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THE
CANADA LANCET,
MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV.

MAY, 1872.

No. 9.

Original Communications.

EPIDEMIC OF ROTHELN.

BY DAVID HEGGIE, M. D., BRAMPTON, ONT.

I am encouraged to make the following condensed observations on an extensive epidemic that has recently occurred in our town and neighborhood, for these reasons.

1. To strengthen the description of Vogel, one of the most accurate of observers.

2. Because the late epidemic was an extensive one, and therefore, afforded an unusual field for observation, and

3. Because, as Vogel remarks, there is "scarcely another disease upon which the views of authors differ so vastly" and so much so "that later writers have denied the existence of the disease entirely."

The prodromata of Rôtheln are in the majority of instances insignificant. The first symptom is the eruption and this makes its appearance, almost invariably, beneath the eye-lids first, afterwards extending rapidly over the whole surface of the body but occasionally confines itself merely to the face, with a few spots perhaps on the wrist. Synchronous with the eruption beneath the eye-lids there is a swelling between the eyes and in

half the cases injection of the conjunctiva. Pyrexia is notably absent and, although, in some cases, there is arterial excitement this appears merely fortuitous and like the sore throat, nausea, urticaria, &c., which we sometimes meet with in cases of Rôtheln, not a symptom of Rôtheln, but indicating a condition of the system which would have manifested itself independent of the epidemic, or perhaps a complication arising from the presence of another epidemic, such as influenza. One symptom, however, is nearly constant, viz., giddiness, and is almost the only constitutional symptom in the disease. Children with Rôtheln will engage in their usual amusements, eat heartily, and sleep well, and covered with the lentil rash will complain of nothing but a feeling of staggering. But so constant is this symptom that when children repudiate the idea of feeling unwell the parents can almost invariably remind them of the giddy feeling when cross-examined.

Although the exanthema is said "to differ in no respect from that of morbilli," I think I may safely affirm that the rash is more papulous, larger, more un-uniform, and of a darker colour. It is very irregular in its distribution, causes considerable itching and disappears at the end of the first or at the most the second day of the disease. I have had a case where it returned after an interval of ten weeks, other cases being in the same family at both periods. There are no sequelæ to this disease. Vogel remarks that this disease is "not immediately preceded nor soon followed by any epidemic of measles or scarlatina." This remark must have been founded on evidence merely negative for we have recently been afflicted in this vicinity with an epidemic of scarlet fever of a most malignant type, and following the law of probabilities, after having within a limited space of time been visited by puerperal fever, erysipelas, scarlatina, parotiditis, whooping cough, influenza, &c., we are quite prepared to be told of cases of measles, and, indeed in the surrounding country cases of morbilli are reported. One circumstance, however, is worthy of notice, that not one of the patients with Rôtheln was attacked with scarlatina during the recent epidemic. Most of them had previously had either scarlet fever, or measles, or both, and, although some were supposed to have had scarlatina *sine eruptione* during the late epidemic, this I doubt for the disease was too well marked to be masked. This evidence, like Vogel's, however, is merely negative.

As to the treatment, this, in my cases, has been merely confinement within doors for two or three days—parallel symptoms being treated on their own merits. In one case the rash was arrested from exposure to cold but returned by use of the warm bath, and the symptoms of nausea and headache removed.

DEODORIZERS AND DISINFECTANTS.

BY A. A. ANDREWS, M.D., WINDSOR, ONTARIO.

Your correspondents usually write to furnish some item of information which they suppose to be interesting to their confrères. My object in writing is, not to *give*, but to *acquire* information.

I have been engaged in the study of my profession nearly fifty years, and find my doubts increase *pari passu* with my years, and think I have progressed as much when I discover and discard an error, as when I perceive and learn a truth.—“*A powerful Deodorizer and Disinfectant.*” Upon what well ascertained facts is the propriety of the conjunction of these two terms based?

In the course of my life, I have (I suppose for my sins,) at various periods resided near a large distillery, where swine were fed, near a large tannery, near a soap and candle factory, but I cannot say that in any of these situations I observed the prevalence of any disease which I could associate with the abominable smells to be found in those vicinities, nor that the ordinary diseases of the season were more severe there than elsewhere.

During the seasons of the potato rot, I have ridden for miles between the stricken fields, when the stench was disgusting in the extreme, without suffering in my health; nor could I learn that either farmer or cotter was affected by it, though living day and night for weeks in the midst of it.

An *offensive* smell then does not seem to be necessarily a *bad one*; i.e., a noxious one.

On the other hand, many delightful perfumes, such as the Magnolia, the Catalpa, &c., are well known to be as pestilential as they are fragrant. In the Southern States there is a beautiful creeper, (whose name has escaped me,) which is being rapidly

and zealously exterminated. It was not cultivated for its odour, (for it has none) but for its beauty; and the people have learned from observation that its propinquity to their dwellings was fatal, and the *consensus omnium* has doomed it to extirpation.

I have a seven mile ride to take after sunset; about two miles from home I pass two large pig pens and a soap factory. "Phew," says my nose, "poisonous! pestilential! drive on!" I put my horse to speed, and get out of the stench. I have reached the lake shore, and would fain breathe my horse and gaze on the moonlit water; and my nose gives me no warning of the three mile marsh over which I must ride, but I know that no unacclimated person can dally there without incurring an attack of ague. Riding by night, in the Southern States, your nose would lure you to linger by the beautiful Magnolia. Be not deceived; it is a traitor. Ride on.

Let us enter on our domain—the hospital and sick-chamber. Yonder case of *Scarlatina Maligna*, with the dreadful gangrenous sore throat, is both *noisome* and *noxious*. Spite of all the deodorizers, your nose tells you it is *offensive*, and your experience informs you that you are on dangerous ground—Pass on. Come with me to this young convalescent lady's chamber. Here are no foul smells. She is as clean and sweet as a lady should be; but is she *in-noxious*? With her dry, peeling, scurfy skin, I consider her the more dangerous companion of the two, though my nose told me nothing.

Happy is the practitioner who has never been called on to attend a bad case of confluent small-pox! During the maturation, can anything surpass the horrible odor? Then indeed, we exclaim, "Blessed is the man who is liberally with his Deodorizer." It is a priceless blessing, but is it a Disinfectant? Upon what well ascertained facts can we base an affirmative reply?

In small-pox, I have a suspicion, almost amounting to a conviction, that its contagiousness has its utmost intensity during the incubation, and before the appearance of the rash. I know this opinion is widely divergent from that generally held. I can't help that; I can only ascertain my own opinion, and reason from facts that I have verified.

From your "Disinfecting" process, eliminate the washing, cleansing, and ventilating, and what proof have we that anything remains? I ask in no carping spirit, but one of honest inquiry.

EXCISION OF UTERINE POLYPI.

BY CLARKSON FREEMAN, M.D., MILTON, ONT.

The subject of the following case of fibrous intra-uterine polypus was Mrs. L. C——, aged 45, married, and has had seven children.

History of illness—About four years since, the catamenia became excessive and frequent. During the last year the flooding was so formidable that fainting fits were frequently produced and for the last six months she was confined to her bed in consequence of her continuous discharge. She was pale and anæmic, and presented as great emaciation as if she were in the last stage of Phthisis. Having been informed that it was only the change of life, she demurred when I suggested that it was absolutely necessary to ascertain carefully the condition of the uterus. An examination revealed the fact that an uterine tumor was the cause of her having been brought almost to death's door by her very severe and frequent attacks of hemorrhage. On examination, the os uteri was found dilatable and the fundus of the tumor was easily detected. By means of a strong polypus forceps, I succeeded in partially extracting the tumor into the vagina, where it was retained by my assistant (Dr. Wm. Freeman), while I introduced my left hand and got my fingers astride its pedicle and then gradually excised it with a large curved, blunt pointed scissors. The polypus was the size and shape of a large orange. The result was very satisfactory, as there was neither hemorrhage during nor subsequent to the operation. She left her bed in ten days and menstruated regularly for nearly two years after the excision of the polypus.

Case 2—Mrs. L.——, aged 42, married, a robust looking woman, but of an exceedingly nervous temperament. Although she has had several miscarriages, she has never given birth to a living child. She has not suffered from hemorrhage except that occasionally her menstrual discharge was somewhat augmented and more prolonged than usual. Recently she had a profuse muco-purulent discharge. On examination, I discovered a flat fibrous polypus suspended by a small pedicle from the inner and inferior cervical portion of uterus. I removed it by excision easily with very little loss of blood. Several hours after the operation

an alarming hemorrhage took place, which was, with difficulty, arrested, by plugging the vagina with cotton batting. The size and shape of the polypus was very peculiar, being nearly nine inches in circumference, and only about an inch and a half from its base to its pedicle.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

PROFESSIONAL EXAMINATION, 1872.

DESCRIPTIVE ANATOMY—Dr. SULLIVAN.

The brain being sliced to a level with the corpus callosum, how would you expose the third ventricle? Name the structures divided, and the boundaries of the ventricle.

Describe the arch of the aorta, its course, divisions, limits, and relations.

Give the exact position of the pancreas, its structure, and the vessels and nerves that supply it.

What ducts convey secretions into the mouth, and at what points do they terminate?

Define the *terram fascia*. Name the varieties, and describe the *fascia lata*.

The integument being removed, how would you expose the parts passing through the great sacro sciatic notch? Name them in order, and mention generally their destination.

What structures would it be necessary to divide to expose the median nerve from the axilla to its termination in the digital branches?

What class of articulations does the ankle belong to? Describe its ligaments, and name the tendons contiguous to it.

SURGICAL ANATOMY—Dr. SULLIVAN.

Describe the mode in which you would expose the several cavities in making a *post mortem*, and state how you would remove the brain entire?

Name the muscles contracted in talipes varus and valgus, and any danger likely to occur in their division.

Give the exact course and relations of the external iliac, and mode of ligating it.

Give the boundaries and contents of the space in front of the elbow.

Describe the Lachrymal duct, and Eustachian tube, and mode of catheterizing them.

MEDICINE—DR. WRIGHT.

Give the symptoms of Epilepsy in its two principal forms—Mittor and Gravior. Prognosis in each form, course, termination, and treatment.

Give the symptoms and signs of acuto Pleurisy, distinguishing between symptoms and signs, the several stages, prognosis, course and treatment.

Give the symptoms of Dysentery in its sporadic and Epidemic forms, and definition of the terms. What forms of febrile disturbance are liable to occur in each? What are the assigned causes of the disease? What the complications, prognosis, and full and explicit directions for treatment?

Give the definition of the term Exanthem. Give symptoms of the premonitory stage in each, the phenomena of the second stage, and the average duration of each. Enumerate the most frequent complications.

Give the appearance of Vaccino disease.

Enumerate the causes which may change the shape of the chest, either increasing or decreasing its size, and means by which you may distinguish them.

MEDICAL PATHOLOGY—DR. WRIGHT.

Give the definition, causes, and results of Passive Congestion.

Give the definition, causes, and results, of Active Congestion, or determination of blood.

What is the condition of the blood in Rheumatism, Anæmia, and Plethora?

Give the Pathological Anatomy of Enteric, or Typhoid Fever.

MEDICAL DIAGNOSIS—DR. DEWAR.

Enumerate the Diagnostic points between Pulmonary abscess and the cavity of Tuberculosis.

Describe the symptoms of acuto Bright's disease. Name and differentially Diagnose the diseases likely to be confounded with it.

What is Enteritis? Describe its symptoms.

Diagnose Gout.

How would you distinguish between Spinal Meningitis and Myolitis? For what other diseases might the former be mistaken, and how would you recognise it from them?

SURGERY—DR. LIZARS.

Describe the difference between Osteo-Sarcoma and Osteo-Cephaloma.

Describe the varieties of Hemorrhoids.

What is commonly known as White Swelling of the Knee? Describe the Pathological changes that take place in its production.

Describe the difference between Concussion and Compression of the Brain.

Give the different varieties of Erysipelas, the distinguishing characteristics of each form, and their appropriate treatment.

OPERATIVE SURGERY—DR. LIZARS.

Describe the operations for Resection of the Shoulder Joint. State which you prefer, and your reasons for that preference.

Describe the operation of Paracontosis Thoracis, its site and dangers.

Describe the operation for removal of Superior Maxilla.

Describe the various Dislocations of the Hip Joint

Describe the various methods of treating Fracture of the Patella.

SURGICAL PATHOLOGY—DR. FIELD.

Describe the Phenomena of Inflammation, and the transitions to it from Normal Nutrition.

Give the Degeneration of the Fibrinous, and also of the Corporular portion of Inflammatory Lymph.

Name the five modes by which the healing of open wounds are accomplished; and describe the process of repair of open wounds.

Show the points of resemblance between a Mammary Glandular Tumor, and Scirrhus of the Breast; also their distinguishing characteristics.

Give the distinctions between Innocent and Malignant Tumors, as regards Structure, Growth, Ulceration and Propagation.

MATERIA MEDICA—DR. TUCK.

Explain and illustrate by example the Specific Operations and the Elective Action of Medicine.

Give the Description, Action, Use, and Dose of the following:—Creasote, Santonine, Chloral Hydrate, and Tartar Emetic.

Give the British Pharmacopœal names and differential characters of Calomel, Corrosive Sublimate, and White Precipitate, with their respective Uses, Doses, and Modes of Administration.

For a case of general Dropsy, write a prescription in full, and state the reasons for the introduction of each ingredient used.

MIDWIFERY—Dr. BERGIN.

What are the signs of Pregnancy at the second, fourth, and eighth month of Utero Gestation? Is it always possible to pronounce positively at these periods as to the existence of Pregnancy?

Why does the occurrence of rigor in child-bed excite the fears of the Medical Attendant?

How are Puerperal Convulsions to be distinguished from Convulsions that are Hystorical, Epileptic, or Apoplectic?

Name the different varieties of Uterine Hemorrhage.

OPERATIVE MIDWIFERY--DR. BERGIN.

What circumstances and conditions justify and necessitate the use of the forceps, and distinguish the cases calling for the employment of the long forceps from those that require the short?

What precautions should be taken before, during, and after the application of the forceps?

Is there more than one mode of Version? If so, describe such modes, and the reasons that compel the operation?

Why should labor be induced prematurely? And if resolved upon, at what period of Gestation, and how should it be accomplished?

When should the Casarian section be preferred to Craniotomy?

When is Craniotomy performed, and name the necessary instruments to perform the operation?

PHYSIOLOGY—Dr. —————

Describe Nervo-Tissue, its varieties, and its several Functions.

Describe the Functions of the Pneumogastric and Sympathetic Nerves.

What are the forces which carry on the Circulation of the Blood?

What theories have been proposed to explain the generation of Animal Heat, and what are the objections to them?

What are the Changes in the Blood in the Placenta, and how are they effected?

Describe the Nervous and Muscular forces by which Respiration is effected.

What are the Constituents of the Blood, and how is it formed, tracing it from the Chymo, inwards?

Describe the Functions of the Skin.

Describe the Functions of the several portions of the Alimentary Canal.

CHEMISTRY—Dr. SANGSTER.

Give briefly the two theories as to the nature of Electricity.

Describe the Composition, Preparation, and Properties of the compounds of Nitrogen with Oxygen, specially pointing out the relation between N , O , and the Nitrates, and N , O , and Nitrites.

Give Composition and Properties of Cyanogen and its Compounds.

Express by symbols the composition of the following Compounds:—Tartaric, Acetic, Nitric and Benzoic Acid, Grapo Sugar, and Chloroform.

Describe the Chemical character and composition of the Fats, explaining briefly how they may be decomposed into their proximate constituents. Give general Formula for the so-called Fatty Acids.

Describe the Chemical relations and characteristics of Urea and Uric Acid, and explain how they may be separated from Urine.

Give a brief synopsis of the Chemistry of the Vegetable Alkaloids.

PRACTICAL CHEMISTRY—Dr. SANGSTER.

Describe the mode of preparing Pot Iodate, Absolute Alcohol, and Pure HCL.

Give the group tests for Lases, mentioning the principal Metals in each Group.

Give the distinguishing reactions by which you would recognise Salts of Copper, Lead, and Mercury.

What special reactions characterize Opium and Morphine, respectively?

What impurities are more or less frequently met with in Commercial Potassium Iodide, Sulphate of Quinine, and Chloroform, and how would you detect their presence?

MEDICAL JURISPRUDENCE—DR. CAMPBELL.

Describe the appearances in Death by Drowning, and note the difference presented by the body entering the water before and after death.

Name several conditions attended with Insensibility, with brief characteristics of each.

State in days the average length of Pregnancy, the shortest period of Gestation compatible with Viability of Infant, and the most protracted with Legitimacy.

Distinguish between Live Birth as understood in Civil, and in Criminal Law.

Give the Signs in the Living and in the Dead of recent Abortion, at the Fourth Month.

Enumerate in their order the Personal Peculiarities most to be depended upon in cases of Disputed Identity.

Define Hallucination, Illusion, and Delusion, and under what circumstances they would warrant a Physician in signing a certificate for committal.

TOXICOLOGY—DR. TEMPLE.

How are Poisons Classified? Give a few examples belonging to each class.

What are the Symptoms of Poisoning by Oxalic Acid? Give Treatment and Tests.

What are the Symptoms of Poisoning by Strychnine, and give Treatment?

What are the Symptoms of Poisoning by Opium, and give Treatment?

Describe the Symptoms and Treatment of Chronic Lead Poisoning?

SANITARY SCIENCE—DR. CARSON.

What is the Annual Average of Death per Thousand in a Healthy Community?

What Diseases are likely to arise from Imperfect Drainage, from Deficient Nourishment, or Over-crowding?

What Cubic Space of Air should be allowed to each bed in a Hospital, and state the Diseases likely to be caused or greatly aggravated by Deficient Space?

Distinguish between Infectious and Contagious Diseases, with examples.

Describe Ozone, its nature, the modes of ascertaining the proportion in the Atmosphere, with the supposed effects of an excess or deficiency of it.

Define the terms Endemic, Epidemic, and Enthetic, as applied to Diseases, with examples.

What kind of Impurities will Filtering remove from Water, and what remain unaffected by that process?

BOTANY—Dr. CORNELL.

Why is Physiological Botany the most essential department of the Science of Botany, for the Medical Student to understand?

What is the Organized Fabric or Tissue of Plants? And how is Vegetable Growth effected?

Describe the Minute Anatomy of the Leaf, the cause of Death, and Fall.

To what extent is the Plant covered by Epidermis.

What is Phyllotaxis; and how do you use the term?

Describe Inflorescence, both Definite and Indefinite.

Describe minutely, the Food, Nutrition, and Elementary Composition of Plants.

Selected Articles.

THE TREATMENT OF HYPERPYREXIA BY THE WITHDRAWAL OF HEAT.

We recently directed attention to the treatment of hyperpyrexia by the withdrawal of heat, or perhaps we are more correct in saying by the application of cold, and it may be of service to again return to the subject. The great value of the cold bath as a therapeutic agent becomes more evident the more its adoption is extended, and the admirable paper contributed at a recent meeting of the Clinical Society by Dr. Hermann Weber, affords additional evidence of its success in those desperate cases of high temperature in acute rheumatism which now and then present themselves. Those who had opportunities of watching such cases will at once recognize the condition detailed elsewhere of Dr. Weber's patient before he was put into the bath, and will be ready to admit that, prior to the adoption of this form of treatment in such cases, that condition would have been rightly looked upon as a hopeless one. At the same meeting, Dr. Greenhow gave the details of a similar case, in which marked diminution of temperature and general improvement in the patient's condition followed the application of cold. In this as

in most of the recorded cases, the temperature again rose, and before the treatment could be again applied the man died. Another case of acute rheumatism, in which the temperature rose to the very unusual height of 110 deg. Fahr., occurred last week in one of the London hospitals, and in this case also the application of cold water was about to be carried out when the patient died.

We mention these cases because they illustrate the chief points of importance to be remembered in practically carrying out this remedial agent, viz, immediate action on the part of the physician, careful watchfulness over the condition of the patient for some time after the desired reduction of the temperature, and the repetition of the treatment if the temperature again rise. In the first of the three cases which we have noticed the treatment was persistently carried out, with ultimate and perfect success; in the second, the treatment by cold no less answered its purpose, so far as the urgent symptoms were concerned, but, unfortunately, was not continued when the temperature again rose; and in the last, the urgent symptoms were recognized too late, or developed themselves so rapidly that the patient died before the proper means for the reduction of the hyperpyrexia could be carried into effect. That a great and most dangerous rise of temperature will occasionally occur in cases of acute rheumatism within a period of even an hour, we can from personal experience testify, and Dr. A. P. Stewart described, several years ago, the details of a case which occurred in the Middlesex Hospital, and in which the patient, apparently well advanced in convalescence, and entirely free from joint-affection, showed a sudden elevation of temperature as high as 111 deg. Fahr., which was followed by death in less than two hours. But so rapidly fatal an issue has very rarely been met with, and its occasional occurrence does not materially alter our estimate of the very great practical value of the cold treatment in hyperpyrexia in acute rheumatism.

In previously directing attention to the subject of the treatment of pyrexia and hyperpyrexia by the external application of cold, we pointed out its wide applicability to the treatment of disease, and remarked on the gratifying results which had been obtained in a very large number of cases of typhoid fever and other affections by Liebermeister and others. We then adv-

cated an extended trial in our hospitals of this plan of treatment' and we are glad to notice indications of its being widely adopted by hospital physicians, but scarcely earnestness commensurate with the advantages which we have every reason to believe, from the reported results of its application in Germany, follow its employment. In private practice it is as yet, we fear, not generally understood, and rarely practised.

If the experience of Dr. Wilson Fox, Dr. Weber, and others, be read intelligently, we can hardly fail to recognize the powerful means at our disposal for treating at least hyperpyrexia in acute rheumatism, and it cannot be questioned that we are bound by the evidence before us to adopt the practice thus recommended in hospital and private practice. The propriety of doing so is in many instances a question of life and death, and no fear, trouble, or obstructiveness of friends, should prevent our energetically carrying it out. We are equally bound to follow a similar course in hyperpyrexia in other diseases. No doubt there are many difficulties in the way of an extensive application of this method of treatment, they will be found most pressing in private practice, but they can be removed. When its practical application has been simplified, as it no doubt shortly will be, the use of cold as a therapeutic remedy will, we believe, occupy a most important position in medical, as it already does in surgical practice.—*British Medical Journal.*

BILLROTH ON OVARIOTOMY.—This eminent surgeon, in his "Reminiscence," published in the *Wiener Med. Wochenschrift*, says of ovariotomy:

First of all, surgeons must dismiss from their minds that ovariotomy is a dangerous operation; and, through the medium of well-informed practitioners, this conviction must make its way with the public. After ovariotomy, skillfully performed according to the rules of art, recovery is the general rule, and a fatal issue the constantly diminishing exception. Comparing it with some other operations, ovariotomy, taking the mass of cases, is shown by statistics to be less dangerous than amputation of the thigh, disarticulation of the shoulder and hip-joints, or excision of the hip or knee. Its danger is about the same as that of amputation of the arm, excision of the shoulder, partial excision

of the jaw, lithotomy in the young, and similar operations. We must, however, perform ovariectomy strictly according to the rules laid down by the English operators in their classical works, and only after having attained the same results should we venture to practically put into force our own ideas, in order to improve upon them. I had the good fortune to see Spencer Wells operate upon two complicated cases, and from them, as well as from oral communication with this remarkable man, I learned much. I constantly follow his precepts, knowing that he has long since thoroughly thought out and tested all that can happen to myself. I shall willingly regard myself during my lifetime as his scholar, and contented shall I be if it falls to my lot, by means of this operation, to snatch from certain death one half of the number of lives he has been enabled to save.

Up to the present time I am tolerably contented with my results. I give here a short account of them, in order to encourage the performance of these operations, and especially to inform the colleagues into whose hands these lines may fall that I have, personally, no reasons for supposing that the results attendant upon ovariectomy will be less cheering in Vienna than they are in London. Hitherto I have performed it nine times, and of these patients only two have died, giving, therefore, only a mortality of 22.2 per cent. The first four cases recovered one after another, then two fatal cases occurred, to be followed again by three recoveries. The first case is related in my Zurich "Chirurgische Klinik," and the second, third and fourth cases in the "Chirurgische Klinik," published at Vienna in 1868.—*New York Medical Journal*. Feb. 1872.

FATAL SALIVATION FROM BICHLORIDE OF MERCURY.—In a case which is fully reported in the *Lancet* for September 16th, Dr. Meeres applied with a small camel's hair brush a strong alcoholic solution of corrosive sublimate—eighty grains to the ounce—to the head of a child affected with tinea tonsurans. The application gave rise to no pain at the time, but during the ride home, in an open dog-cart, the child suffered severely. Shortly afterwards vomiting and purging came on. Salivation, accompanied by much swelling of the parotid and submaxillary glands,

was first observed on the evening of the day after the application, and continued until death took place, apparently from prostration, on the morning of the fifth day.

The verdict of the coroner's jury was that death was caused by poison from the application of a very strong preparation of bichloride of mercury made to the head and neck by Dr. Meeres, and that "Dr. Meeres is very greatly to blame for having made the application."

The lotion applied was from a formula of Dr. Tilbury Fox, and has been used by him in a precisely similar manner in the same disease in very many instances, and the case is the first in which any upward symptoms have been produced by it.—*Medical Times.*

TRACHEOTOMY.

Mr. JOHN WOOD, in a lecture delivered at King's College Hospital, and published in the *Lancet* of March 9th, describes the operation of laryngotomy as much more simple, less dangerous, and more quickly and readily performed, in case of impending suffocation, than any other upon the windpipe, and it is one which may be performed by almost any bystander with ready nerve, decision, and a tolerably sharp penknife. He prefers the crico-thyroid space, immediately below the projection of the thyroid cartilage called the "pomum Adami," instead of the vertical incision an inch long, directed by the text books, Mr. Wood makes a single transverse cut across the lower part of the hollow depression felt by the finger just above the cricoid ring, through the skin and membrane at once right into the windpipe, and extended sufficiently laterally to introduce the tube.

The advantages which he claims for the transverse over the vertical incision are.—1st. That the throwing back of the head (as is usual in patients under a sense of suffocation) tends to close the latter, and thus interfere with inspiration, whilst, on the other hand, the same movement tends rather to open more freely a transverse incision. 2nd. The wound will remain open without a tube in many cases.

The tube, if used, should be broader in the transverse than in

the vertical diameter, and shorter in the length between the shield and the curve than the one adapted for tracheotomy.

If the transverse incision is found to be too limited, it may be extended by a median vertical one downwards through the cricoid, or upwards through the thyroid, or both, as the exigency of the case may require.

The operations of tracheotomy are performed respectively above and below the isthmus of the thyroid body, the former being the preferable, as it involves the fewest dangers during and after the operation, trachea is more superficial, consequently more easily reached, and the nearer you get to the larynx, the steadier laterally does the trachea become and the easier to fix and penetrate.

A vertical incision about two inches in length in the median line of the neck is made, the sterno-hyoid and thyroid muscles exposed, and the areolar interval indicating the meeting of the latter cut through, and the muscle held aside; the fascia investing the thyroid gland and connecting it with the trachea is now seized and cut through horizontally, the end of the knife handle is then placed under the isthmus, and made to push it downwards, and at the same time to separate it sufficiently from the trachea, so as to permit of the division of the three upper rings. The fascia covering the fibro cartilage, or upper cartilaginous spaces, is seized as low down as possible, and a little on one side of the median line, with the hooked forceps, the tooth of which projecting well downwards will bite easily into its substance. The scalpel is then passed down, guided by the interval between the blades of the forceps and the wind-pipe punctured vertically, and the incision extended upwards as far as the cricoid cartilage, or even through it if sufficient room has not been obtained by the pushing down the thyroid isthmus.

At this stage the inexperienced operator is apt to lose his self-possession, and let go the trachea, but for the satisfactory conclusion of the operation the hold should be firmly retained until the outer part or spring sheath of the tube is introduced; the inner tube should not be introduced until some of the spasm consequent upon the operation have passed away.

In the lower operation, the primary incision should extend downwards nearly to the top of the sternum in a short neck whether infantile or adult.

The inferior thyroid veins should be torn rather than cut, and the inner tube introduced immediately, the pressure it exerts having the effect of arresting the hæmorrhage. Other dangers attend this operation, such as the contiguity of the left innominate vein and artery, the greater depth of the trachea, and its more mobile nature at the point to be operated on. In young children the size and high position of the thymus, and the small size and yielding nature of the walls of the trachea itself. In persons beyond the middle age, there is usually ossification of the tube, or other morbid change near the thyroid gland, in such cases it is advisable to be provided beforehand with a pair of strong cutting scissors or forceps.

Mr. Wood enumerates also several dangers which are secondary upon the lower operation, viz.,—infiltration of air into the anterior mediastinum and general sub-pleural tissue, or of blood or pus into these tissues, a progressive ulceration, arising from the constant friction of the tracheotomy tube in breathing, extending downwards from the shaft, or forwards from point of tube against the anterior wall of the trachea.

Another danger is the separation of the shaft of the trachea tube from the shield at the joint which unites them, permitting the shaft to slip entirely into the trachea. He quotes several cases of this kind, which have already been referred to in a late number of the Doctor. He thinks this accident is owing, in a great measure, to the shaft of the tube for the lower operation being much too short, and recommends that it should be an inch and a half in length from the shield to the culm of the curve, instead of barely half or three quarters of an inch, as is the case with the tubes at present in use.—(*The Doctor.*)

INCREASE OF HEART DISEASE.—An evil recognized is sometimes half cured, and the intellectual classes, looking at figures such as those which Dr. Quain has displayed in his interesting Lumléian Lectures at the College of Physicians on "Diseases of the Walls of the Heart," may well consider the propriety of attending to the hygiene of their lives, as well as of their houses, and remember that, to enjoy and benefit by even pure air, soil, and water, they must avoid disabling heart and brain by the incessant labors which too often make useful lives joyless, and om-

bitter the harvesting of the crop which has been too diligently sown. These warning figures tell that, during the last twenty years, the total of deaths of males at all ages from heart disease, has increased in number from 5,746 in 1851 12,423 in 1870. The percentage of deaths from heart disease for 1,000 of population living was 755 between the years 1851 and 1856, it has risen to 1,085 from 1866 to 1870. This increase, it must be observed too, has taken place wholly in connection with the working years of actual social life. There is no change in the percentage of deaths from this cause in males under 25 years of age. Between 20 and 45 years of age it has risen from 553 to 709, and that almost exclusively in males, for there is almost no increase in the percentage of females dying from heart disease during the twenty-five years of life from 21 to 45. These figures convey their own lesson, and warn us to take a little more care not to kill ourselves for the sake of living.—*British Medical Journal.*

INSTRUMENT FOR THROWING SPRAY INTO THE MIDDLE EAR.

BY CHARLES E. HACKLEY, M.D.,

Surgeon to the New-York Eye and Ear Infirmary, &c., &c.

Since the discovery of the possibility of making applications to the middle ear through the Eustachian catheter, many aurists have resorted to this method of medication, and many different appliances have been devised for its accomplishment.

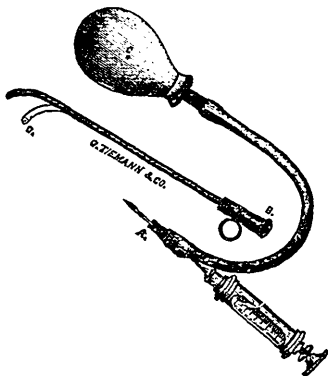
About six years ago I had a nebulizing apparatus made on the plan of Richardson's, but with a long nozzle in the shape of an Eustachian catheter, the bottle holding the liquid to be nebulized being very small. It was hoped that the spray produced would be forced into the middle ear, but I was never able to convince myself that this really occurred.

On the other hand, it was a matter of daily observation that the sudden impulse given by Politzer's method of inflating the ear, forced air through the Eustachian tube, and when the membrana tympani was ruptured, open through the external meatus.

Here was a hint on which Mr. Bishop, of London, acted, and

devised his nebulizer for the Eustachian tube, which is figured in the translation of "Trottsch on the Ear" The translator remarks, "It is a very awkward instrument," and adds, "I prefer one made similarly to Richardson's local anæsthesia apparatus.

An objection which might be made against Mr. Bishop's apparatus, in this country at least, is its cost.



For the past year I have been using his principle, differently applied. As the same principle may be used for throwing nebulized fluids into the posterior nares, larynx, &c., when only a momentary application may be interesting to those economically inclined. My apparatus consists of an air bag, an Eustachian catheter, with a hard-rubber nozzle to fit in its mouth, a piece of rubber tubing, and a hypodermic syringe—all of which articles are in the possession of most surgeons paying any attention to ear diseases.

The nozzle of the air-bag is inserted into one end of the rubber tube, the tip to fit in the catheter being placed in the

other end. The hypodermic syringe is filled with the liquid to be employed, then its point passed through the tube and out through the calibre of the hard-rubber tip for the catheter, as shown in the cut.

The mouth of the Eustachian catheter B being fitted over the hard rubber tip A, and held there, if sudden pressure is made on the air-bag, while the piston of the syringe is forced home, the liquid will be thrown through the catheter in the form of spray.

In using this apparatus for the treatment of ear diseases, the catheter should be carefully introduced through the nose, and placed in position. Then, while the diagnostic tube is placed in the ear, the hard-rubber tip should be inserted in the catheter, and *air alone* forced through to determine whether the catheter be properly in position. If found to be so, the piston may be pressed on at the same time that air is forced through. During this experiment the catheter may be held in position by clamps for that purpose, or may be held by the fore and middle fingers of the left hand, while the thumb of the same hand presses on the piston, the other hand being used to work the air-bag.

It is well to have a small round opening made in the air-bag, as at C; while the air is being forced out this may be closed by the finger, which then being removed, the bag refills more readily than it would otherwise.

In passing, it may not be amiss to note a hint taken from Dr. Robert Watts, viz., the use of the ordinary air-bag instead of the double bulb for the nebulizer, when we do not desire a long-continued current. The fineness of the spray being in proportion to the pressure, other things being equal we may in this way obtain a much finer spray than by the ordinary double bulb apparatus.

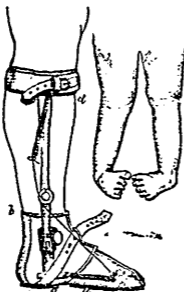
In making applications to the posterior nares or larynx, &c., a catheter having the nozzle more curved, as at D, may be employed. This extra curve may readily be given by holding the instrument in hot water, and then bending it.

The bulb and tube of Davidson's syringe may replace the ordinary air-bag and the rubber tube. A very fair spray for a momentary application may be obtained by inserting the nozzle of the hypodermic syringe through the tube of Davidson's

syringe, into the calibre of the nozzle, and compressing the bulb while driving home the piston. Davidson's syringe employed for this purpose should have a large bulb.—*Medical Record.*

IMPROVED CLUBFOOT APPARATUS FOR TALIPES VARUS.

The following is a description of a very neat, effective, and comparatively cheap apparatus for talipes, devised by Messrs. George Tremain & Co., Instrument Makers, New York.



The sole of this strong leather shoe is of metal, with a joint near the heel, allowing lateral motion. A strong and durable spiral spring, as shown in the cut (a), draws the foot outward by a constant, elastic, and easy traction. This pressure is increased or decreased at will, by fastening the spring in a series of sockets (c). The single outside upright stool bar with joints at the ankle, is fastened round the limb below the knee-joint, and so constructed that the screw at the ankle-joint forces the foot flat upon the floor, which foot

in almost all cases is turned under as indicated by the sketch. The spiral spring (a), being attached to a catgut cord (passing round a pulley at the centre of the bar and fastened near the toes upon the outside of the foot), elevates the toes and stretches the tendo Achillis, at the same time drawing the foot to its natural position.

The shoe is well padded, and as there is no metal in the heel-cap, no excoriation is occasioned. The contraction of the leather above the heel prevents the shoe from slipping off, (always so difficult to retain in fleshy infants). Two straps round the instep depress any undue prominence of the arch of the foot, and within the shoe a broad and well padded tongue keeps the toes flat upon the sole of the shoe. This apparatus resembles much the

regular shoe, and shows no deformed appearance. A very simple and light shoe to keep the foot in the same position gained by the above shoe during the day-time, is of much service. For talipes valgus the same principle, but with reversed action, is applied. In ordering the above shoe, the Surgeon should mention the form of talipes, the foot affected, when only one, and also give the following measurements. 1. Length of sole of foot. 2. Circumference of calf, (d). 3. Circumference of instep, (c). 4. Circumference of ball of foot, (a). Circumference above ankle, (b). 6. Length from sole to upper part of calf, (d).—*Ibid.*

HYDRATE OF BROMAL.

THERE is a valuable article by Dr. E. Steinauer, of Berlin, in the last volume of "Virchow's Archiv," on the action of the hydrate of bromal on animals and on man. The experiments were made in the Berlin Pathological Institute, and were under the immediate observation of Libreich himself. The hydrate of bromal, according to the observations detailed, when administered, is converted by the alkalies of the blood into bromoform. But this change goes on slowly, for at the end of an hour and a half there was found in the blood, in addition to bromoform, still some undecomposed bromal. The symptoms produced by bromal on animals (frogs, rabbits, guinea-pigs) were first a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnoea and death, with or without convulsions. After large doses both in frogs and rabbits, the heart was found after death relaxed and distended—whereas, after smaller doses, it was contracted. In the former case there is probably direct paralysis of the heart by the bromoform, such as occurs after large doses of chloroform. The preliminary stage of restlessness, which has no equivalent after administration of chloral, is ascribed to the action of the bromal aldehyde itself, the decomposition occurring, as stated above, more slowly than is the case with chloral. The author observed a stage of restlessness, after a hypno- dose of chloral, in a patient suffering under gout, and he ascribed this to the acid state of the blood preventing the usual decomposition into chloroform. With this view he administered alkali to the patient, and after a few days

the same dose of chloral produced the usual hypnotic effect. Proceeding from this he applied the same principle in his experiments with bromal. Having injected carbonate of soda subcutaneously in rabbits, he then injected the hydrate of bromal and found that the stage of restlessness was entirely absent. The author has administered bromal to man in only a few cases. He has found good effects from it in epilepsy and in soothing the pains of *tabes dorsalis*. The method of administration which he has ultimately employed is, first, in the morning and at mid-day, in the evening, two to four pills, containing each from $\frac{1}{2}$ to $1\frac{1}{2}$ grains of bromal.—*Druggists' Medical Press and Circular.*

TREATMENT OF RETENTION OF URINE IN IMPERMEABLE STRICTURE OF THE URETHRA.—Dr. P. A. O'Connell, late Medical Director of the "Ninth Army Corps, U. S. Army" (*Lancet*, March 1, 1872), describes an expedient which he had recourse to after failing to pass a catheter, and which he has since found useful in other cases. "Having upon my office table an india-rubber hand-syringe consisting simply of a rubber pouch or ball, with a hard rubber stem to it, that I generally used as a part of Politzer's apparatus for inflating the middle ear, it occurred to me that it might be made use of as an exhauster,—a suction-instrument,—and that by this means, perhaps, the stream of water could be started. Acting upon this idea, I took a catheter of medium size, made a perforation in its extreme end, and passed it down to the stricture. Then, squeezing the rubber pouch so as to drive out the air, I connected it by means of a short piece of india rubber tubing with the catheter already in the urethra, and allowing it to expand gently,—instructing the patient at the same time to make a gentle effort, and only a gentle effort, to pass his water,—I had the satisfaction of learning that the experiment had become a success, and that the man was relieved.

THE SYPHILIS-CORPUSCLES OF LOSTORFER.—We are informed that the committee of accomplished microscopists appointed from the Boston Society for Medical Observation to investigate the subject of sypphilis-corpuscles in the blood have reported, as the unanimous result of their individual and independent researches, that their conclusions are negative, that the bodies described by Lomotorfer as peculiar to

syphilitic blood were found in the blood of syphilitic patients and of healthy persons as well, and that the so-called corpuscles appear to have their origin in certain physical or chemical changes to which the blood globules are subjected in the course of prolonged microscopic examination.—*Boston Med. and Surgical Journal.*

Iron a cause of Bronchocele.—For several years past Dr. Soitz has been convinced that chalybeates, so far from curing, increase goitre, and in the *Med. Central Zeit.* he expresses his opinion that the disease may be caused by iron whenever there is any predisposition to it or it has been known in the family. He relates cases in which, under the preparations of iron given to patients, the thyroid gland increased in size, but was diminished by iodide of potassium. "Similar results," says Soitz, "are to be seen in the glandular enlargements of scrofulous children." He conjectures that minute quantities of iron will be found in the water where goitre is epidemic, and that even iron pumps may be a source of the disease.

CASTOR OIL IN PREGNANCY AND CHILD-BED.—Perhaps no medicine is so generally resorted to as an aperient in pregnancy and in child-bed as Castor Oil. And yet it seems to us that it is one of the most unfit agents that can be selected. Repeatedly have we known labor prematurely induced by a dose of "Oil." We are inclined to think that it would have this effect in a majority of cases if exhibited within a month of full term, or at least that it would bring on pains similar to those of labor, and liable to be mistaken for labor. In fact, the ordinary griping of a dose of oil comes nearer to the pains of labor than the action of most other purgatives. After delivery it is habitually employed to restore the arrested peristaltic action. Here also the result is the restoration of after-pains. So deeply has our experience impressed us with this fact that we never prescribe it in child-bed unless where the patient prefers it to anything else. Nurses are entirely too officious in administering cathartics a day or two after confinement. They do this very generally without the consent or knowledge of the accoucheur. There is no need of so much haste. An enema may answer the purpose, or laxative food; and where they fail, a small dose of citrate of magnesia or

confection of senna, or anything that will barely establish the normal movement.

Another charge against castor oil is that it irritates the rectum and tends to produce hemorrhoids. Its irritating action on the mucous surface of the lower intestines is acknowledged by authors. This is the probable cause of its tendency to excite uterine pains. And this is the reason also why its operation is followed by constipation—which, by the way, constitutes another formidable objection to its use in the puerperal state.—*Pacific Med. and Surg. Journal.*

ANÆSTHESIA WITH CONSCIOUSNESS.—The *Lancet* says that "Dr. Richardson, the indefatigable laborer who, by the way, must have discovered a score or two of anæsthetics, aims at the discovery of an anæsthetic which shall destroy sensation for a very short time, and yet leave consciousness, will, and organic muscular power unaffected. This will indeed be a great discovery. It will give a curious direction to our attempts to differentiate mental qualities and the parts of the nervous centres in which they reside. Dr. Richardson's experiments, especially those with methylic ether, give proof that it is possible to remove pain without abolishing consciousness."

A NOBLE REPLY.—It is related of Professor Agassiz that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not time to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow men at the same time."

CHLORAL in cod-liver oil is said to render it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. The pure chloral hydrate crystals may be added to cod-liver oil in the proportion of 10 grains of the former to 100 of the latter.

PERIODICAL HEADACHES.—Dr. Bradnock reports a method of treating periodical-headache, which he claims to be original as well as effectual in curing the disease. He enumerates several of the symptoms, and claims that these all point to either active or passive congestion of the brain or its membranes.

The treatment divides itself into two parts—first, what is proper

to be done during the attack ; second, what is proper in the interval. He claims that there is always constipation of the bowels, consequently, if he begins treatment during the interval, he gives one or two of the following pills :

R.—Mass hyd.

Ext. coloc. com.

Pulv. aloes soc. aa xi.

Pulv. ipecac, gr. vi.

M.—Ft. Pil., No. xij.

To be followed by one (1) drachm of sulphate of magnesia. Then he begins with three drops of liquor potassa arsenitis, to be taken in a drachm of water after each meal.

If the patient is delicate and complains of coldness of the extremities during the attacks, and frequent chilliness during the interval, he substitutes the following ;

R.—Liq. arsenicalis hydrochloric, 3 ss.

Quinix disulphat, gr. xij.

Lig. ferri perchloride, 3 ij.

Aquæ, 3 vi.—M.

Sig.—One tablespoonful in a wine-glassful of water, twice a day, after meals.

Whichever one of these is given, it is to be interrupted once in three weeks, and the first prescription given.

When the attack begins he places the patient in a chair, with the head elevated, the feet in a hot mustard bath, the hands in warm water and a bag of ice on the head, if it can be borne, and gives the following prescription :

R.—Potasii bromid, 3 vi.

Ammon, bromid, ʒ ij.

Potasii iodide, gr. vi.

Infus, columbo, f ʒ iij.—M.

Sig.—One teaspoonful in an ounce of water.

This treatment persevered in three or six months, he claims, will cure nearly every case.—*Buffalo Med. and Surg. Journal, Feb. 1872.*

ON A NEW METHOD OF ARTIFICIAL RESPIRATION WITHOUT TRACHEOTOMY.—Herrath, of Vienna (*Centralbl. Med. Wiss.*, No. 50, 1871), says that in all physiological experiments for the production and continuance of artificial respiration, until now,

tracheotomy and the introduction of a T-shaped canula, etc. have been taken for granted. We thus see how closely artificial respiration has been connected with tracheotomy, and how little other methods for the continuance of artificial respiration without tracheotomy have been employed, although they have been long known and recognized as among the means of restoring animation. In the author's experiments with chilled animals he investigated, among other means, artificial respiration for the purpose of sustaining life, and also employed tracheotomy. In order, however, to obtain the isolated effects of cold upon the animals without any possible commingling of results, he sought a new method, and attempted to effect respiration by means of a catheter introduced into the trachea. After repeated experiments, the author hit upon a new method of producing artificial respiration without tracheotomy or any injury to the animals, and by this simple method to retain the animal alive. In one case in the country, in the absence of any of the necessary apparatus, he insufflated air simply by means of an air-bladder with a flexible tube inserted into the nasal passages. After each insufflation and consequent rising and sinking of the belly it appeared that the lungs distended themselves, and that artificial respiration could be thus effected. It was subsequently tried with success upon other animals.

The method is very simple, and is as follows: A short india-rubber tube, as thick as the finger, is connected by one end with the air-bladder and by the other is fixed upon the nasal openings so that the extremity of the tube as nearly as possible covers the nasal openings, and then the air is insufflated. The mouth at the same time is more or less open. The surplus air which does not reach the lungs escapes by the mouth, which thus provides against any possible rupture of the lungs.

The author further took a medium-sized rabbit, so fully curarized that it was entirely motionless, showed no reflex corneal sensibility, and the most powerful current through the ischiatic nerve produced no muscular contractions. Thereupon this plan of artificial respiration was employed, and it succeeded in retaining the animal in life with energetic cardiac contractions for fifty-four minutes. The same favorable results were obtained in a strongly-curarized dog for the space of one and one-third hours, and in a guinea-pig for twenty minutes.

All the animals were kept alive as long as the artificial respiration was employed, which was interrupted after from twenty to forty-five minutes because that time appeared sufficient to demonstrate the feasibility of the new experiment. Finally, as a proof of the deep curarization of the animals, they all died without convulsions.

In the absence of tubes of proper shape and size, the author used on one occasion a glass funnel, whose broad opening was then affixed to the nasal openings with the same effect upon the respiration.

It was observed in one case in a dead guinea-pig, that the cavity of the chest did not expand with strong insufflations, in proportion to the latter, and the *alæ nasi*, instead of distending as usual, collapsed. It appears, therefore, that neither the one change nor the other is needful in the process to make it universally feasible. As many cases are now known in which the induction of artificial respiration is the only remedy, and yet in the want of a physician or of suitable apparatus it cannot be resorted to, it is to be wished that this method will be used in human subjects.

The occurrences of a recent period, where, from the want of artificial respiration, persons have died in the presence of accomplished surgeons, or where the patients have paid with their lives for the momentary hesitation of the surgeon as to whether tracheotomy should be performed or not, or where the operation has been commenced on the living patient and has ended on the cadaver,—all these prove clearly the necessity for a good method of artificial respiration, and have induced the author to announce the results of his method.—*Medical Times*.

NEW PLAN OF DRESSING WOUNDS.—The Paris correspondent of the *Lancet* observes that the surgical novelty of the day in Paris is M. Alphonse Guérin's now plan of dressing wounds. It consists in introducing a quantity of cotton wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then wrapped round and round with cotton wool, quite dry and alone, a bandage is then applied, and that is all. The bandage

is pressed a little tighter on the following day, if necessary, so that there may be a mild compression, but the dressing remains undisturbed till the twentieth or twenty fifth day when on removing the packet of wadding a glassful of pus is found in the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amid the extraordinary mortality which has attended all the amputations done since the beginning of the German siege has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation in Paris in the surgical wards of the hospitals, and Professor Gosselin, of La Charite, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.—(*Lancet and Observer*.)

CLEFT PALATE.

In this case, admitted into King's College Hospital, there was a fissure of the whole of the soft and two-thirds of the hard palate of the young person. Sir W. Ferguson performed the operation upon the soft palate in the manner which he himself first proposed, dividing the muscles of the soft palate previous to paring the edges of the cleft. Chloroform was administered, and a new form of gag used, which consisted of two grooved plates to fit the teeth of the upper and lower jaws, connected by a horse-shoe-shaped spring; this being placed on the teeth of one side of the mouth, was out of the way of the operator during his manipulations. Four sutures were employed to bring the edges of the soft palate accurately into opposition. The sutures were passed in the ordinary way; but an excellent plan is adopted by Sir W. Ferguson, who to facilitate the adjustment of the sutures, used them of two different colors, passing sutures of the same color on the same side of the cleft, so that one color indicates those to be withdrawn and the other those to be retained. In his remarks after the operation, he referred to the use of chloroform in these operations, and said that the danger of giving much was owing to the loss of sensitiveness of the upper part of the larynx, and the consequent trickling of blood down the trachea and bronchi without corresponding reflex attempts to prevent it. The fact that even after the administration of

chloroform some irritation was produced in the larynx and about the palate by the blood, was the cause of the restlessness shown by the patient, but this diminished during the later stage of the operation, when the parts became more tolerant of the cause of excitement in them.—*Medical Times and Gazette.*

NEW TREATMENT OF PILES.

At the last meeting of the British Medical Association, Dr. Daniel Maclean, of Glasgow read a paper of great interest, published in the *Association's Journal*. After speaking of the pathology of hæmorrhoids, he says :

“ Seeing, then, that all kinds of piles have necessarily a sac or cell with fluid contents, and that, so long as this sacculated condition continues, you have an abnormal condition of parts, with its accompanying suffering, and so long as the vessel or vessels are unable to perform their functions properly, from the continued injection of blood against the already over strained walls, the obvious mode of treatment is to support the weakened walls, and then empty the sac, as you would do in a case of hernial tumor, by a process analogous to the reduction by the taxis. This is a method of treatment not mentioned by authors, but which in my practice I have found eminently beneficial.

“ Hæmorrhoids after parturition generally come on in patients who are of a soft, loose habit of body, or who are, at all events, flabby and relaxed in the perineal region. In treating them, I first got a free evacuation of the bowels by some aperient medicine, and when the effects of the medicine have passed off, I order the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. I then proceed to apply the taxis to the tumor. Taking a piece of soft, well oiled cloth, and grasping one of the tumors—if there be more than one—with two fingers and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, I proceed to press the tumor toward the mouth of the sac with a kneading motion, continuing for a little time until I find the swelling become gradually smaller under the manipulation, and there only remained the thickened

integument and whatever effusion of serum may have taken place into the cellular tissue.

"In the beginning of the application of this process the pain is sometimes considerable, but as the tumor becomes emptied the pain decreases, and when it is fully reduced a great sensation of relief is experienced. The reduction of the first hæmorrhoid being complete, the same procedure is applied to the others in rotation, and, the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete.

"We are now at liberty to proceed with the removal of the primary cause, if any exist, and there is usually some such cause in cases other than post-parturient. In these last, their acute origin is much more recent, and therefore much more easily reduced, but whatever the cause the method of treatment is still the same, and will be found of value.

"Looking to the pathology of hæmorrhoidal tumors, containing as they do a single sac, or a plurality of sacs, with fluid contents, the first principle of treatment is to empty the cavity of its fluid, remove all tension and irritation, and enable the tissues to resume their normal condition.

"In external and intero-external piles, there are—if not sufficiently early—besides the fluid contents, what I here called the results of the hæmorrhoidal condition, viz., the coagulated or semi-coagulated blood, the infiltrated cellular tissue, and the thickened integument. Having emptied the sac by the process mentioned, I continue the taxis to what remains of the tumor, either at that sitting or the one subsequent, and generally get quit of the static materials. What remains is removed by natural agency. It might be objected that the forcible propulsion of coagulated blood into the current of the circulation would give origin to the formation of an embolism in some distant part, and by that means act as a source of danger to the patient; but whatever force this objection may have theoretically it does not hold good in practice, as it might be expected to have shown its evil consequences in the course of two or three years during which time I have employed the plan. The same, or an analogous condition of parts, is seen in the veins surrounding a varicose ulcer. You have little knobs at different parts in the course of these vessels, which, from their solidity, size and shape, can

cily be coagulated blood obstructing the venous return, and and keeping up the congestion surrounding the ulcer. By applying the kneading process, and causing the patient occasionally to do the same, you gradually reduce the amount of hardness in the part, and ultimately remove the occluded state of the vessel, but in no case does the patient suffer afterward from embolia.

"In internal piles the application of the taxis is conducted in the same manner, but here it is necessary to cause the extrusion of the tumors, and this can be done, as in the removal of the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles; and on the return of the bowels, we attend to the constitutional disorder, and give injections of astringent lotions, &c.

"When the internal variety of this tumor takes place in females who have had children, the reduction of the swelling may often be accomplished through the walls of the vagina, more especially if the parts are relaxed, which in the majority of women is the case."—*Med. and Surg. Reporter*.

WHEN IS A SMALL-POX CONVALESCENT SAFE TO HIS NEIGHBORS?

In the London *Lancet*, Dr. A. Collic, of the Homerton Fever Hospital, says.—

One important question may be here answered—viz, when a small-pox patient may be considered free of danger to his neighbors? This, in reference to the public, is a most important question, and one which requires an accurate answer. We have thought over this very carefully, and we believe that we have arrived at an unassailable conclusion. It is a truism to say that a healthy man cannot give to another a contagious disease, for the question at issue is, when and how a person may be certainly recognized to be in a state of health. Now, you know the ordinary signs of health; a certain temperature, or rather range of temperature, a quiet pulse, a clean tongue, a clear mind, etc. When you find these conditions in a small-

pox patient, he is in a state of health. But—and this “but” is very important—certain products of disease remain for an indefinite time attached to the body; these are scabs, and the scales which follow them. When these are quite gone, your patient well washed, and clean clothing put on, you may send him anywhere without let or hindrance. The practice here has been that, as a patient is ordered out of bed, he has a bath, and this is repeated every second day until he leaves the hospital. It facilitates the removal of the scabs. No person has ever been sent out of the hospital with a small pox scab or scale.—*Half-yearly Compendium of Medical Science.*

SITTING POSTURE IN CATHETERISM.

Mr. K. M. Sears, M. R. C. S., writes to the *Medical Press and Circular*, Oct. 18, 1871 :

In cases of stricture, organic or otherwise, considerable time and patience are required both by the operator and the operated. Thus, a workingman after a heavy day's work will beg to be seated, he dreads the fatigue, the faintness and the muscular trembling produced by leaning during a length of time against a wall. Then one may have a corpulent patient suffering from hemiplegia accompanied by stricture, or an elderly patient with enlarged prostate. It may be inconvenient in these cases, from local circumstances, to lie upon a couch. The time occupied by the operation is commonly considerable, hence the temperature of the room, especially in the winter, is of importance. Under these circumstances I permit the patient to sit upon a chair in a semi-recumbent posture, with the nates close to the edge, and the knees widely divergent. This admits of any requisite manipulative process. In stricture, I have faith in prolonged sittings, at least in otherwise healthy country persons in the prime of life, to enable one leisurely to exert that steady pressure—gentle yet efficient—so familiar to the expert. The sitting posture answers admirably, and is superior to the upright, and I think also to the flat position. I am uninformed whether or not this method is advocated by either home or foreign surgeons.—*Compendium of Medical Science.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

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

TORONTO, MAY 1, 1872.

PROPOSED AMENDMENTS TO THE MEDICAL ACT.

In the March number of the LANCET we published the text of the proposed amendments to the Medical Act. We take the present opportunity to make a few comments upon them. In casually reading over the various clauses, one viz. clause II, struck us as being very peculiar, and we should say wholly unnecessary. It is not very likely that men of mature judgment, once established in a particular faith would be disposed to avail themselves of the privilege here secured, and even granting that occasionally there might be some unsuccessful practitioner of a vacillating turn of mind, disposed to make a change with a view to establish a more favorable or lucrative position for himself, why should the door not be open to allow him to make choice of any particular school his fancy might suggest? It is a "poor rule that won't work both ways" and we see no reason why if any enactment of this kind is necessary and should not be more general in its character and permit of changes from any one system to that of any other that the candidate might think proper.

We are also inclined to think that clause seven places too much power in the hands of the Registrar. It would be much better to have the power of cancelling or erasing a name from the register vested in the council. As the clause reads at present the registrar has the power of erasing the name upon receipt of evidence which shall be satisfactory to him, of the falsity or fraudulent character of the entry, and the person so charged and

whose name is thus erased has no right of appeal, no opportunity of proving the incorrectness of the charge preferred against him. We would like to see the wording of this clause modified in such a way as either to place this power in the hands of the Council, or to allow the person so charged to be dealt with by the ordinary process for misdemeanor, still reserving the right of the Council to order the erasure of his name from the register if found guilty.

There are also some omissions to which we would direct attention. In the first place the general meeting of the council should be fixed in Toronto. This would not only be more convenient for the majority of the members, but also less expensive to the Council as so many of the representatives reside here. Power should also be given to the council to enable them to purchase and hold property for the use of the college.

We also think that in all fairness and as a matter of justice a clause should be inserted to permit Canadian graduates who have received additional honors in England to become registered in Canada without passing the examination before the council. The great object of the central examining board is to establish a uniform standard of examination and to see that no incompetent person shall receive the license to practice. What better guarantee can the Council have of professional attainments than the addition of one or other of these British Diplomas? Such a step would be equivalent to offering a premium of at least fifty dollars to any Canadian graduate who would thus further qualify himself for the practice of his profession. There is no argument that can be successfully brought to bear against the insertion of such a clause except a pecuniary one, but we trust that the Council may never be reduced to such an extremity. The act states that the professional examinations are to be held at *Toronto and Kingston at the same time as examinations for matriculation of students.* This requires amendment as it could not be literally carried out without the appointment of two Boards of Examiners and besides as Toronto will ultimately become the stated place for holding these examinations, it would be as well to fix it definitely here.

There is another blot upon the Ontario Medical Act which should also be removed. We refer to clause 33, section 2, in which the matriculation examination in any college in any of

the Provinces forming the Dominion other than Ontario is to be recognized by the council, while similar examinations in our own colleges are wholly ignored. This is most unfair and should be amended by enacting that all students shall pass the same matriculation examination without respect to territory.

SYPHILIS CORPUSCLES.

Prof. Losterfer of Vienna, has been making some researches on the blood of syphilitic persons, which are at present attracting considerable attention among the medical profession. He commenced his researches in August, last year, his method of examination is to take a drop of blood, place it immediately between a slide and covering-glass and then set the specimen under cover in a moist chamber to prevent evaporation. The specimen is examined from time to time. During the first two days nothing abnormal is seen, but, on the third day, small shining bodies are discovered which grow from day to day until they attain the size of red blood corpuscles. These sometimes presented projections, and multiplied themselves by gemination. He was able from these appearances to separate specimens of syphilitic blood from non-syphilitic, and hence he has named these bodies syphilis-corpuscles. With reference to their number he has sometimes seen more than fifty under the field of the microscope, at other times fewer. He has not been able to determine whether these corpuscles were newly formed in syphilitic blood or whether their germs pre-existed in the blood and were only called into existence by the activity of the disease. He has also observed that the corpuscles diminished and finally disappeared in those patients who were placed under anti-syphilitic treatment.

These researches have been under discussion among the profession of Vienna for some time past, and at a late meeting, Prof. Wedl contested the accuracy of Dr. Losterfer's deductions. Dr. Wedl stated that he had found these corpuscles in both syphilitic and healthy blood. He believed them to be only corpuscles and this opinion was confirmed by observing particles of the same kind in some "*mistura oleosa*," examined under the microscope. The identity of these bodies with those described by Dr. Loster-

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Iatt, Wm, G. Metcalf, John Byron Moran, John S McCallum, Angus McKay, Peter McDonald, A. A. McDonald, Chas, McLellan, Henry Peterson, Hugh Ross, Samuel G. Rutherford, A. Scott, Leonard St. John, Geo. Steacy, Alex. Stewart, Thomas Jas. Tamblin, Fred. H. Wright, Nelson Washington, Ebonezor Waugh, Adam D. Wagner, H. Wilkinson, Richard Zimmerman.

Five Candidates for primary examination were rejected, and nine were rejected in their final examination.

The following gentlemen successfully passed the Matriculation Examination held on the 2nd and 3rd ult.—F. Burt, M. L. Davis, W. J. Douglas, J. P. Egleston, W. Travers, F. Emerick, J. Trimble, J. Fulton, H. S. Washington, H. Hooper, G. Welsh, E. Jessop, H. G. Lackner, J. E. Langstaff, G. A. Marlatt, J. McAlpin, A. McPhedrain, A. Robinson, S. J. Robinson, Fred. S. Snyder, Arch. Taylor.

TRINITY COLLEGE CONVOCATION.—On the 12th ult., a convocation for conferring the degree of Bachelor of Medicine, was held in the Convocation Hall at Trinity College. Among those present were Messrs Lewis Moffatt and S. B. Harman, Drs. Hodder, Hallowell, Geikie, Fulton, Kennedy, and Johnston, and the Rev. Drs. S. Givens, Ambrey and others, including a fair sprinkling of ladies.

The Rev. Provost Whittaker opened the proceedings with prayer, after which the following gentleman had the degree of M. B. conferred on them ;

Logan M. More, Gold Medalist, Peter Macdonald, Silver Medalist, Angus McKay, Hugh Ross, T. J. Tamblin, George Steacy, Certificates of honor in Final Branches. Archibald Campbell, Adam Mackay, Frank Duckinfield Astley, Samuel S. Stephenson, Charles I. Iatt, Wm. S. Boyle, Thomas I. Ian, William James, Robert Kiaz, J. B. Moran, Cyrus R. Allison, Joseph Albright, Hugh Lang, Richard Ardagh Calligheo, J. Wallis, Samuel George Rutherford.

The Dean of the Faculty then introduced Mr. Logan M. More, who was presented by the Vice-Chancellor with the Gold Medal, which bore the following inscription on the obverse surrounding the arms of the College,—*Collegium S. S. Trinitatis apud Torontonensis*. On the reverse, in the centre, were the words, "presented to Logan M. More, M. B." surrounding which was "Faculty of Medicine, 1871,

72." The silver medal, which bore a similar inscription, was then presented to Mr. Peter McDonald, and certificates of honor in final branches to Messrs. A. McKay, H. Ross, T. J. Tamblyn, and J. G. Steacy.

A certificate of honour, after examination in the primary branches was awarded to Mr. Thomas Milman.

UNIVERSITY OF TORONTO.—The following gentlemen have passed the Medical Examination of this University:—Degree of M. B.—R. Zimmerman, University and Starr Gold Medal. J. B. Crozier, University and Starr Silver Medal. F. L. Bates, W. Forrest, T. Lean, W. G. Medcalf, J. Morrison, A. A. McDonald, C. McLellan, W. McClure, H. Peterson, J. Robinson, A. Scott, H. Wilkinson, and F. H. Wright. Primary Examination—S. D. Hagle, Third Year Scholarship. M. J. Brooman, Second Year Scholarship. W. Britton, First Year Scholarship. J. S. Balmer, W. Ferrier, J. W. Gray, H. T. Machell, and A. H. Wright.

MEDICAL ELECTIONS.—The County of Brant Medical Association has requested Dr. Lawrence, of Paris, to become a candidate for election to the Ontario Medical Council for the Erie and Niagara Division. Dr. Lawrence is widely known, and in every way well qualified for the post.

DR. J. N. AGNEW, of this city, is again a candidate for re-election to the Council, as the Representative of the Midland and York Division. His course during the past three years appears to have given very general satisfaction, and thus far we have not heard of any opposition.

We have not heard of any opposition to the Election of the following gentlemen:

Dr Hyde.....	Malahide & Tecumseh
Covernton.....	Gore & Thames
Hamilton.....	Burlington & Home
McGill.....	Kings & Queens
Dowar.....	Newcastle & Tront
Day.....	Quinto & Cataraqui
Bronso.....	St. Lawrence & Eastern

The election will take place on the 12th of next month.

CORRESPONDENCE.

To the Editor of the LANCET.

SIR:—I send you the following report of a case of retention of urine, which may be interesting to some of your readers.

J. P——, aged 73, was taken with complete retention of urine, from a severe cold, taken while driving in the rain. He sent for a medical man, who tried to introduce a catheter, but failed. He then sent for me, a distance of 21 miles, when I got there I tried to pass a catheter, but found so many false passages I could not succeed—I put him in a warm bath—all to no purpose. He had been by this time nearly 36 hours without making a drop of water. I proposed to puncture the bladder, above the pubes, to which he readily assented. I passed the trocar into the bladder, and took away about three pints of dark muddy looking urine. I introduced a gum catheter through the canula, and left it in for five days. I then had a tube made of a piece of a female silver catheter, with a smooth shilling soldered on, (about three-eighths of an inch from the end,) I withdrew the gum catheter and passed the silver tube in the place of it, and kept it in place with a strip of sticking plaster. He wore the tube for 10 weeks, after which he passed his water naturally. I removed the tube, touched the edges of the opening with Argent nitras; it healed in three days, and for eight months he was better, and made his water more freely, and much better in every way than he had done for nine years previously. At the end of 8 months, he again took cold from getting his feet wet and sitting in a cold place. Retention of urine followed. He tried to introduce the catheter himself; but could not succeed. He then sent for me. I found him in the same condition as before, and after several ineffectual efforts to pass the catheter, he insisted upon me to operate, which I did, in the same way as before. On this occasion he wore the tube only three weeks, and is now as well as usual.

Yours, &c.,

SHELBURNE, N. S. }
April 30th, '72. }

GEORGE SNYDER, M. D.

(To the Editor of the Lancet.)

SIR,—I see in your valuable journal for March, an article by Dr. Freul, of Markham, on "The Phenomena of Life Maintained and Controlled by Two Antagonistic Principles of Innervation."

I am to understand the first report of this most important scientific discovery was presented to the medical profession in April, 1871. Nearly a whole year has been allowed to elapse ere we have been favored with, I presume, this second portion. Why so long a silence, particularly in a case so vital and interesting to the medical world, I am at a loss to conjecture. Singularly enough, the highly educated and practical scientific medical men of the day don't appear to notice our phenomena subject. A challenge is modestly given to criticism, but the criticism is to be generous of course, by no means resembling his of the "Barbarous Treatment by a Midwife." In this barbarous instance, he says he had good reason to criticise, even to censure the course pursued by the medical attendants. He says turning is always formidable. A skilful accoucheur says No—if the peculiar position be understood—not at all formidable, but easily managed if done at the proper time. This formidable operation, in the authors own words involves a mortality to mothers of one in fourteen. From this geometrical statement we may very reasonably infer that he has had considerable practice in that department when he is enabled to state so exactly the number. He tells us when and how delivery should be accomplished, the instruments to be used; reprobates chloroform under circumstances then existing, no *suaviter* criticism, surely for the absent man. The mother dies—had an opposite course been pursued, the mother had every probable chance to survive, the early getting up was merely reprehensible.

The Editor of the LANCET also comes in for a share of his criticism for presuming to allow "the productions of the several correspondents to go unchallenged and thus possibly in some instances to mislead the inexperienced," but he should in a moment of cool reflection remember that the Editor is no Dictator—No Hector, no Hercules—in no manner responsible for the productions or effusions of correspondents. His reticence is by no means an acquiescence in their correctness.

I come not out as a champion, I have no pretension to that dignity; but merely as an humble member of the profession; to assuage impatience in some degree at the unexpected silence of learned members, myself excepted, to make a few comments with good feeling on the great production before us. "The invented theories of the philosophers of every age tried to explain the animating principle. The phy-

pothetic "Entity of Aristotle, the "Materia Vita" of Hunter and all intermediate shades of conjecture, aimed to explain vital action by some mysterious agent independent of organism itself," all failed. We expect now, naturally enough that the author of the illustrated phenomena of life in all its phases, will tell us where this vis vita is, what it is, where it resides, whence its sovereign ruling power? Is it a solid body, or a fluid, or æthereal? we want to know all about it. If not satisfied on this point, we can't help saying that not one atom of advance has been made from these theories of philosophers of old. The author emphatically states that this vis vita must be an inseparable part of the being, the compulsory word *must*, wont do, vis vita is still as yet undiscovered, unexplained. "What philosophers sought for in vain, and physiologists explored the system to discover, has been found in the simple arrangement of the two nervous systems admirably adapted to preside over organic functions,"—theory still. "The Author claims no greater merit than having possessed discernment enough to discover and gather up materials ready formed by the great masters, strewn broadcast over the pages of medical literature," which materials he brought together so completely as to resemble in structure, beauty and symmetry, the temple of Solomon, metaphorically speaking. Where are these materials so finely arranged? I have not heard nor do I know where to find them, the author an adept in physiological mechanism will be kind enough to tell me where I am to see them. "The experiments of Bernard prove to an absolute certainty the existence of an antagonistic law of innervation presiding over capillary function," this is the repetition of the theory of another man, more 'tis experimental. "*Extirpation of the Superior cervical ganglion produces instantaneous congestion of the corresponding side of the face with consequent augmentation of temperature while the destruction of the fifth nerve induces ex-sanguination.*" Now the contrary is the plain fact, that where Congestion is, temperature is diminished in consequence. From cessation of the circulation of blood the same effect is produced from the destruction of the fifth cervical nerve. All anatomists and physiologists are aware that the whole human body is covered with a network of nerves into such general minuteness of distribution and extreme tenuity that the microscope fails to detect final termination. The whole nervous plexus is one unbroken system, no division of continuity, and those ganglia, called systems of centres are no more nor less than mere resting places (like Oases in the desert) for principal nerves in their course of distribution to communicate

to the ganglion nerves, whatever new sensation they have received themselves to be conveyed by them to their respective destination.—The great sympathetic, when excited to extreme, sends up through its ascending branches to the sensorium, an impression telling as it were what frenzy of excitement rages in their whole system, the sensorium becoming oppressed with the general disorder and confusion loses its standard of equilibrium and delirium sets in. The original cause may be morbid matter, or destruction of one or more vital organs, or vessels. The author theoretically divides the nerves into two systems, each possessing very different degrees of susceptibility. If this were the case how could antagonism arise if no communication existed? the fallacy of this doctrine is manifest. Pray what has given rise to this antagonistic action or re action as some call it in the nervous system? nothing more than mere change of susceptibility from excess or diminution of an exciting cause. We take the cause away if we know it, the effect disappears sooner or later. Our author also states that the "Doctrine that inflammation arises from the irritation of a stimulus" has melancholy to say "led to an error in practice fatal to millions." To be correct in this department he must have had very considerable practice, if not, surely he cannot state with precision and absolute accuracy.

The irritant experiment to the web of a frogs foot is finely delineated. The test application proves he says "contraction of the web vessels, and the surface becomes pale." If any effect by contact be produced discernible it should be retraction in the web, paleness will be the result of pressure in a relative point of view as in higher animals. "In our practice, says the author, as well as in that of our former associate Dr Lloyd, every case of pleurisy when seen and treated in its incipient stage has been subdued within forty-eight hours by the administration of a powerful exaltant, while in that of a neighboring practitioner a regular Rip Van Winkle—poor fellow—he has had a long sleep—half a century—now having awoken swears, we may add solemnly—by the lancet as the *sine qua non* of successful treatment, patients bled ad deliquium lie in *articulo mortis* and unfortunately too often succumb to the concurrent depression of art and nature. This lash is intended for those who advocate the lancet, these advocates are legion but not ad deliquium. Poor Rip Van Winkle has not as yet recovered his senses from his half century sleep, pray what must have been the practice of our author, before his late discovery? he forgot to tell us, he does not say after what manner he and his associate, Dr. Lloyd treated inflammation of the pleura in its advanced stage. Again "a

satellite of this great orb of past ages, bled a man who had sunk into insensibility in a church, till the patient actually expired under the operation." There must have been great alarm amongst the congregation. What a headstrong tenacity to old prejudices, some practitioners evince that they absolutely refuse to investigate any new principle. Such tenacity is rather to be deplored. "We have had here the case of a blacksmith who had injured the palm of his hand, the whole extremity in a few hours became very much swollen, reddened and excruciatingly painful, we ordered, pulvis opii grs. vi, to be taken at once; two 4th year students, watched the progress of the case, he soon became narcotized, remained in a state of semi-consciousness for 8 hours, (exactly,) when he awoke the arm appeared perfectly ex-sanguinated, nor did the inflammation ever re-appear in the least."—Striking and convincing proof of the character of inflammation and of the nature of the counter-acting agent, required, well we too in classic form, say the dose was very large, large indeed, particularly as it is generally known that two grains of the pulv. opii to the unaccustomed, often proves fatal; by the bye, such a dose might have ended with a Rip Van Winkle result. We don't wonder that the nerves were put asleep, they of course lost their energy. Had the excitement got up a little higher, the dose must have been increased proportionally, then if so I fear the means would not justify the end. "We (the author) offer with great diffidence to the profession these proofs of the existence of a general law which animates and controls vital action." Some green-eyed fellow might say, the word diffidence is not in the right place, assurance is a more appropriate word. As there is no champion just now, ready to couch his lance in defence of the doctrine, "*Similis Similibus Curantur*," the author may sit down on his couch and enjoy with philanthropic feeling, his

OTIUM CUM DIGNITATE.

MEDICAL JOURNALS WANTED.

We have just received the following communication from the Surgeon General's Office, War Department, Washington, which we place before our readers. If there are any who have copies of these publications, which they would be willing to part with, they will please send them to the LANCET office, with bill enclosed, and we will forward them and make the collection.

To the Editor of the LANCET:

SIR—I enclose a list of desiderata in Medical Journals, hoping that you will give such aid in obtaining them as lays in your power. If complete volumes cannot be had, odd volumes will be very acceptable. I am willing to purchase or to exchange publications of this office, or Photo-Micrographs for them. This library is now the largest Medical Library in the country, and it is desired to make it absolutely complete in American Medical Literature. These Journals can only be obtained from physicians, who may be willing to part with them in view of the object for which they are desired. Will you please call the attention of physicians in Toronto to these lists, and forward to me anything that may be obtained.

The British American Journal of Medicine and Physical Science.—

Edited by Dr. Hall and MacDonell. Montreal.

Wanted—Nos. 1, 2, 3, 6, 8, 9, 10, 14, of Vol. I (1845-46.) No. 11 of Vol. II. Vols. IV, V. No. 10 of Vol. VI. Nos. 1, 3, 10, 11, 12 of Vol. VII, and all subsequent.

The Canada Medical Journal. Edited by R. L. MacDonell and A. H. Davis, Montreal, Commenced 1852.

Wanted—All.

Montreal Gazette. Edited by Dr. Sutherland, Montreal. Commenced 1844.

Wanted—All.

The Quebec Medical Journal. Edited by Xavier Tessier. Quebec. 1826.

Wanted—All.

Upper Canada Journal. Toronto, Canada.

Wanted—All.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by Wm. Wright and D. C. McCallum.

Wanted—Vol. 1 (1853-54,) Vol. II, (except No. 12.) Vol. III. Vol. IV, (except Nos. 3, 12,) and all subsequent.

Yours respectfully,

J. BILLINGS.

Assistant Surgeon, U. S. A.

NOTES AND COMMENTS.

NITRATE OF AMYL IN EPILEPSY.—Dr. Mitchell, in the *Medical Times*, recommends the inhalation of Nitrate of amyl to arrest the paroxysms. The attacks are not only cut short, but are lessened in frequency. No evil effect has resulted from the use of the drug, but on the contrary, the patients condition is improved, mentally and physically. He administers it by putting three or four drops in a small phial, and directing the patient to place it under the nostril and inhale the vapor.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The 23rd annual session will be held in Philadelphia, Pa., May 7th, 1871, at 11 a.m.

W. B. ATKINSON, Sec.
1400 Pine St., Phila.

Dr. Burrows, has been re-elected president of the Royal College of Physicians, London.

HEMATEMESIS.—Mr. Charles Stewart reports a case of hematemesis, in the *Edinburgh Medical Journal*, in which ergotine was successful, after the failure of the ordinary remedies, such as ice turpentine, &c. He injected about three grains of ergotine in solution in water, with a small proportion of spirit beneath the skin, covering the deltoid muscle, after which the hemorrhage immediately ceased. The above case would seem to show the great power of the hypodermic use of ergotine in arresting vascular hemorrhage, and is worthy of a more extended trial.

APPOINTMENT.—Peter McDonald, of the Town of Simcoe, Esquire, M.D., to be an Associate Coroner, within and for the County of Norfolk.

SUBSCRIBERS IN ARREAR.

We beg leave to intimate that during the course of the present month, we will draw upon those subscribers who are still in arrear for the past year, through the agency of the Express Company. Our readers are aware that we have, some time since, adopted the cash in advance system, and have been successful beyond our most sanguine expectations. A few are still in arrear and we trust they will give this matter their kind and considerate attention.

TAXIS IN HERNIA.—Dr. De Gros Clarke surgeon to St. Thomas Hospital writes to the *British Medical Journal* of April 18th, 1872, in reference to an article which appeared on the above subject in the issue of the 10th of February, and which was copied into the last number of the *CANADA LANCET*, strongly deprecating such practice, as being very dangerous and altogether opposed to sound practice. He believes that much mischief may be done by violent attempts to reduce strangulated hernia and strongly advocates gentleness in the operation of taxis and an early resort to herniotomy if the former fails.

CEREBRO-SPINAL MENINGITIS—We learn from the *Buffalo Medical and Surgical Journal*, that an epidemic outbreak of this disease, sometimes known as "spotted fever," has made its appearance in Buffalo during the past winter and continues with unabated frequency. The health officer's report for March shows thirty deaths from this disease alone, although the death rate is not as great as has occurred in many other places where it has prevailed epidemically. The cause of the prevalence of this disease is not well understood. Dr. B. W. Richardson's suggestion that it may be due to the consumption of diseased grain after the manner of ergotism, is worthy of consideration. The treatment which has been most effectual consists in the application of cold to the head and spine, by means of ice bags, hot applications to the extremities and the internal administration of opium or morphine, carefully watched. Quinine has been found useful in aborting the attack when given early. Ergot and belladonna have also been used in combination, but with equivocal benefit. The general treatment consists in the use of the hot bath, generous and nutritious diet, and the use of stimulants when necessary.

BOOK NOTICES.

EARTH AS A TOPICAL APPLICATION IN SURGERY.—By Addison Hewson, M. D., Surgeon to the Pennsylvania Hospital, Philadelphia. Lindsay & Blackiston. Toronto: Adam Stevenson & Co.

The author gives a record of about ninety cases that have been treated by the topical application of earth. The earth used

is clayey subsoil, obtained from deep diggings, well dried and sifted, entirely free from all sand, grit, or foreign matter. The wound is first covered with waxed paper or gauze and collodion, and then a layer of clay, and over this a roller bandage. The author claims that the earth is not only a disinfectant, but also has a soothing and cooling effect when thus applied to the wound and the healing process takes place more kindly and rapidly.

MANUAL ON DISEASES OF THE EAR, by Laurence Turnbull, M.D., Physician to the Howard Hospital of Philadelphia. Philadelphia. J. B. Lippincott & Co. Toronto, Adam, Storenson & Co. pp. 486.

The above volume is illustrated with one large colored lithographic plate, showing the anatomy of the ear, and over one hundred illustrations on wood, representing the various instruments employed in aurial surgery. The aim of the author has been to make the work practically useful, and to lay down the fundamental principles which should be the practitioner's guide in diagnosis and successful treatment. The subject is presented in such a manner that any well educated physician might, with the aid of this volume, treat satisfactorily any of the diseases of this important organ. The work deserves well of the profession, and will no doubt, sooner or later, find a place in every reading man's library.

CONCENTRATED ORGANIC MEDICINES, by Grover Coo, M.D. 8vo., pp. 446. Price \$1.25. New York Keith & Co.

This volume comprises a practical exposition of the properties and uses of the active principles of medicinal plants—foreign and indigenous. It also contains a brief history of crude organic remedies, constituents of plants, concentrated medicines, officinal preparations, &c. Send for a copy, or order through your bookseller.

INSUFFICIENT VACCINATION. By William Henry Cumming, Atlanta, Georgia, (late of Toronto). Reprinted from the *Atlanta Medical and Surgical Journal*.

This is a pamphlet which is well worthy the serious consideration of the medical profession. The author shows most conclusively, from statistics, that four or five genuine vaccine vesicles are necessary to complete and successful vaccination.