel, Jules Guerin, and Colin. These authorities, however, distinctly admitted the value of sprays in diseases of the throat and though they doubted their penetration far into the bronchi, acknowledged they had been proved to enter the larynx.

We think that English therapeutists will generally adopt a similar view. In diseases of the

throat sprays are effectual; in many cases they are the best remedies for laryngeal disease, but the deeper the disease in the air passages the less likely are sprays to be able to control it.—*The Doctor.*

WHAT OTHERS THINK OF US.

We copy the following from the editorial columns of the *Peninsular Journal of Medicine*, Detroit Nov. 1873 :—

"We have for a long time been interested in the operations of the Canadian government in organizing an examining and licensing body, known as the College of Physicians and Surgeons of Ontario, and in requiring a registration of all licensed practitioners of medicine, or those allowed by law to practice within the Province. This College, which has been in existence between five and six years, has done a great work in legalizing the medical profession of that country. Of all the students who have come up for an examination, not one thus far has selected to register other than as a general practitioner of medicine, although there are several Homœopaths and Eclectics on the Board. We believe that there is a similar college for the lower province of Quebec. Encouraged by the efficient workings of the Canadian measures in this direction, as well as the relatively high position the profession maintains for itself in European countries, we have watched with not a little curiosity the efforts lately made by the profession in this State, to have the power of licensing persons to practice medicine delegated by the Legislature to an examining college. A committee appointed at the Grand Rapids meeting of the State Medical Society last year, reported a draft of a proposed act legalizing the medical profession in this State, and constructing an examining and licensing board, to be called the College of Physicians and Surgeons of Michigan, to be composed of a certain number of practitioners belonging to so-called schools of medicine. This report was received by the society at its last meeting, and reserved for further consideration.

The State Medical Society, at its Saginaw meeting in June, of this year, appointed a committee of representative men, to confer with the Board of Regents regarding the relations between the medical department of the University and the profession of the State, in respect to the future conduct of said department. This committee, in a report showing a very careful survey of the whole subject, invited the Board of Regents to co-operate with the society in obtaining by law the appointment of a board, selected fairly from the so-called schools of the medical profession, with power to examine and approve all who may hereafter begin to practice medicine in this State; and with power also to graduate and give diplomas to all who, having been properly instructed in medical schools, may have passed the examining college. Beyond this board we see a harmonious profession, relieved by its means of all unsuitable material, its examinations constituting a veritable *pons asinorum* through which the objectionable candidates would necessarily fall. What difference does it make to the examiner on anatomy, or chemistry, or materia medica, or physiology, that there is an Eclectic or a Homœopath to examine any candidate upon the articles and practices of their faith, who may elect to register as an Eclectic or a Homœopath instead of as a general practitioner? One might as well object to serving on a school board, or attending a political caucus, on account of the objectionable element. The people are satisfied if the aspirant for potions and pulses is thorough in the foundation of his professional temple, and naturally presume that he will do the best he can towards curing them. The committee say that the general decline of the learned professions in popular estimation is mainly due to the fact that the average intellectual endowments, and the average accomplishments of professional men, are relatively lower as compared with the popular average in these particulars, than they were fifty, or even twenty-five, years ago. In other words, the popular average of intelligence and cultivation has advanced, while the professional average has remained stationary, if it has not retrograded."

TREATMENT OF AFFECTIONS OF THE JOINTS BY "MASSAGE."

The *New York Medical Record*, January 1, contains an interesting account of the treatment of both acute and chronic affections of the joints by massage—*i.e.* manipulations with the fingers or hands,—as practised of late in Denmark, and related in various numbers of the *Norsk Magazin*. The attention of the profession in that country was called to the subject by the great reputation attained by a Dutch physician, Dr. Mezger, through his successful treatment by this mode of the Danish Crown Prince. Dr. Mezger employs it both in acute and chronic synovitis of the various articulations. He excepts the hip-joint, partly owing to its deep situation and partly because its inflammation is so often dependent upon a primary osteitis. He divides his frictions into horizontal, which pass from side to side and vertical, passing from below upwards in the direction of the limb. They vary in force according to the effect to be produced, and are extended also over the adjacent unaffected tissues. By the horizontal frictions the skin is moved about over the fasciæ and ligaments, and the superficial vessels are acted upon partly by the direct application of mechanical force and partly

by the indirect influence of the vaso-motor nerves. The local circulation of the blood is increased; and where there is a tendency to venous stagnation, the bluish color is removed, the skin resuming its natural appearance. The vertical frictions promote the circulation in the venous and lymphatic vessels, and by a combination of these methods of manipulation absorption is increased. Massage also aids in breaking up and dispersing about any deposits or effusions of blood that may exist, and thus promotes their absorption. Moderate compression, it is true, does the same, but by acting upon the subcutaneous veins it brings an œdema of the parts below.

In acute and chronic *synovitis serosa*, vertical are more applicable than horizontal frictions, as in addition to the effusion we have to deal with infiltration and hyperæmia of the synovial and peri-synovial tissues, while the vascular network which surrounds the joint is dilated, and the circulation in the blood and lymphatic vessels is correspondingly sluggish. By the use of massage, absorption can be hastened, and the retarded circulation rendered free; that is, the disease can be cured while, in the meantime, a moderate use of the joints may be allowed. According to Mezger, the average time required for the treatment of acute synovitis is two weeks, and for a chronic case six weeks. He recommends both in acute and chronic cases a moderate use of the joint—only limited, indeed, by the pain this produces. Passive movements of the joints are also employed.

In several hundred cases treated by Dr Mezger in this way during fourteen years, he has never seen any harm result from the moderate use of movements; and he is of opinion that many cases pass into the suppurative stage in consequence of the absolute rest which is enforced by the forms of treatment in common use. Dr. Kiær, writing after close observation of Mezger's mode of treatment, considers that his great merit lies in his having separated massage from the therapeutic gymnastics, of which it formed a part, and, by a thorough investigation of its influence on disease, raised it into a principal means in the treatment of diseases of the joints. He adds that no one who has practically observed it can deny that his system of manipulation constitutes one of the most powerful remedies for combating synovitis, whether acute, chronic, serous, or hyperplastic.

Dr. Winge, at a meeting of the Copenhagen Medical Society, gave an account of Dr. Mezger's method of treatment as observed during a three weeks' visit to Bonn, where that practitioner now resides. He describes it as essentially consisting in kneading, rolling, percussing, and rubbing the parts. When these are hairy they are first shaved, or the manipulations cause irritation. The operator sits on a low stool in front of the patient, and begins with anointing the part with perfumed lard. He rubs strongly whether indurations, infiltrations, or effusions have to be dealt with, and follows from below upwards the course of the lymphatics. When the knee is the part, he works across the joint with the fingers of one hand, on both sides, below the patella, pressing inwards with more or less force; while the fingers of the other hand work in the same manner upwards along both sides of the patella, over the capsular ligament, or any ligament which is felt to be swollen. This process is continued from three to five minutes. He then grasps the joint with his left hand, and, pressing firmly, rubs upwards over the patella as high as the superior insertion of the investing ligaments. This is repeated a number of times, according to the circumstances of the case, the applications being made once or twice a day.

In *synovitis hyperplastica*, both horizontal and vertical frictions are employed, especially over those parts where the peri-synovial tissue is felt to be much thickened. The more acute the inflammatory process, the more gentle must the pressure be, as also is the case when chronic synovitis takes on a subacute form. In this form of synovitis there is hyperplasia of areolar tissue in the synovial membrane and the peri-synovial tissues, together with a more or less plentiful serous exudation. At the same time there is a development, in greater or less abundance, of newly formed vessels, and perhaps also of new formations in the system of canals from which the lymphatics take their origin. The combined use of both varieties of frictions in such cases produces, in the first place, an effect upon the peri-articular tissues, and diminishes the tumefaction. Not unfrequently this alone is sufficient to cause the subsidence of the inflammatory process in the synovial membrane, and the disease is cured. But usually more protracted treatment is necessary, the peri-synovial tissues being gradually restored to their normal state, although occasionally remaining thickened. Or, after the effusion has been absorbed, it is found that the newly formed areolar tissue has become cicatricial, thickening the peri-synovial tissues and the membrane, and by its contraction diminishing the calibre of the newly formed vessels, so that their walls contract and atrophy. The dilated vessels, under the manipulations, become more or less completely emptied, and their walls are thus enabled to contract by their own elasticity. At first, however, they dilate again between the applications of the treatment, but gradually regain their proper tone. By the stronger frictions the thinner vessels are ruptured, and blood is effused into the cellular tissue, when it is absorbed, and then the vessels atrophy. When care is taken to prevent the effusion of blood becoming excessive, no bad results ever follow.

In *synovitis pannosa*, the cartilages of the joint present a vascular development, the vessels chiefly originating from the newly formed vessels in that

portion of the articular tissues which is connective between the synovial membrane and the surfaces of the joint. If we can cause the last-named vessels to atrophy, we may reasonably expect those of the surfaces of the joints which are in connexion with them to do so likewise. It is therefore important in employing massage in these cases to direct attention to the portions of tissue which pass across from one joint-surface to the other. Atrophy of the pannus tissue may also be promoted by active and passive movements of the joint. In the fœtal state a physiological pannus is developed at those points where, during the condition of rest, the joint-surfaces do not come into contact. So, too, a pathological pannus is chiefly developed on those parts of the synovial surface which, in the forced condition of rest, do not come into contact. By motion the pannus surfaces are brought together, and the newly-formed vessels atrophy.

In *chronic rheumatic inflammation* of the joints, accompanied by stiffness and contraction, Dr. Mezger gives a tolerably good prognosis when the soft parts alone are involved. He never uses chloroform in such cases, because he does not employ every forcible manipulations or movements. He often ruptures pseudo-membranous formations, but he carefully avoids exciting inflammatory reaction, which might result in stronger adhesions than before existed. Rheumatic distortions of the fingers, when treated by this method, are sometimes very painful. The wrist is less so. The ankle is apt to be more painful under treatment than the knee, but much less so than the fingers and wrist.—*Med. Times and Gazette.*

PHYSIOLOGICAL RESEARCHES INTO THE DIGESTIVE AND ABSORBING POWERS OF THE LARGE INTESTINE.

Although numerous researches have been directed to the question, what the exact action of the large intestine is on nutritive substances placed in contact with its mucous surface, yet an exact solution of it had not till recently been offered. A remarkable malformation of the intestine, the result of disease, in a patient under their care, has lately allowed Drs. Czerny and Latschenberger, of Freiburg, to make almost analogous experiments on the large intestines to those which Dr. Beaumont formerly made on the stomach in the case of St. Martin, and they have arrived at some extremely valuable and interesting results, which are published in Virchow's *Archiv*, Band lix., Heft 2, s. 161.

The general results arrived at were, almost in the authors' words, as follows :—*Soluble* albumen is absorbed by the human large intestine unchanged as such, the intestine itself having no action on it; and the quantity absorbed is larger the longer it remains in contact with the mucous membrane. Irritation of the latter, as was shown where repeated measurings had reddened and inflamed it, stops absorption either wholly or in part. The absorption of albumen is diminished also by the presence of chloride of sodium, but the latter is itself absorbed in all conditions of the intestine. The albumen of eggs is an unsuitable form for absorption. Fat in emulsion is absorbed in quantities proportional to its concentration. Starch is also absorbed, but it is not as yet certain whether it remains chemically unchanged or is converted into sugar before absorption takes place.

It was also found that the portion of intestine used for experiment absorbed in seven hours about forty to fifty grammes of water. The largest amount of albumen which the same portion absorbed in twenty-four hours was one gramme and a half; and, as the whole large intestine is about four times as long, it follows that in twenty-four hours six grammes of a $4\frac{1}{2}$ per cent. solution of albumen would be absorbed. This is a quantity quite sufficient for the nourishment of a healthy man, who requires, according to Voit and Bauer, 120 grammes per diem. Probably more would be absorbed if the concentration of the solution were increased.

The value of Czerny and Latchenberger's researches lies of course in the light they throw on the use of nutritive injections in various diseases. Judging from the above results, such injections are less valuable than is generally supposed; but we must be aware of generalizing too much from observations on a single individual. Clinical experience has proved that life can be maintained for a considerable time by food given solely by the bowel; and we must recollect that, just as different stomachs have different digestive powers, so the large intestine may vary in its absorptiveness in different individuals. Moreover, as Leube has remarked in his experiments with pancreatic emulsions, the digesting, or rather the absorbing power of this part of the alimentary canal increase gradually with its use.—*Med. Times and Gazette.*

TURPENTINE AN ANTIDOTE FOR PHOSPHORUS.—It appears to be well established that turpentine combines with phosphorus both in the stomach and in the blood, forming an almost inert turpentine-phosphorous acid. One part of phosphorus is more than neutralized by 100 of turpentine. The antidote should be given for several days. Fats, oils, and milk, must be avoided, as they dissolve the phosphorus and increase its activity. A patient recovering from phosphorus poisoning under the use of turpentine, was killed by a dose of castor oil given as a purge.—*Pacific Med. Journal.*

THE EXCESSIVE MORTALITY OF CHILDREN.

[Although this article was written to direct attention to the excessive child mortality in London it is well worthy of perusal as very similar conditions exist now in many quarters of our Canadian cities.] —Ed. Lt.

Mr. John Liddle, in his last quarterly report on the sanitary condition of the Whitechapel district, discusses the causes and remedies of the excessive mortality of children in the metropolis at length, and with characteristic ability.

The causes of the large mortality of children in the metropolis may, he considers, be to some extent accounted for—

1. By the general ignorance of the principles of the laws of health.
2. By improper nursing of children, and leaving them in the charge of young children, who are not sufficiently robust to carry them properly in the streets. Even when in charge of the mother, they are exposed without sufficient covering to protect them from the cold and damp.
3. By the ignorance of mothers, as regards the absolute necessity of their infants breathing pure air, as is too frequently shown by the keeping closed the window and door of the living and sleeping-room.
4. By hereditary disease in many children.
5. By the intemperance of parents, who, from repeated drunkenness, are unable to attend to their children.
6. By the deficiency of food.
7. By the use of improper food.
8. By the neglect of offspring, especially of those who are illegitimate.
9. By the want of artificial warmth.
10. By the overcrowding of rooms.
11. By the administering to children of opium, and other narcotics.
12. By the defective sanitary condition of the localities occupied by the poor.
13. Numerous deaths of children, who are born of drunken parents, are caused by convulsions, and other diseases of the nervous system.

Some of the causes of the large amount of mortality of infants under one, and of children under five, having been stated above, it is a question of great importance to all persons who are ratepayers, and especially to those who are not only ratepayers, but who devote much time and money in the promotion of charitable and philanthropic objects, to inquire how this excessive death-rate can be diminished. It is a question well worthy of consideration, whether it would not be much better to expend money in the prevention of disease and of early death, than in mitigating those sufferings of the poor which are occasioned by sickness and poverty. Large sums of money are constantly being spent in the very questionable benefit of erecting buildings for the houseless poor, in the distribution of articles of food to the necessitous, in the supply of coals, blankets, etc., which might, probably, be better applied to the prevention of the numerous evils incidental to poverty.

For the purpose of ameliorating some of the evils which he thus enumerates, he proceeds to consider what can be done by the Local Sanitary Boards, by private individuals, and by charitable institutions, by Boards of Guardians, and by the Metropolitan Board of Works.

Something may be done by the several Local Sanitary Boards to benefit the health of the poor, so as to enable them to perform, in a better manner, such work as they may be able to procure:—

1. By causing all the narrow courts and streets to be cleansed daily, and the pavements in all the narrow and confined places to be kept in good repair. And here, Mr. Liddle asks, is it reasonable to expect the poor to keep the interior of their houses clean, when the narrow places in the vicinity are in a filthy state? It is, in his opinion, of far more importance to the health of the district to keep the localities where the poor reside in a cleanly state, than the wide thoroughfares. The stench arising, while some of these localities are being swept, in damp weather, is sometimes most abominable and sickening, for the majority of the poor inhabitants throw all their slops and filth into the public ways; and, when these are stirred up by the scavenger, the nuisance may be readily conceived.
2. By causing a constant and strict supervision to be given by the sanitary officers to the condition of the interior of the houses of the poor, so that overcrowding may be prevented, and the ventilation of the rooms, where defective, improved.
3. By the prompt removal of all nuisances likely to injure the health of the people.
4. By insisting that all the places occupied by the poor shall be supplied with water on the constant service, so as to do away with the butts and cisterns now in use therein.

The existing evils which are in operation, in producing the low moral and physical condition of the people, may be, to some extent, alleviated by private individuals, or by charitable associations:—

1. By purchasing some of the worst property in the most crowded districts, and so improving the sanitary arrangements in the houses as will enable the occupiers to live in decency, and engender feelings of self-respect. This suggestion can only be carried out by the new owners making frequent visits to each tenement, and kindly giving to each family a few words of advice on those subjects which relate to health; and if the accomodation in such houses be better than, and as cheap as, that in the contiguous houses, the tenants will readily

put in practice the lessons they receive, for they will be informed that, unless cleanliness is observed, the parties must remove.

2. By using efforts to get the children of school age instructed in some of the elementary schools, and, if possible, to remove them from the contaminating influences of their homes.

3. By giving instruction to the parents in the proper management of children.

4. By discouraging the too prevalent custom of investing money in burial-clubs; and, instead thereof, endeavouring to induce the heads of poor families to become members of provident dispensaries, where, in time of sickness, medical attendance will be afforded. The extension of these institutions will be the means of inducing feelings of self-respect among the poor, by enabling them to procure, from their own resources, the needed assistance, instead of causing them to apply to the work-house authorities; for we find that the first step in the downward path to pauperism is, when sickness occurs in a member of a family, that application is made at the workhouse for an order for the union medical officer; then, they having once found their way to the workhouse, and thereby become paupers, the downward course is continued. This example is followed, and thus the wh[illegible] locality soon becomes pauperised.

5. By endeavouring to induce the poor, in times of prosperity, to invest small amounts in penny savings' banks.

6. As regards drunkenness, and the two-fold evils mentioned as consequent thereon, the only plan that can be suggested for diminishing this evil is to instruct the people by intercourse and example, and to remove the children to schools.—*British Medical Journal.*

ANATOMICAL EXAMINATIONS.—The following were the questions in Anatomy and Physiology submitted to the 192 candidates at the primary examination for the diploma of Membership of the Royal College of Surgeons of England, on the 4th of April:—1. Describe the venous sinuses within the cranium, and the course and relations of the great vessel which receives their blood on the right side from its commencement to its termination. 2. Mention the parts in contact with the levator ani muscle. 3. Give the origin, course, distribution, and relations of the interosseous nerves. 4. From what sources does the portal vein vein receive its blood? Describe its distribution, and trace the course of the blood onwards into the general circulation. 5. Describe the form and relations of the popliteus muscle; and mention, in the order in which they appear, the parts which must be removed to expose it. 6. Explain the effect of complete division of the spinal cord immediately above the origin of the phrenic nerve.

CHLORAL HYDRATE SUCCESSFULLY USED IN TETANUS.

Dr. Coryllos, of Patras, Greece, published a case of this kind in the *Allgem. Weiner Med. Zeit.*, No. 2, 1873, and now the same author records two similar cases, one under his own care, and the other treated by Dr. Basilin. The latter case relates to a woman of forty, who had wounded her finger with a splinter, which she removed herself. Tetanus occurred one month after the accident, and she had more than ten general attacks in twenty-four hours. Sixteen days after the first tetanic symptoms the patient removed from the wound a bit of splinter, the size of a pea, which had been left in unobserved. The usual narcotics having failed, chloral was tried and succeeded. Altogether three ounces and a half were taken in twenty days.

In Dr. Coryllos' case a man of forty had his left temple wounded by a pointed piece of reed. Tetanus supervened, and here, again, a portion of the foreign body was removed twelve days after the accident. He had at first fifteen-grain doses of chloral, and improved much upon them. But the tetanus recurred with renewed severity, and the chloral was pushed as far as 120 grains per diem. The patient completely recovered, and had taken, in about thirty days, six ounces of chloral.—*The Lancet.*

ANÆSTHESIA IN LABOR—Dr. Leishman, in his late work on obstetrics, says: The question of anæsthesia seems to us to stand thus: In eclampsia, in some cases of mania, and in all cases of operative midwifery, it is, without exaggeration, invaluable. In ordinary cases it is always to be used with caution, but if employed in small quantities on a handkerchief on the approach of each pain, towards the termination of the second stage, it can never do harm. It thus allays pain and assuages nervous irritability; and in the hands of the skillfull practitioner, it is a power for good and never for evil.

THE COLDNESS OF DEATH.—A Parisian practitioner has just got a prize from the Academy of Medicine for the discovery of a method to distinguish real from apparent death. In his weekly bulletin in *La France*, Dr. Decaisne tells us what this discovery is. When the temperature of the body falls to 20 degrees above zero in the centigrade scale, (68 degrees Fahrenheit) death is certain. Dr. Rochut has devised a thermometer, which he calls a necrometer, so graduated, that when placed under the armpit of a person supposed to be dead it marks zero; then life has indeed departed beyond all possibility of mistake.

REGULATIONS OF THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF GREAT BRITAIN.

Preliminary Examination.—Testimonials of proficiency granted by the following educational bodies will be accepted :—

[Then follows a list of Institutions whose preliminary examination is recognized in Great Britain and the Colonies.]—ED.

That the licensing bodies do not accept the certificate of proficiency in General (preliminary) education, unless such certificate testify that the student to whom it has been granted has been examined in English Language (including Grammar and Composition) ; Arithmetic (including Vulgar and Decimal Fractions) ; Algebra (including Simple Equations) ; Geometry (first two books of Euclid) ; Latin (including Translation and Grammar). And in one of the following optional subjects : Greek ; French ; German ; Natural Philosophy (including Mechanics, Hydrostatics, and Pneumatics).

Professional Education.—That the course of professional study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognized school.

That the following are the subjects without a knowledge of which no candidate shall be allowed to obtain a qualification entitling him to be registered :—Anatomy, General Anatomy, Physiology, Chemistry (which should include a knowledge of the principles and of those details of the science which bear on the study of Medicine), Materia Medica, Practical Pharmacy, Medicine and Surgery (which should include a knowledge of systematic and clinical medicine and surgery, and also of morbid anatony), Midwifery, and Forensic Medicine.

Professional Examination.—That the professional Examination for a license be divided into two parts : the first embracing the primary or fundamental branches directly connected with the practice of medicine and surgery. That the former be not undergone till after the close of the winter session of the second year of professional study ; and the latter or final examination not until after the close of the prescribed period of professional study. That the examination in Physics, Botany and Natural History may be undergone at an earlier period than the first Professional Examination.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Licentiates.—Every candidate for the College licence (except when otherwise provided by the by-laws) is required to produce satisfactory evidence to the following effect :—1. Of having attained the age of twenty-one years. 2. Of moral character. 3. Of having passed, before the commencement of professional study, an examination in the subjects of general education recognized by the College. 4. Of having been registered as a medical student in the manner prescribed by the General medical Council. 5. Of having been engaged in professional studies during four years, of which at least three winter sessions and two summer sessions shall have been passed at a recognized medical school or schools ; and one winter session and two summer sessions in one or other of the following ways :—Attending the practice of a hospital or other institution recognized by the College for that purpose. Receiving instruction as the pupil of a legally qualified practitioner holding any public appointment which affords opportunities, satisfactory to the examiners, of imparting a practical knowledge of Medicine, Surgery, or Midwifery Attending lectures on any of the required subjects of professional study at a recognized place of instruction. Professional studies commenced *before* the candidate shall have passed an examination in the subjects of general education will not be recognized by the College. 6. Of having attended, during three winter sessions and two summer sessions, the medical and surgical practice at a recognized hospital or hospitals; of having discharged the duties of clinical clerk at a recognized hospital for a period of not less than three months ; of having performed the duties of dresser at a recognized hospital for a period of not less than three months ; and of having been engaged during six months in the clinical study of Diseases peculiar to Women. 7. Of having studied the subjects particularised in Section 9 of the regulations given above relating to members. 8. Of having passed the Professional Examinations.

Examinations for the Licence.—Every candidate for the College licence, before he is admitted to examination, is required to sign a declaration stating whether he has or has not been rejected within three months by any of the examining boards.

The First and Second Examinations, and the Second or Pass Examination, embrace the same subjects, and are conducted similarly to the First and Second Examinations for the Membership, viz. : The First Examination, on Anatomy and Physiology, will be conducted by written questions, and also *vivâ voce*, on Dissections and Preparations. The Second Examination will comprise Surgical Anatomy, Principles and Practice of Surgery, Materia Medica, Chemistry in its application to Pathology, Pharmacy, and Toxicology, Midwifery and Diseases peculiar to Women. This examination will be conducted partly by written questions, and partly in a practical manner. The Third or Pass Examination will include Medical Anatomy, Principles and Practice of Medicine (including the Principles of Public Health), and Psychological Medicine. The exemptions also from re-examina-

tion differ only in the following respects :—Any candidate who shall have obtained a degree in Medicine at a university recognized by the College, after a course of study, and an examination satisfactory to the College, shall be exempt from re-examination on the subjects of the Primary Examination. Any "registered medical practitioner" whose qualification or qualifications shall have been obtained before the 1st day of January, 1861, having been with the consent of the College admitted a candidate for the license, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the professional examinations as his qualifications may seem to the examiners to render unnecessary.

The fee for the College license is fifteen guineas, of which five guineas are to be paid on admission to the First Examination, which fee will not be returned to any candidate rejected at this examination, but will be allowed in the fee for the license, and he will be admitted to one subsequent First Examination without additional payment.

Any candidate who shall be rejected at the Second or Pass Examination will have the fee paid on admission to this examination returned to him, less three guineas.

Examinations of candidates for the College license will take place in February, April, July, October, and December.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

Regulations for Membership.

Preliminary General Education and Examination. —Candidates who commenced their professional education on or after 1st January, 1861, will be required to produce one or other of the certificates of proficiency granted by the educational bodies specified in the recommendations of the General Medical Council (see *ante*). Candidates who shall not be able to produce one or other of those certificates will be required to pass an examination in English, Classics, and Mathematics, conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of this College. [The subjects of *this* examination are the same as those required by the Medical Council of Great Britain and that of Ontario, and remain unchanged from year to year; and are nearly the same in all the British licensing bodies.]—ED.

Each candidate is required to pay a fee of £2 on the morning of the first day of the examination prior to his admission thereto. The next examination will be held on or about the third Tuesday or Wednesday in December. The exact dates of the examinations will be duly advertised, when fixed, in the medical journals; and candidates are required to send in the prescribed forms of application not less than three weeks before the examination.

Professional Education. — Professional studies prior to the date at which the candidate shall have passed an examination in general knowledge, in conformity with the preceding regulation, are not recognized.

The following will be considered as the commencement of professional education: —Attendance on the practice of a hospital or other public institution recognized by this College for that purpose. Instruction as the pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council. Attendance on lectures on Anatomy, Physiology, or Chemistry, by lecturers recognized by this College.

The commencement of professional study otherwise than by attendance on lectures in recognized medical schools, or by attendance on the practice of recognized hospitals, will not be admitted until a certificate thereof shall be furnished to the secretary for registration at the College by the practitioner whose pupil the candidate shall have become, or by the medical superintendent of the hospital or other institution to the practice of which he shall have entered, and will consequently date only from the reception of such certificate by the secretary; the certificate to be accompanied by proof of having passed the necessary preliminary examination in general knowledge.

Candidates will be required to produce the following other certificates :—1. Of being twenty-one years of age. 2. Of having been engaged, subsequently to the date of passing the Preliminary Examination, during four years, or during a period extending over not less than four winter and four summer sessions, in the acquirement of professional knowledge. 3. Of having attended lectures on Anatomy during two winter sessions. 4. Of having performed Dissections during not less than two winter sessions. 5. Of having attended lectures on General Anatomy and Physiology during one winter session. 6. Of having attended a practical course of General Anatomy and Physiology during another winter or a summer session, consisting of not less than thirty meetings of the class. 7. Of having attended lectures on Surgery during one winter session. 8. Of having attended a course of Practical Surgery during a period occupying not less than six months prior or subsequent to the course required by the preceding clause 7. 9. Of having attended one course of lectures on each of the following subjects, viz., Chemistry, Materia Medica, Medicine, Forensic Medicine, Midwifery (with practical instruction, and a certificate of having personally conducted not less than ten labors),

Pathological Anatomy during not less than three months. 10. Of having studied Practical Pharmacy during three months. 11. Of having attended a three months' course of Practical Chemistry (with manipulations), in its application to medical study. 12. Of instruction and proficiency in the practice of Vaccination. 13. Of having attended at a recognized hospital or hospitals, the Practice of Surgery during three winter and two summer sessions. 14. Of having been individually engaged, at least twice in each week, in the observation and examination of patients at a recognized hospital or hospitals, under the direction of a recognized teacher, during not less than three months. 15. Of having, subsequently to the first winter session of attendance on Surgical Hospital Practice, attended, at a recognized hospital or hospitals, Clinical Lectures on Surgery, during two winter and two summer sessions. 16 Of having been a Dresser at a recognized hospital, or of having, subsequently to the completion of one year's professional education, taken charge of patients under the superintendence of a surgeon during not less than six months, at a hospital, general dispensary, or parochial or union infirmary recognized for this purpose, or in such other similar manner as, in the opinion of the Council, shall afford sufficient opportunity for the acquirement of Practical Surgery. 17. Of having attended during the whole period of attendance on Surgical Hospital Practice (see Clause 13) demonstrations in the post-mortem room of a recognized hospital. 18. Of having attended, at a recognized hospital or hospitals, the Practice of Medicine, and Clinical Lectures on Medicine, during one winter and one summer session.

Blank forms of the required certificate may be obtained on application to the Secretary, and all necessary certificates will be retained at the College.

Certificates will not be received on more than one branch of science from one and the same lecturer; but Anatomy and Dissections will be considered as one branch of science.

Members or licentiates of any legally-constituted College of Surgeons in the United Kingdom, and graduates in Surgery of any *university recognized for this purpose by this College*, will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, a certificate of instruction and proficiency in the practice of Vaccination, and satisfactory evidence of having been occupied, subsequently to the date of passing the Preliminary Examination, at least four years in the acquirement of professional knowledge.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The License. –No one can obtain the license of of the College until he has completed the age of twenty-one years.

Every applicant for the licence must produce evidence:—1. That he has been engaged in the study of Medicine during a period of at least four years subsequent to his registration as a medical student, and that he has attended the following courses at a university, or at some medical school recognized by the College: Anatomy, one course, six months; Practical Anatomy, six months; Chemistry, one course, six months; Practical Chemistry, three months; Materia Medica and Pharmacy, one course, three months; Physiology or Institutes of Medicine, one course, three months; Practice of Medicine, one course, six months; Clinical Medicine, six months; Principles and Practice of Surgery, one course, six months; Clinical Surgery, three months; Midwifery, one course, three months; Medical Jurisprudence, one course, three months; Pathological Anatomy, one course, three months, or General Pathology, one course, three months; Practical Pharmacy, three months. 2. That he has attended the practice of a public hospital (containing not fewer than eighty beds) during a period of not less than twenty-four months, twelve of which must have been spent in attendance on the medical wards. 3. That he has attended at least six cases of labour under the superintendence of a qualified medical practitioner, and must produce a certificate to that effect. 4. That he has attended for six months the practice of a public dispensary, or has acted for six months as clinical clerk or dresser in a hospital, or has been engaged for six months as visiting assistant to a registered practitioner.

Every applicant for the license must produce a a certificate that he has studied Vaccination under a recognized teacher.

The Preliminary Examination in General Education prescribed by the General Medical Council must have been passed by each applicant, and his name inscribed in the Register of Medical Students, previous to the commencement of his medical studies. Masters and Bachelors of Arts of any British or foreign university, whose course of study may from time to time be approved of by the College, will be exempted from the Preliminary Examination; also those who have passed the examination of the national educational bodies, or of any of the recognized licensing boards.

The Professional Examination will be divided into two parts, according to the following arrangement of subjects:—1. Anatomy, Physiology, Chemistry. 2. Materia Medica and Pharmacy, Pathology and Pathological Anatomy, Practice of Medicine, Midwifery, Medical Jurisprudence, Clinical Medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examination will be partly oral, partly in writing.

Candidates for the license of the College who

have passed the First Professional Examination before a qualifying body (provided it be as extensive as that required by this College), will be at once admitted to the second part of the examination.

Meetings for the examination of candidates who already possess a qualification from a recognized licensing body will be held on the first Wednesday of every month (with the exception of September and October), and, if necessary, on the following days. Candidates are required to communicate with the secretary to the College not less than eight days before the date of the examination at which they propose to appear.

No candidate is admissable to examination who has been rejected by any licensing board within three months previous to his examination.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

Every candidate for a surgical diploma must have followed his course of study in a university, or in an established school of medicine, or in a provincial school specially recognized by the College of Surgeons of that division of the United Kingdom in which it is situate.

Preliminary Examination.—All students who intend becoming candidates for the diploma of the College, must have passed the complete examination in general education as prescribed by the General Medical Council (see *ante*), and have had their names inscribed in the Register of Medical Students at the commencement of their professional studies. Testimonials of proficiency granted by educational bodies recognized by the Medical Council, exempt students from the Preliminary Examination.

Professional Education.—Candidates commencing professional study after October 1st, 1866, must have been engaged, during four years after the examination in general education, in professional study, which shall include not less than four winter sessions', or three winter and two summer sessions' attendance at a recognized medical school.

The branches of study and the number of courses in each are very much the same as in the other British Colleges.

And by arrangements made between the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of the same place, any one desiring to do so, can pass the double examination at once, and get a Diploma of Membership of both Colleges, signed by their respective examiners.

TREATMENT OF DIPTHERIA BY CAUTERIZATION.—At a recent meeting of the Medical Society of Nantes, Dr. Thibault related the particulars of an epidemic of diphtheritic angina, in which the employment of cauterizations, with a solution of nitrate of silver, were eminently successful. Dr. Thibault had made use of a solution containing five parts of water to one of nitrate of silver, which he applied to the diseased parts by means of a sponge, after having previously removed the false membranes. These cauterizations, performed with great care and energy, were renewed daily, or every other day, until the membranes became favorably altered, changing from the thick grayish membrane to a soft milk-white one. About three successive cauterizations were employed in each case. Alum was blown on the parts, or used as a gargle, during the intervals. Thus, out of 195 cases of diphtheria observed during the epidemic, there were only 38 deaths, 22 of which were due the existence of croup. Eight cases of croup recovered; and out of 158 cases of diphtheritic angina there were only seven deaths, notwithstanding the extreme gravity of the epidemic, as illustrated by the frequency of consecutive paralysis. It is needless to insist on the importance of the above figures. They show the valuable results of cauterization, which was so warmly advocated by Trousseau and Bretonneau, and which, since, has been much less employed. The use of these cauterizations is indicated, says Dr. Thibault, whenever the false membranes can be easily reached and consequently, can be destroyed or modified. They can be easily reached in the pharynx, and their extension downward prevented. It is the difficulty or impossibility of reaching them when they have involved the larynx and treachea which explains the failure of cauterization in croup. *London Lancet. Med. Examiner, Chicago.*

Medical Items and News.

NASAL POLYPI.—At the last clinical meeting of the Medical Society of London, two very large polypi were exhibited by Mr. Mason. They had hung down behind the velum, and he had taken them with a pair of forceps, and by a slight tug pulled them out. The pedicle was a mere thread. Mr. Mason thought the removal of such growths much less dangerous than is usually believed. Dr. Prosser James concurred in this opinion and distinguished between these growths and others which had extensive and firm attachments. He dwelt on the importance of rhinoscopy, which, he said, served to detect polypi when they were quite small, and therefore to subject them to treatment. He further insisted on the importance of treatment by local applications, made by the aid of the rhinoscope, by which he had applied both fluids and solids. Such treatment after an operation would also prevent recurrence, and he expressed some surprise that Mr. Mason had not employed this simple preventive measure.—*The Medical Press and Circular. Med. Examiner.*

THE PRODORMAL STAGE OF CHOREA.—This period, Schmitt (*Memorab*, XVIII., pt. 3, 1873) says, most often escapes the notice of the physician, who in the majority of cases is not consulted until the disease has clearly shown itself. The period is characterized by disturbances, which are confirmatory of the opinion held by Dr. Betz, that chorea is an affection of the central nervous system, particularly of the spinal cord and its membranes. These disturbances are chiefly those resulting from spinal irritation. There is pain on pressure upon the spinous processes, especially in the lumbar and dorsal regions. The patient complains of rheumatic pains in the shoulder and neck; pains in the head are less often mentioned; itching about the anus and nose, which often leads to the suspicion that the patient is suffering from threadworms. There are also symptoms of irritation of the cardiac nerves; general lassitude, unsteady walk; at times there are flashes of light before the eyes; the patient is unable to read or to fix the eyes for any length of time upon one object. The nights are sleepless, disturbed by painful dreams; during the day the patient is subject, without any cause, to severe fits of terror. In one case this stage lasted sixteen days. These symptoms are certainly those of anæmia, depending upon tuberculosis, scrofula, deficient nutrition, or the coming on of menstruation. Dr. Schmitt directs his attention to the treatment of the anæmia by ferruginous preparations and tonics, and has the back rubbed with an ointment containing opium and oxide of zinc.—*Obstet. Jour. of Great Britain and Ireland. Med. Examiner, Chicago.*

GALVANISATION OF THE SYMPATHETIC IN TYPHOID FEVER.—Glax (*Pester Med. Clin. Presse*, and *Medicin.-Chir. Rundschau*, March 1874) states that, in thirty cases of abdominal typhus under his care, whenever the temperature in the axilla reached 102.2 Fahr., he placed the positive pole of a constant battery of twenty elements on the third cervical vertebra, and the negative pole "on the upper cervical ganglion of the sympathetic nerve," and found "in nearly all cases a remarkable fall of temperature in the course of some hours." Glax believes that in this way the temperature may be reduced.

CAUTION TO DRUGGISTS.—A mixture of chromic acid and glycerin is a formula which has recently been highly recommended in certain affection of the mouth, scrofula, etc. Dr. Mascarel takes occasion to warn druggists that when these two substances are vigorously rubbed up together the result is a lively *explosion*, an accident which can be averted by adding the glycerin drop by drop, and grinding slowly.—*Il Raccoglitore Medico*, No. xxxi. 1873.—*Boston Medical and Surgical Journal.*

HOSPITAL APPOINTMENTS.—As an evidence of reform in hospital appointments, we are pleased to notice that the members of the House Staff of the Reception Hospitals, instead of being appointed by the Commissioners of Charities and Corrections are now compelled to submit to an examination by a Medical Board before such appointments can be secured. This system has been inaugurated by Prof. F. H. Hamilton, the Surgeon-in-chief of the said Hospitals, and has been attended with the best of results. For a number of years the positions on the House Staff of Bellevue, of Charity, and other large Hospitals have been secured by such means only, and the young men who occupy these positions reflect credit upon the profession at large. There is no question that the plan is the best that can be adopted, and that it should extend to every hospital and dispensary throughout the land, to the police surgeons, to all positions of medical trust, and even to the visiting surgeons and physicians of all our public charities.—*Med. Record, N. Y.*

REMOVAL OF FIVE INCHES OF SCIATIC NERVE ROOSEVELT HOSPITAL.—This patient was a female, and had been admitted to the hospital on account of a tumor which was situated in the posterior portion of the left thigh, which was then giving her considerable inconvenience, although it had been first noticed more than a year. It was decided to remove the tumor. When cut down upon, it was found to be intimately connected with the sciatic nerve, and to such an extent as to preclude all possibility of its removal without completely removing a large portion of the nerve. A halt was made, and a counsel held with regard to the proper method of procedure. It was decided to remove as much of the nerve as might be necessary to permit the removal of the tumor, and await the result. Accordingly, about five inches of the nerve were removed, the wound dressed, the patient placed in bed, and the result of the operation anxiously awaited. The patient was discharged from the hospital within three weeks, with but slight impairment of motion and sensation.—*Med. Record.*

AMPUTATION BY THE GALVANIC CAUTERY.—Within the last two years, Dr. Paul Aruns has performed twelve amputations of the limbs by the galvanic cautery; viz., eight amputations of the thigh, two of the leg, one of the forearm, and one of the finger. The use of the galvano-caustic knife did not prevent hæmorrhage during the operation, while the galvanic wire, when carefully applied, did so. To prevent hæmorrhage, the principal artery of the limb should be compressed, and the back flow of venous blood restrained by a circular ligature. Esmarch's method might be applied with advantage. The galvanic wire is most applicable in amputation by the circular method. The skin, having been cut

through, is drawn back; the wire is then applied higher up, and the muscles and periosteum are divided; after which, the bone is sawn through. In the forearm and leg, the wire is passed by the aid of a needle through the interosseous space, and the muscles are divided in two portions. Towards the end of the operation, the current must be somewhat weakened, as the wire is apt to become red hot and cut through the tissues too rapidly. The large arteries must be tied after the operation. The eschar is very thin, but it affords security against secondary hæmorrhage. The shock, pain, and traumatic fever, were very slight in all the cases. The progress presented nothing remarkable; the danger of pyæmia did not appear to be less than after operation by other methods; and the healing process was slow. Bruns considers that the merit of the operation lies in the greater security against hæmorrhage and the small amount of constitutional disturbance.—*Archiv fur Klinische Chir.*, vol. xvi.; and *Wiener Med. Wochenschrift*, No. 13, 1874.—*Brit. Med. Journal.*

Local Treatment of Cavities in the Lungs.—In the *Berliner Klinische Wochenschrift*, No. 43 for 1873, Dr. F. Mosler stated that in two cases of advanced phthisis, with cavities lying near the surface of the lungs, he injected a dilute solution of permanganate of potash into the cavities. No reaction followed, and the general condition of the patients appeared to be at once improved. In another case, that of a man aged 49, who had for five years had bronchial dilatation in the upper lobe of the right lung, and who also suffered from amyloid degeneration of the kidney and intestine, he established a fistulous opening in the second intercostal space, and introduced a silver drainage-tube. The operation was not followed by any febrile reaction. There was an abundant purulent discharge through the tube, especially on coughing; and the patient's general health was improved. Some hæmoptysis appeared, which was restrained by the inhalation of a dilute solution of perchloride of iron through the canula. After this, atomised carbolic acid and tincture of iodine were inhaled in the same way. The pus became more healthy and less abundant, and the pulmonary disease appeared to make no advance; but the patient gradually sank, and died four months after the operation. The inhalation of carbolic acid was continued twice daily to the last. The right pleura was adherent throughout, and at the upper lobe formed a thick almost cartilaginous membrane. The fistulous opening led into a cavity occupying nearly the whole upper lobe, filled with a yellowish creamy fluid; it was lined with a smooth membrane, presenting granulations at some points. The spleen, kidneys, and intestines were in a state of amyloid degeneration.—A similar mode of treating pulmonary cavities has been practised, independently of any knowledge of Dr. Mosler's contribution, by Dr. W. Pepper, Professor of Clinical Medicine in the University of Pennsylvania. In the *Philadelphia Medical Times* for March 14th, he describes three cases of phthisis with vomicæ, which he treated by injecting a few minims of a dilute Lugol's solution of iodine (four minims to an ounce of water). The operation was sometimes followed by transient cough and hæmoptysis. In the first case, that of a man aged 29, marked improvement in the patient's condition followed; the breathing was greatly relieved, the cough diminished, and there was some increase in flesh. In the other two cases, the result is not stated. Dr. Pepper says that the only point which is actually demonstrated by his cases is the possibility of puncturing and injecting pulmonary cavities without producing mischief: the practical value of this mode of treatment is as yet uncertain. It appears to him that, considering the almost hopeless nature of some of the cases of lung-disease, the proof that a puncture may be made into the lung-tissue, and remedial agents brought into direct contact with the seat of disease, without any serious danger, calls for a patient trial of it.—*Brit. Med. Journal.*

A Rapid Cure for Tape-Worm.—A. J. Schafish, of Washington, says, *inter alia*: I made no preliminary provisions further than to forbid the patient from taking any breakfast the day I intended removing the worm, and giving him a large dose of Rochelle salts the preceding night. At ten o'clock in the morning he had the following at one dose:

℞ Bark of pomegranate root, ½ ounce;
Pumpkin-seed, ½ drachm;
Ethereal extract of male fern, 1 drachm;
Powdered ergot, ½ drachm;
Powdered gum arabic, 2 drachms;
Croton oil, 2 drops.

The pomegranate-bark and pumpkin-seed were thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil was first well rubbed up with the acacia and extract of male fern, and then formed into an emulsion with the decoction. In each case the worm was expelled alive and entire within two hours. No unpleasant effects followed.

One curious fact that I have noticed is that in each case the worm was passed with the head firmly fastened to the side of its body at about the widest part, from which it was with difficulty removed; also that the worm was twisted and doubled into various knots. In one specimen, only fourteen feet long, I have counted and untied no less than forty-seven of such knots. I have no doubt that, to escape the effects of the medicine, in his distress he fastens himself to his own body, in this way loosing his hold of the intestines, and is driven forward with the other contents of the bowels.—(*The Druggist's Circular.—Phila. Med. Times*).

Toronto Hospital Reports.

Peculiar case of Nervous Disease under the care of J. E. Graham, M. D.

Reported by Mr. John S. King, Student, May 11th, 1874.

Courtenay Winship, age 31 years, occupation a clerk, a native of Spanish-town, Jamaica, West Indies, was admitted into the Toronto General Hospital on the 26th of January, '74. He is unmarried, intelligent and of exceedingly nervous temperament. At the date of his admission, he complained of acute articular rheumatism of all the joints of the inferior extremities, while it was also present in the wrist and hand of the right upper. He also manifested nervous trouble choreic in its nature. The history of the case is as follows :—

His father was of English birth, but long a resident of the West Indies. His mother and her parents were natives of the same place. The maternal family history indicates hereditary nervous ailments. The mother, who is fifty-eight years of age, still resides in Spanish-town, and suffers from intense nervous headache, with which she has been more or less troubled during her adult life. She also suffers at intervals with spinal affection.

From early childhood, the patient exhibited nervous excitability. His mind is unimpaired and memory good. He can remember an instance that occurred when he was only five years of age, at which time he received a severe fright from the manner in which a sister awakened him out of sleep. Frequently during childhood he would awaken from sleep, startling the family by his screams, and manifestations of fear. Until he was about eleven years of age, he was peculiarly sensitive to sudden sounds, easily frightened, even by the sudden and unexpected appearance of persons. He became less nervous from the eleventh to the twenty-second year, and was generally of robust health, and regular in his habits of life. He never indulged to excess in the use of liquors, and rarely drank any other liquor than beer. He never had any syphilitic disease, nor indulged in sexual excess. When ten years old he had scarlet fever, and had measles at fourteen. When nineteen years of age he was thrown from a horse, and fell with his back upon a stone, receiving an injury in the lower dorsal region, which caused pains of a sharp lacerating character to shoot along the spine in both directions, from the location of the injury. For two or three days at that time he lost the use of both arms. He never after possessed the same strength in the arms as before, and was unable to lift or throw heavy weights. At the age of twenty-two he had the first attack of rheumatism, which was accompanied by erysipelas in the right side of the face, which latter was limited to the region of the orbit and cheek, and soon succumbed to treatment. The rheumatism was confined exclusively to the right arm, and disappeared after three weeks under medical treatment, though it appeared to linger in the system, and manifested itself after choreic attacks, frequently, for some three years, when it disappeared until a few months ago. Nearly two years after this attack, or at the age of about twenty-four, he was first affected by a nervous ailment described by his then medical attendant as chorea. He describes that attack as being less severe than those experienced here, but more extensive, implicating every portion of his frame. About a fortnight before, he was exceeding restless and depressed in spirits, and felt unable to concentrate his mind upon business, or even to sit still. At intervals during that time a peculiar rush of heat would be experienced over the body, beginning at the lower dorsal region, passing upwards to the head and downwards to the extremities, followed almost immediately by a similar rush of cold or chills. These sensations would continue for five or ten minutes at a time, and recur at intervals of a few hours or a few days. The attack came on in June, 1867, while he was at the tea table. He lay down, and almost immediately after assuming a horizontal position his whole body began to be convulsed with spasmodic jerks, the arms and hands being directed more or less towards the median line in front. The head jerking backwards and forwards, the legs jerking up and down. The severity of the spasms was greater on the right side than the left. The muscles of the forehead contracted towards the median line from both sides; the face became flushed; the sight diminished; objects in the room appeared to move from side to side, as if keeping rythm, or in unison with the movements of the muscles; breathing through the nostrils was slightly limited; there was slight deafness; in the throat there was a choking sensation as if a ball was coming up the larynx or œso

phagus, amounting at times to almost strangulation; the speech was not perceptibly affected, though he frequently caught his tongue between his teeth in closing his mouth, either through slowness in withdrawing it when out, or by its advancing further than intended; a sensation of tightness or compression was experienced about the chest; respiration was quickened and interrupted; cough always preceded and continued during a spasm; the pulse increased and was irregular; the digestive functions were also interfered with. During the spasm the patient was wholly unable to swallow solid food, and fluids would only trinkle down. There was total loss of appetite, and parching of the throat and lips, with considerable thirst. The bowels were costive, and the greater the severity of the spasm the greater the costiveness, and no desire to evacuate. There was also more or less paralysis of the bladder, and though there was inability to urinate, the desire to do so existed. During the spasm he had temporary control over the voluntary muscles, limited to a few seconds, and could put his hand to his mouth or pick up any substance, but could not hold a glass of water. This interruption appeared to increase the subsequent intensity of the spasm.

Dr. Land, who was called in, pronounced it chorea, and soon checked it by the administration of opiates, including an injection. For weeks after this, all that was discernable was a twitching of the muscles of the forehead and face.

About the latter part of August of the same year he had a second attack more violent than the first, though not as extensive, and more limited in the lower extremities. This attack lasted three months with brief intervals, almost daily manifesting itself, though very rarely in the night time, unless the patient chanced to be aroused, when it would come on, and he could not again obtain sleep until it subsided. In addition to the opiates, Dr. Land administered this time Zinc pills, Iron, and Arsenic lozenges.

The third attack began in January, 1868, the following year. This time Dr. Phillips was consulted, and after trying Bromide of Potassium, Calabar Bean, Hypodermic injections, and one or two other remedies with only partial success, recommended him to adopt manual labor, and consequently in the course of 1869 he came to Ontario, working in the counties of Oxford and Brant at farming, until his admittance to the Toronto General Hospital.

In the commencement of 1870 he appeared to be absolutely free from the trouble, and continued so till September, 1872, when it again manifested itself, though not sufficiently to prevent his working, until the winter when it affected his arms.

During the hay-making of 1873 he had a violent attack in both arms, and was then treated by Dr. Kitchen, of St. George, who by opiates and especially hydrate of chloral, checked it. After that, the patient habitually used the chloral in fifteen grain doses every time he felt an attack coming on.

As previously stated the patient suffered at various intervals from rheumatism, of which he complained and for which he chiefly sought admission into the hospital here. As this subsided somewhat, the spasm again developed itself, this time being confined to the right arm from the shoulder to the hand; the right side of the chest and abdomen; with a trembling in the right knee, and slight twitchings in the right side of the face, right frontal region, at the outer and inner angle of the orbit; while the opening of the eye was visibly diminished in size. The twitching also affected the right angle of the mouth, and a hysterical choking sensation was manifested in the throat. There was partial deafness in the right ear; breathing through the right nostril was limited, the left being natural. The right side of the chest and abdomen was subjected to violent jerking of the entire muscles from the sternum to the spine, backwards and forwards, accompanied with considerable pain on the whole of their inner surface. The jerking was regular, and so was the pain which partook of the nature of soreness. The jerking of the right arm was general, but upon feeling the muscles of the elbow and forearm, these were found to be most affected, and more so on the anterior surface than the posterior. These spasms were preceded by a general feeling of restlessness, and a creeping sensation passing upwards from the base of the neck to the top of the head in the posterior region. Muscular strength on the affected side was neither increased nor diminished, though diminished on the left side, and was followed by slight numbness, and a tingling sensation at the ends of the fingers. There was no diminution of the sensibility of the skin, nor was there any perceptible loss of flesh, other than might be expected from confinement. The digestive

functions were also impaired as in previous attacks, though somewhat less marked. Large doses of chloral hydrate had the effect of ameliorating the attack or checking it, thus enabling the patient to secure sleep which could be obtained in no other way. The application of either heat or electricity had the effect of increasing its intensity subsequent to their application. When a heated sponge was passed down over the spine from the cervical region to the lower dorsal, the sensation was of increasing heat, until it reached its climax at the point where the injury was received by being thrown from the horse. Cold water baths always had an invigorating and alleviating effect on the patient.

A feature of the spasms was that raising the arm would cause the leg involuntarily to stamp if the patient was standing, and jerk up and down if lying. For some time pain has manifested itself in the dorsal region whenever the patient ascended stairways. At the present date the patient is free from the spasms, and has been for some days, but again complains of recurring rheumatism, situated chiefly in the lower extremities.

May 19th, 1874. Patient is in a lower physical condition, and complains of increasing rheumatic pains in all the joints of his extremities. His mind appears less active, and he obtains but little sleep. He has no appetite.

May 22nd. The patient is again suffering from the presence of a spasm affecting him almost universally, and taking the place of the rheumatism. It is not so prominent in the lower as in the upper extremities. His speech is hesitating, and articulation less distinct. The nurse reports him as having taken no less than seventy grains of chloral hydrate night before last, exceeding his instructions.

May 23rd. The patient received forty grains of chloral hydrate last night, by direction of his medical attendant, and experienced relief thereafter, obtaining some sleep. His condition appears in no way improved to-day. The nurse reports having discovered that the patient chewed and swallowed a considerable quantity of tobacco, a habit long since acquired.

May 25th. The patient died this evening at nine o'clock, but without manifesting any change in symptoms, up to the moment of his death.

May 26th. A post-mortem examination was held this afternoon upon the body, with the following results:—The eyes much sunken, the right half of the upper lip was drawn upwards. The back of trunk and extremities were covered with patches of purple. The brain after removal weighed forty-seven and a half ounces. The dura mater was unusually thick, and the vessels much congested. The median line presented some slight adhesions. On the posterior part of the right hemisphere, there was circumscribed inflammatory effusion in the arachnoid. On dissection the convolutions appeared well developed and unusually deep, and grey matter was abundant. Extensive softening was manifest in the upper portion of the crura cerebri and left optic thalamus, portions of which were readily washed away by dropping water from a height of fifteen inches. Examined by the microscope the diseased parts of the white matter presented the corpuscles characteristic of softening. On examination of the spinal cord, it was found to lack its usual consistency, while in the lower dorsal region there was complete softening.

An examination of the viscera of the thoracic and abdominal cavities, revealed the fact that there was fatty degeneration of the heart, the walls of which were unusually flabby. Beneath the left infra-clavicular and mammary regions there was the characteristic adhesions of pleurisy. No further abnormality was discovered.

CASE 2.—MELANOTIC CANCER.—James H——, æt. 53 years, a native of Scotland, was admitted May 17th, 1873. The patient has lived for some years in Petrolia, and has generally enjoyed good health, and now presents a strong healthy appearance. He says that he has occasionally drunk to excess, but that his habits have usually been temperate. His business was in connection with the oil works in Petrolia.

In October, 1871, while engaged in extinguishing fires in the woods, he felt his foot severely pinched from a new boot, which caused much pain subsequently. He soon after observed a lump in the right groin. He asserts that he never had any private disease. Erysipelas set in at the time of the appearance of the lump. During the continuance of this ailment the lump disappeared. It however again appeared in January, 1872, and was at that time about the size of a large marble. At the time of the fire he received wounds in the instep, where erysipelas manifested itself, and at this time these wounds were injected. The lump

continued to harden and increase in size. In April following he first came to the Toronto General Hospital, suffering from phlegmonous erysipelas of the right leg. At the time of his entrance he labored under the impression that he had dropsy, which was due to a swollen condition of the abdomen. This soon disappeared, and he appeared quite well. The lump however remained, and continued to increase in size, but not to such an extent as to occasion inconvenience. During the continuance of the disease, several deep seated abscesses formed, and some of the connective tissue of the limb sloughed away.

He remained in the hospital six weeks, when he went home nearly well. At this time however he noticed a small lump in the right groin. On returning home he undertook an extensive contract, and worked very hard that summer, a circumstance to which he attributes his present trouble. In the fall it appeared to gain in size more rapidly, and he ceased to work during the ensuing winter. When he resumed work the lump became inflamed, and he was again forced to quit work. About four months before his second admission into the hospital he applied for medical aid. Local applications of different kinds were then made, but with no benefit. Finding that matters were getting worse, he concluded to come to Toronto, and accordingly he was admitted to the hospital in May, 1873.

The following are the notes of the case taken at the time :—"The swelling is situated in the upper and anterior part of the right thigh, just below Poupart's ligament. It measures externally about four inches in length, and three in breadth, the long diameter being directed from above downwards and slightly inwards. It has a hard undulated feel, is freely moveable under the skin, and does not appear to be attached to the deep fascia to any extent. He says that it increased in size slowly until about two weeks ago, when it began to grow more ripe daily, and to become painful. There is now slight pain on pressure."

Patient was ordered to lie quiet in bed.

May 26th. It having been decided, on consultation of different members of the staff that the tumour should be removed, the operation was performed to-day. An incision was made over the site of the swelling extending from Poupart's ligament to about five inches below. The skin was then with difficulty dissected off from the tumour, as in some parts it seemed to be infiltrated with the matter of which the mass itself was composed. Great difficulty was experienced in removing the tumour from its base, as it was found to be attached to some extent to the iliac portion of the fascia lata, and even to the sheath of the femoral vessels. The artery was first separated and afterwards the vein. It was found necessary to divide the saphena vein above and below, as it was surrounded by the cancerous mass; both ends were ligated. Some small arteries were also ligated. After the principal portion had been removed, several small hardened glands were also taken ont, and that portion of the integument which was indented was also cut off. The wound was then closed with sutures and water dressing applied.

On making a section of the tumour it was found to be made up of a hard fibrous wall surrounding a cavity which latter was filled with a dark semi-fluid substance somewhat resembling Indian ink. No microscopic examinations were made of this substance.

May 27th. Patient complains of headache. The pulse is 128. A small amount of sanious discharge continues to come from the wound.

May 28th. Patient has no appetite. Less headache. Pulse 117. Temperature 99°.

May 29th. Temperature 101°. Pulse 90. Patient doing well. Wound dressed with a solution of Potass. Permanganate, and a purgative given.

June 3rd. Two of the ligatures came away, leaving the wound in a healthy condition. The appetite is pretty good. The bowels are regular, and everything is progressing favourably. Temperature 99°.

June 11th. An abscess has formed in the upper part of the thigh, a little below Poupart's ligament, which was opened this morning. The wound still continues to display a large quantity of pus. A compress ordered to be applied.

June 13th. Lower opening closed up. Quantity of discharge from the upper part of wound diminished.

June 14th. Patient much improved and is now able to walk around the ward.

July 3rd. Went out this morning. The wound was entirely closed up. There was a good deal of induration about the cicatrix. With this exception there was nothing noticeable about the parts."

When the patient left the hospital there was a small lump in the neighborhood of the cicatrix, which has since grown to the size of a large hen's egg.

The patient entered the hospital the third time, in January of the present year, and has continued therein ever since.

The following are notes of the case at the date of his last admission :—"The amount of induration in the immediate neighborhood of the wound is a good deal less than when he left the hospital, but a little external to it there is a hard nodulated tumor of a dark bluish appearance, and not nearly so moveable as in the first instance. Similar masses of smaller size are also seen on the inside of the thigh, in the course of the saphena vein. The disease has also made its appearance on the inside of the foot. The patient says that about three months ago he was walking through the woods when he stepped on a snag which ran through the boot, producing a slight wound on the foot, and that this never healed up, and it now presents a dark and unhealthy appearance.

On consultation it was thought that owing to the extent of the disease, and the great probability that it also existed in the abdominal cavity, an operation was out of the question.

May 12th. There are now five lumps, four in the thigh and one in the instep at the seat of the wound received by the snag penetrating his boot as already alluded to. The highest of the four is on a level with Poupart's ligament, the second about six inches lower, the third some three inches lower still, while the fourth is a short distance above the knee. The tumor on the foot, which is more tender than the others, is very vascular, and about the size of a penny or large button and flattened, with a circumference much expanded over its base and overlapping the adjacent tissue. This latter tumor is caused by fungous granulations, and discharges dark coloured matter.

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TORONTO, JUNE 1, 1874.

MEDICAL EVIDENCE.

In the late Sir Henry Holland's work entitled "Medical Notes and Reflections," there is a chapter devoted to this subject, and as it is one which has frequently been the occasion of anything but a complimentary estimate of the *savoir dire* of members of our profession when in the witness box, we will briefly pass in review Sir Henry's opinions on the subject. To his proposition, that there can be no better test of a sound understanding than the right estimation of medical evidence, few will demur. It is a calculation of probabilities, and there are none who are so free from prejudice as to be able to single out each circumstance for consideration, and give to it its proper value. Medicine cannot be viewed as a demonstrative science, because given causes are not followed by uniform effects. Wet feet which may occassion one man rheumatism, may produce pleurisy in another, in a third inflammation of the bowels and so on. Each case is a special subject for study. Our readers, we feel assured, will heartily endorse the following passage: "It must be admitted, indeed, that this matter of medical testimony is too lightly weighed by physicians themselves. Else whence the so frequent description of effects and cures by agents put only once or twice upon trial, and the ready or eager belief given by those, who, on other subjects, and even on the closely related questions of physiology, would instantly feel the insufficient nature of the proof. Conclusions requiring for their authority a long average of cases carefully selected, and freed from the many chances of error or ambiguity are often promulgated and received upon grounds barely sufficient to warrant a repetition of the trials which first suggested them. No science, unhappily, has abounded more in false statements and partial inferences, each usurping a place for the time in popular esteem, and each sanctioned by credulity, even where most dangerous in application to practise. During the last twenty years, omitting all lesser instances, I have known the rise and decline of five or six fashions in medical doctrine or treatment, some of them affecting the name of systems, and all deriving too much support from credulity or other causes even among medical men themselves." The cause of these delusions probably has a deeper origin, than the mere facility of admitting evidence. The status of medical men and their rewards, are adjudged by those ignorant of the science, in fact by a prejudiced and credulous tribunal. How great therefore the temptation to appeal to such prejudice, and to impose on such credulity. Whatever speculation carries with it plausibility, will be brought before the public, and supported by evidence not weighed in a very vigorous scale. In view of these self-evident facts we can hardly expect that medicine in the future will be free from false theories, and as false facts. The fallacies that beset all researches and all reasonings oppress us with additional force in physic; the same pernicious influence of words, the same tyranny of authority, the same prescriptive rights and vested interests in antiquity, the same meretricious blandishments of novelty, and in addition the ignorance and interference of the public. We quote again from Sir H. "In no class of human

events is the reasoning of *post hoc, propter hoc*, so commonly applied by the world at large, as in what relates to the symptoms and treatment of disease. In none is this judgment so frequently both erroneous and prejudicial. It would seem as if the very complexity of the conditions necessary to sound evidence, tended to beget acquiescence in that which is lightest and most insufficient for truth. The difficulties occuring in practise from this source are great, and require a right temper as well as understanding to obviate them." To morbid anatomy and an improved system of registration of deaths we must look for future additions of exactness and devoutly hope that Dr. Brouse's motion for a Sanitary Bureau and Dominion Registration Bill, may not, by the Ministry, be indefinitely relegated to the limbo of good intentions.

INTRA-UTERINE MEDICATION.

The introduction of nitric acid and other caustic agents within the cavity of the uterus has of late been sanctioned by eminent gynæcologists. But there is a want felt, as to the means of applying such corrosive remedies. One of the simplest and apparently most efficient means yet suggested is the contrivance of Dr. Woodbury, of Washington, which is described in a paper by the author in the Philadelphia *Medical Times*. This application very much resembles an intra-uterine injector in shape, consisting of a small glass tube of the same diameter throughout, bent to the required curve, (like that of a uterine sound,) and having its terminal points well rounded by heat. Through the tube a piece of steel wire about two inches longer than the tube is passed, the temper being removed from the last two inches of the wire to permit its being bent to the curve of the tube. In using the instrument, the end of the wire is first moistened, and just enough cotton is wrapped round it to admit of its being drawn back into the tube without difficulty. The cotton is then dipped into fuming nitric acid, tincture of iodine, strong solution of carbolic acid, or any other fluid selected, and withdrawn into the tube. The end of the tube is well wiped, and through the speculum, introduced into the womb, dilatation of the ostium internum being sometimes necessary in order that the tube may be passed. When the tube has entered as far as necessary, the mop at the end of the wire is gently pushed into the cavity. If desired, a few drops of the fluid may be drawn into the tube, by the wire acting as a piston. It will then flow out drop by drop when the wire is pushed in. By both the methods the remedial agent is entirely under control.

COLLEGE REGULATIONS ABROAD.

In another column we publish the rules and regulations for the Diploma of some of the leading British medical institutions. Many of the younger members of the profession, who purpose visiting England with the view of obtaining one or other of these Diplomas, will be glad of the information which these extracts afford. We also desire to draw attention to the fact that the standard, both in regard to the subjects for the preliminary and professional examinations, tallies very closely with the requirements of the Canadian Colleges, and especially with the rules and regulations adopted by the College of Physicians and Surgeons of Ontario. It will also be observed that they are nearly alike in the different institutions, and are rarely ever changed. The same subjects are continued from year to year. The students consequently feel the utmost security when they commence that the subjects will not be changed in any whimsical way after they have entered upon their studies.

The regulation in reference to the subjects of the preliminary examination of the Council of the Physicians and Surgeons of Ontario, have hitherto been fixed by the Act; but by some strange inadvertence or something else, it was omitted in the third reading of the Bill. Although opposed by one or two individuals, it was finally agreed upon and ordered to be inserted in the Bill when it was before the Private Bills Committee. This strange omission would appear to render some parts of the Bill inoperative, or at all events throws it a little out of joint, especially where it is enacted that candidates shall pass the preliminary examination established by this Act, when in reality no such examination is established by the Act. This can only be rectified by a short Bill, which will probably be enacted next session. In the meantime it is confidently hoped that no change will be made in the regulations heretofore adopted by the Council, and which have been in force during the past two years.

MEDICAL LEGISLATION IN THE UNITED STATES.

It may open the eyes of some of the noisy lay advocates in Canada of what is called "free trade in medicine," to know that in the United States, where the utmost freedom in medical practice has been allowed, this system, or rather want of system, is found to work badly in the interests of the public. In several of the States the want of safety and want of protection conferred by so loose a law has led to a desire to adopt old-world notions on this head,—so that they are coming by progress of time and experience to the very standpoint which certain newspaper champions of a medical sect in this Province would have us depart from in order to suit the heat and bent of their views, excited by the failure of the homœopathic bill. In Kentucky, State Boards of Medical Examiners have been appointed in different districts, before which all authorized practitioners must appear and pass an examination. In North Carolina a much similar law has lately come into force, so that restrictions before unknown are now coming into operation in those States. A movement in the same direction may be discerned in the several pharmacy acts which have latterly been passed in different States, intended to secure proper qualifications in druggists and the dispensers of medicine. In fine, the Americans have discovered through the force of actual facts and a bitter experience, that protection to human life requires the institution of legal restrictions upon the practice of medicine. Independently of other arguments, the tendency noticeable in the United States is a good justification of medical law in Ontario, so recently attacked by a few enemies.

The body is *domicilium animo*, her house, abode and stay; and as a torch gives a better light, a sweeter smell, according to the matter it is made of, so doth our soul perform all her actions better or worse, as her organs are disposed; or as wine savours of the cask wherein it is kept, the soul receives a tincture from the body through which it works.—BURTON'S ANATOMY OF MELANCHOLY.

The crowning fortune of a man is to be born with a bias to some pursuit, which finds him in employment and happiness.—R. W. EMERSON.

MEETING OF THE PROFESSION IN CARLETON PLACE.—A meeting of the medical profession of the Bathurst and Rideau division was held at Carleton Place, on the 14th ult. Dr. Grant, the representative of the Division in the Medical Council, took the chair and delivered an able address. The following gentlemen were present: Drs. Grant, Hill, Beaubien, Van Cortland, Lynn, Leggo, Church, Wright, Corbett, Malloch, Wilson, McEwen, Bogart, Bell, Dickson, Mostyn, Patterson, McFarlane, Preston, Howden, Kellock, Anderson, Chambers, Pickup, Burns, Mann, O'Brien, Giles, and Beaty. Dr. W. R. Bell was appointed Secretary. The chairman in his remarks referred to the passage of Baxter's Bill by the local legislature; the defeat of the Homœopathic Bill; and the great benefit which has resulted from the union of the various medical bodies, although in a measure contrary to the ideas held by many members of the profession. He also touched upon sanitary matters, and concluded by an eloquent reference to the illustrious dead, mentioning in particular Sir Henry Holland and Dr. Livingstone.

The main object of the meeting was to arrange a tariff, to be submitted to the Ontario Medical Council at its next session, in order to receive approval as a "*scale of reasonable charges.*"

Moved by Dr. Patterson, and seconded by Dr. Hill, that we constitute ourselves into a territorial association, to be styled "The Bathurst and Rideau Medical Association."—*Carried.*

The following gentlemen were then appointed to the various offices,—Dr. Grant, President, *ex-officio;* Dr. Giles, first vice-President; Dr. Pickup, second vice-President; Dr. Hill, Treasurer; Dr. Lynn, Secretary; Drs. Dickson, Mann, Mostyn, Howden, Beaty, Preston, Beaubien, Leggo and Church, Executive Committee.

The subject of a uniform tariff of fees was then brought up, and committees were appointed to draw up a tariff for the rural district, and also for the City of Ottawa. A committee was also appointed to frame a constitution and bye-laws for the Association. After a vote of thanks to the President, the meeting adjourned to meet again on the 14th of August next. The proceedings terminated with a lunch at the Mississippi Hotel, by invitation of the President.

Be what Nature intended you for, and you will succeed; be anything else, and you will be ten thousand times worse than nothing.—SYDNEY SMITH.

ACETIC ACID IN SMALL-POX.—The *Med. and Surg. Reporter* of Mar. '73, contains a Report of Dr. Roth of his Mission (by order of the Austrian Government) to Upper Silesia, where small pox was epidemic and very malignant among a peasant population, herded together in huts, generally a single room for a family, sometimes 10 to 14 in number and uncleanly in habits, wearing woolen clothing from season to season. Acting on the theory of a yeast ferment as characteristic of the poison, Dr. Roth ordered 2 tablespoonfulls of common vinegar, with or without water after breakfast and towards evening for 14 days. For half grown and feeble persons, one half this dose. The result of the prophylactic treatment was favourable beyond his hope. Not a single fatality occurred even when the disease was quite developed, and 8 out of 10 of those exposed escaped the disease altogether, and the small number of the sick was but little affected, pustules were few and sequelæ *nil.*

Dr. Roth's plan has been carefully tried in Toronto this season and has been *attended with very* favorable results. From all reports it seems worthy of adoption, at least so far as prophylaxis is concerned.

LINIMENT FOR ACUTE RHEUMATISM.—Very few liniments are adapted for application to joints affected by acute rheumatism. Some eminent practitioners discard them altogether, or rely by preference upon soothing alkaline lotions. The following formula for a liniment has the experience of Charity Hospital, New York to recommend it:

℞ Tinct opii—℥j
Spirit chloroformi—℥ss
Linimenti saponis ad O. j. M.

The liniment is applied freely to the joints and immediately covered with cotton and oiled silk. The *Medical Record* says the relief from pain afforded by this application has been gratifying.

GUARANA.—Dr. Macdonald of Endinburgh, Scotland, has an extended and carefully written communication in "*The Practitioner*," published in London, and reprinted in New York, September, 1873, establishing the reputation of *Guarana* for sick headache. Its effects in neuralgia, sick headache and diarrhœa are sometimes almost *immediate* and wonderful.

CREMATION *versus* BURIAL.—There has been a revival in Italy, to a limited extent, of the ancient practice of cremation; and the advocacy of this method of disposing of the dead by certain eminent medical authorities in England, has given rise to a great sensation in the popular mind. The excitement in England has even extended to America. In both countries now this question is discussed in its scientific bearings; and we may suppose that in certain advanced communities the practice will not be without examples. The sanitary reasons that may be strong enough in densely populated countries to induce scientific men to lend the mode their sanction, do not so powerfully apply in a country like ours; and such arguments are less likely, therefore, to overcome the feelings of loving-kindness and attachment to the memories of the dead which find gratification in the time-honoured practice of interment with the rites of Christian burial.

BRITISH PHARMACOPŒIA.—A second reprint of the British Pharmacopœia with additions has just been published. The additions comprise new remedies of importance, such as chloral hydrate, amyl nitrite; several new forms of medicines, such as chloroform water, mustard water, liquid extract of liquorice, hypodermic injection of morphine, solution of citrate of magnesia, phosphorated oil, phosphorus pill, compound scammony pill, compound powder of elaterium, syrup of chloral, etc., and three new tinctures, viz., tincture of fresh orange peel, tincture of larch bark, and ammoniated tincture of quinia. Areca nut, a valuable anthelmintic, and acetic ether, a most agreeable compound ether, are included among the additions. Tincture of larch bark has been found serviceable in certain bronchial affections. An authorized formula for hypodermic injection of morphia was much needed.

CARBOLATED COD LIVER OIL.—We beg leave to call attention to this new and important combination. It is very highly recommended by the medical profession in the United States, and has been found especially serviceable where the expectaration is profuse and offensive. In extensive suppurating wounds it supports the constitution, lessens the discharge and promotes healthy action. It contains 1 gr. carbolic acid to the oz. of cod liver oil. The carbolic acid also disguises the taste and prevents it from becoming rancid.

PHYSIC, LAW AND DIVINITY.—We may puzzle ourselves, says Sanderson, in the pursuit of knowledge, dive into the mysteries of all arts and sciences, specially engulph ourselves deep in the studies of those three highest professions of Physic, Law and Divinity: For Physic, search into the writings of Hippocrates, Galen, and the Methodists of Avicenna, and the Empirics, of Paracelsus and the Chemists; for Law, wrestle through the large bodies of both laws, civil and common, with the vast tomes of Glosses, Repertories, Responses and Commentaries, and take in the reports and year books of our Common Law to boot; for Divinity, get through a course of Councils, Fathers, Schoolmen, Casuists, Expositors, Controversers of all sorts and sects; when all is done, after much weariness of the flesh and (in comparison hereof) little satisfaction to the mind, (for the more knowledge we gain by all this travel, the more we discern our own ignorance, and thereby but increase our own sorrow,) the short of all is this, —and when I have said it, I have done,—you shall evermore find, try it when you will,

Temperance the best Physic,
Patience the best Law,
and
A good conscience the best Divinity.

BACON (Novum Organum) says:—"No man has yet been found possessed of sufficient firmness and severity to resolve upon and undertake the task of entirely abolishing common theories and notions, and applying the mind afresh, when thus cleared and elevated, to particular researches,—hence our human understanding is a mere farrago, and crude mass, made up of a great deal of credulity and accident, and the puerile notions it originally contracted. But if a man of mature age, unprejudiced senses, and clear mind, would betake himself anew to experience and particulars, we might hope much more from such a one; in which respect we promise ourselves the fortune of Alexander the Great."

CORRECTION.—In our last issue, page 277, in an addendum of ours to an article by Dr. Atherton, it is stated that the foreign body ulcerated through the trachea It is the opinion of the Dr. that it passed up through the Larynx during the operation and was swallowed by the patient, also for "33" days read "5" days.

THE ACTIVE PRINCIPLE OF ERGOT.—The experiments of Wernich, of Berlin, on ergot, go to show that more of the active principle of ergot is contained in the watery extract than in the alcoholic or ethereal extracts. These experiments confirm the views of many practical men who have been led to prefer the infusion over other preparations, and they suggest that it would be better to replace the tincture by a concentrated infusion, made to keep by the addition of spirits, and which, like the tincture, could be employed at a moment's notice.

FORMULA FOR NEURALGIA.—According to the Richmond and Louisville *Medical Journal*, Dr. Edward C. House has employed with success, in a large number of cases of neuralgia, the following combination of ergotine with the phosphide of zinc:—

℞—Zinci phosphidi 3j.
Ergotin gr. v.
In pilulas No. 60 dividend.

One pill to be taken after each meal.

THE DECLINE OF HOMŒOPATHY.—It is not alone in Canada that homœopathy is declining. It is noticeably declining in the United States, the medical colleges of this sect showing a decline of fifty per cent. in the number of graduates of this year, compared with the classes of last year. And the indication of the decline and change is noticeable in the American homœopathic journals, which are occupied a good deal in reviewing works in general medical literature.

EPIDEMICS OF THE MIND.—Bayle, in his Dictionary, under the word "abdere," says:—L'esprit est sujet aux maladies epidemiques tout comme le corps; il n'y a qu'à commencer sous de favourable auspices, et lorsque la matière est bien preparée. Sa difference qu'il y a entre ces maladies el la peste, ou la petite vérole, c'est que celles ci sont incomparablement plus frequentes.

The body has its claims, it is a good servant; treat it well, and it will do your work; attend to its wants and requirements, listen kindly and patiently to its hints, occasionally forestall its necessities by a little indulgence, and your consideration will be repaid with interest. But task it and pine it and suffocate it, make it a slave instead of a servant, it may not complain; but like the weary camel in the desert, it will lie down and die. —A PHYSICIAN'S PROBLEMS.

APPOINTMENTS.—Dr. Cassidy, Toronto, has been appointed Physician to the Emigration Department in this city. Drs. C. N. Trew and McInnis have been appointed on the medical staff of the Royal Columbia Hospital at New Westminster, British Columbia. Dr. Anderson Ruffin Abbott, of the town of Chatham, Esq., M.D., Associate Coroner within and for the County of Kent. William Campbell VanBuskirk, of the Town of St. Thomas, Esq., M. D., Associate Coroner within and for the county of Elgin. Edwin D. Ault, of the village of Aultsville, Esq., M.D., Associate Coroner within and for the united counties of Stormont, Dundas, and Glengarry. Mark Bice, of the village of Widder Station, Esq., M.D., Associate Coroner within and for the county of Lambton. Robert Arthur Alexander, of the village of Fergus, Esq., M.D., Associate Coroner within and for the County of Wellington.

Abraham McMichael, of the Village of Gorrie, Esquire, M.D., Associate Coroner within and for the County of Huron.

Dr. Daniel H. Kitchen, late of the N. Y. Lunatic Asylum, Utica, has been appointed Med. Superintendent of the State Emigrant Lunatic Asylum, Ward's Island, New York.

A THIRD APPEAL.—We must again appeal to our medical brethren in behalf of a medical gentleman who, from no fault of his own, is reduced to almost destitute circumstances. On account of a disease of the rectum, he was obliged to desist from riding or driving, and was consequently obliged to retire from country practice. He has a small practice in Toronto, but not sufficient to maintain his family.

In response to our former appeals, some $6 or $8 were received, which were acknowledged in the LANCET. We trust that this appeal will meet with a more hearty response.

BIND THE *Lancet*.—As we are desirous of encouraging our subscribers to bind the *Lancet* in volumes for each year, we now offer to furnish missing numbers to any one who may desire them, *gratis*. We can supply back numbers from January 1871. The price of binding is about 50 or 75cts. It makes a very handsome volume. I hope we may be excused if we say further that these volumes are of considerable importance as works of reference on various medical subjects.

DIED.

At Shakspeare, Ont., on the 6th ult., Dr. ROSS, in the 30th year of his age.

At Truro, N.B., on the 4th ult., Dr. MCKAY, aged 34 years.

At Carleton, St. John, N.B., on the 6th ult., Dr. Harding, resident physician of the Quarantine Establishment at Partridge Island, suddenly, at the age of 64 years.

At Oakville, on the 16th ult., MARY M., wife of E. J. OGDEN, M.D.

At Athlone, on Tuesdny, the 5th ult., CHARLES PATRICK, eldest son of Dr. MCKENNA, aged 5 years.

At Mount Pleasant, on Saturday, 16th ult., of spinal meningitis, JOHN GEORGE, eldest son of Dr. MARQUIS.

At Newmarket, on the 27th ult., G. C. McManus, M.D., son of Mr. McManus, M.P.P., from an over-dose of morphine.

Book Notices.

MEDICAL AND SURGICAL DISEASES OF WOMEN. By Robt. Barnes, M.D., of St. Thomas' Hospital London, England, with one hundred and sixty-nine illustration. Philadelphia: H. C. Lea. Toronto: Willing & Williamson, pp. 769.

The author, in his preface, states that "the design of the work is to give such a description of the medical and surgical diseases of women as will assist the medical practitioner in their diagnosis and treatment." This he has accomplished in a most complete and satisfactory manner. Nothing seems omitted which should have been given. The author first gives a description of the genital organs and the various discharges, watery, purulent, Hemorrhagic, &c. He next takes up the pathology of ovarian tumors, their diagnosis and treatment. Disease and displacement of the uterus are also treated of at considerable length, also cancer, polypi and fibroid growths. The various instruments and appliances used for the relief of surgical diseases, are depicted, and their uses, abuses, advantages and disadvantages very fully given. The work contains a great fund of useful information, and we cannot too highly recommend it to our readers.

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

It is only a short time since the appearance of the last edition, and therefore only a few changes are noticeable. The volume has been increased about 90 pages, by the addition of new matter. The work is well and favorably known to the profession, and the present edition is likely to meet with a ready sale. It is a valuable work, and one which we highly prize.