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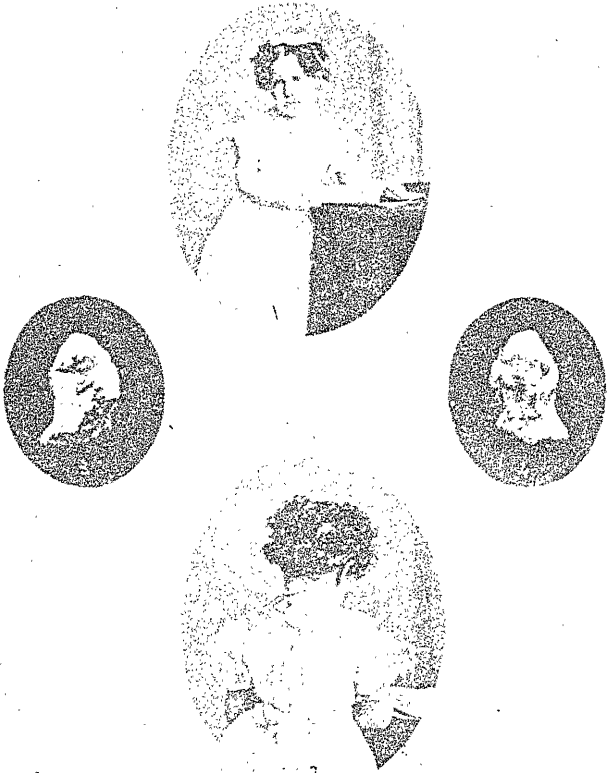
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A. Henderson, photo: Montreal.

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**DR. BAYARD'S CASE OF FRACTURE OF THE ODONTOID PROCESS OF
THE AXIS.**

1. Front view of the little girl taken after recovery.
2. Rear view of the same.
3. Front view of the odontoid process, exact size of bone, shewing fractured surface.
4. Rear view of the same, shewing surface slightly honey combed..

CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

A Case of Fracture of the Odontoid process of the Axis. Recovery.

By W. Bayard, M. D., Edin, Chairman of the Board of Health, and President of the Hospital Board, St. John, N.B.

(WITH PHOTOGRAPH).

I believe the following case to be unique, inasmuch as I am not aware of any record of recovery after fracture and displacement of the odontoid process.

In September, 1864, I was called with Dr. Botsford, to visit Charlotte Magee, of this city, a little girl of six years of age, well formed and robust, who had been labouring for three weeks under what was supposed to be "neuralgic pains" of the head and neck.

Her mother reported that in August, the child fell from a pile of boards, about five feet high, striking on her head and neck; that she cried severely at the time, and could not move her head without pain, but no other indication of injury was observed; that the inability to move the head continued, and the pain in the neck increased to such an extent that on the sixth day after the accident medical aid was sought.

I found her able to walk well, though she moved carefully, and supported her head with her hand placed under her chin. The head was inclined forward and to the right side, and any attempt to rotate or move it caused great pain; there was little swelling or pain upon pressure on the occipito cervical region, and no irregularity could be discovered in the vertebrae of the neck; the pulse was natural, and the general system was undisturbed. Beyond the pain and inability to rotate the head, there was nothing to indicate the severe character of the injury, though it was apparent that the child had been badly hurt.

Warm fomentations and chloroform liniment were applied to the neck, and bromide of potash and anodynes given to relieve pain, with directions to keep the child perfectly quiet and as much as possible in the recumbent posture.

I did not see her after that till May (nine months after the accident) when her mother brought her to me. She walked well, though she constantly supported her chin with her hand placed under it. The head rested upon the right shoulder and could not be raised from it without causing severe pain. The neck was much altered in shape, and there was an irregularity in the region of the axis and atlas that gave the idea of a partial luxation of those vertebræ. Her general health was good, and the muscular power was perfect.

Her mother stated that about two months after my visit, the child was sitting at a table playing, when she suddenly called out, "Oh! mamma, hold my hands;" that when she got to her, both arms and legs were powerfully thrown back and moving convulsively; that she had not the power to support her head which fell from side to side. Her mind was not impaired, she conversed freely, and did not complain of pain. She was immediately placed in bed, when the spasmodic action of the limbs subsided, she fell asleep and slept quietly through the night. The next morning she was perfectly powerless from the neck down; she swallowed with difficulty, but articulated well, and the sphincter muscles retained their power. She continued in this state for three months, after which time the power of locomotion very gradually returned.

The history of the case and the appearance of the child, rendered it evident that some serious lesion had taken place involving the cervical vertebræ and spinal cord, and fearing that any sudden movement might produce such pressure upon the cord as to cause instant death, I had an apparatus made by which I could fix the head and *gradually* raise it from its position on the shoulder. The apparatus was made somewhat upon the principle of "Wiess's support for wry-neck," with a bar passing over the head, to which a strap was attached to support the chin, and the head could be moved and placed in any position by means of recompense screws.

She wore the apparatus for nearly a year, when she was able to leave it off with the head nearly erect, the neck tolerably straight, (as may be seen from the photograph annexed) and possessing considerable power of rotation. There is a depression behind the right sterno-mastoid process, and a corresponding elevation upon the opposite side.

She continued in this state, with more or less pain, until March, 1867, when she was brought to me complaining of sore throat; upon examination I found tumefaction and redness upon the posterior part of the fauces over the body of the axis. Suspecting that an abscess was about to form, she was directed to gargle frequently with warm water, and return in a week, at which time she appeared, her mother producing the bone

(a photograph of which is annexed, evidently the *Odontoid process*) saying that the child had coughed it up in her presence the day before. I found an opening corresponding in size to the bone, near the body of the axis. In a short time the opening closed, the pain ceased, and the child, to use her mother's words, "got well."

The power of locomotion is perfect; she can walk or run at pleasure, can rotate the head pretty well, and is at present going through a severe ordeal, in the shape of an attack of whooping-cough. I may mention that she has, on several occasions, during a paroxysm, lost all muscular power, and fallen in consequence of pressure upon the spinal cord, but the effect has been momentary.

That the bone in my possession is the odontoid process, I think there cannot be a doubt, and that ulcerative action sufficient to disengage it from its position, should take place with so little constitutional disturbance, is remarkable. It should teach us to admire the wonderful conservative power of Nature.

St. John, New Brunswick, November, 1869.

Aneurism of both Popliteal Arteries occurring consecutively, treated by ligature of the femorals, Recurrence in the right, cured by Elastic Pressure. By D. M'GILLIVRAY, M.D., Physician to the County of Carleton General Protestant Hospital.

I. H., aged 42 years, a native of England, had lived in Canada for about two years during which time he worked occasionally at his trade as bricklayer, while his health, which had been bad for several years, permitted; is of thin spare habit of body and apparently possesses but a weak constitution; was admitted into the Protestant Hospital under my care on the 24th January, 1867. About a week previous to admission he perceived a tumour in the flexure of the left knee, accompanied with severe darting pain and occasional numbness of the limb below the knee; it gradually increased in size and became so painful that he was obliged to relinquish his labour and seek advice. On examination aneurism of the left Popliteal Artery was found to exist; the tumour was very large and prominent with distinct outlines, pulsating violently and attended with intense pain and numbness of the limb. The Aneurismal thrill and bruit were clearly perceptible. The cardiac pulsations were violent, tumultuous and audible at some distance from the patient, a distinct murmur accompanied the first sound and almost masked the second; pulse 123; appetite poor; bowels costive; tongue coated; skin dry; wakeful and very irritable. Pressure and other means were used and persevered in for several weeks without any beneficial result. In

conjunction with the Hospital medical staff I made the usual incision in scarpa's space, three inches in length, commencing four inches below poupart's ligament, and ligated the femoral. The application of the ligature was followed by almost instant relief. The intense pain, pulsations and bruit in the sac ceased and in a few hours the pulse was reduced to 85. The edges of the wound was secured by stitches and strips of adhesive plaster, the limb was kept warm and on a level with the body, to favour the collateral circulation. The appetite improved and sleep was enjoyed for longer periods. He continued to progress favourably until the seventh day after the operation when erysipelas of the face and scalp appeared and caused considerable constitutional disturbance. It may here be mentioned that a patient had been under treatment for erysipelas of the face in the same ward as this patient, but was discharged two days before the latter was admitted.

Ordered, Liq. Plumbi diacet, in solution to be applied to the face and scalp. Tinct. ferri mur. to be taken internally, and also a full dose of castor oil.

11th day.—Pulse 102; sleep disturbed; bowels costive; appetite poor; wound granulating; face swelled and painful; ordered Pulv. Doveri, grs x. at bed time, and castor oil in the morning.

17th day.—Symptoms of erysipelas rapidly subsiding; bowels open; pulse 80, regular; sleeps well; appetite good; wound healing and discharging healthy pus.

20th day after operation, ligature detached; pulse 80; no pulsation in the tumour; is perfectly free from pain, but finds occasional numbness in the foot.

30th day.—Wound entirely healed, feels strong and vigorous; appetite good; is able to walk very well and feels no numbness or coldness of the limb; cardiac murmur not perceptible.

34th day after the operation he was discharged cured, the 1st April.

About two months after his discharge from the Hospital he presented himself at my surgery seeking advice for a painful swelling in the flexure of the right knee, the cause of which he attributed to over-exertion in lifting a heavy weight. The tumour was not so large as was that of the left popliteal, but it was attended with marked constitutional disturbance and intense darting pain and numbness of the leg and foot. The loud thrill and bruit of aneurism could be felt and heard. Pulse 105, weak and irregular; appetite poor; was re-admitted into the Hospital on the 1st June, 1867. Owing to the dilapidated state of his health, nothing of a curative kind was employed until tonics and a supporting regimen improved his system and health generally, the tumour, however, gradually

increased in size and caused more pain except when absolute rest was observed.

June 17th.—In the presence of the medical staff the right femoral artery was ligatured in *scarpa's* space in the same manner as the left, the pulsations in the tumour ceased instantly, the edges of the wound were secured by adhesive plaster and stitches, the limb placed on a level with the body and kept warm by flannels and a hot brick.

June 18th.—Slept well during the night; pulse 87; appetite good; numbness in the foot; slight pain in the knee; bowels confined; no pulsation in the tumour; ordered castor oil, and limb to be kept warm.

June 20th.—Progressing favourably; sleeps well; wound healing; pulse 80; no pulsation in sac; appetite good.

June 23rd.—Doing well; limb warm; numbness occasionally; slight discharge of pus from the wound, ordered bread and water poultice to be applied to it.

June 27th.—Pulsation in the sac slightly perceptible; pulse 95, full and bounding; wakeful at night; ordered mixture of Tinct. Digitalis, Tinct. Opii. and Spts *Ætheris Nitrosi*, ter in die. It will be noticed that the recurrence of pulsations in the sac commenced on the tenth day after the operation.

June 28th.—Pulse 90; feels weak; no appetite; sleeps little.

July 1st.—Pulse reduced to 86; tumour pulsating strongly, loud thrill felt and heard; sleeps well and feels better; wound healing rapidly.

July 7th.—Feels stronger; pulsations in the tumour very marked and accompanied with darting pains; pulse 90.

July 11th.—Ligature detached to day; pulse 88; sleeps well; bowels regular; wound granulating; mixture discontinued.

July 16th.—Pain in knee less; appetite good; bowels regular; feels strong; the tumour is not increasing in size but pulsates more strongly.

July 22nd.—Wound entirely healed, is able to walk very well: some numbness of the limb; occasional darts of pain about the knee; pulsations and bruit very marked in the sac; pulse 73; appetite good; is discharged.

As the tumour was not increasing in size and caused him very little annoyance except a slight pain which did not prevent him from walking. for a period of four months after he left the Hospital nothing of a curative nature was attempted to reduce the pulsations in the sac, in order to give such collateral circulation as had formed sufficient time to become amply established, and also to enable the patient to improve his health in the open air; during that time, however, I watched carefully the progress of the case and allowed him to walk occasionally to my office, and to

take such other gentle exercise as he could without causing fatigue, so encouraged did he become from the impunity he enjoyed in doing light work that he undertook more violent exercise and in consequence intense pain and weakness in the region of the knee obliged him to abandon his laborious occupation.

The tumour at this time though attended with intense pain was less in size and more soft and compressible than before, the femoral was ligated, and its pulsations although strong and appreciable to both touch and sight were to a great extent controllable by the pressure of the thumb. These circumstances afforded the presumption that pressure judiciously applied might lead to a successful result. Having procured an elastic solid India rubber ball two inches in diameter and rolled it in a bandage I applied it immediately above and adjacent to the sac and tied the bandage in front of the limb thus securing the ball firmly in its position, another bandage was drawn tightly over this again several times, a thick pad having been previously placed over the front part of the thigh so that the pressure was only applied against the tumour and the pad. The patient to maintain the recumbent posture and to keep the knee raised and as well flexed as the appliance would allow. This simple method was followed for a period of five or six weeks, with the very desirable result of permanent cure. He has since been engaged daily at his work over two years, enjoying excellent health, and freedom from any ailment.

Recurrence of pulsations in the sac after ligaturing the femoral for popliteal aneurism is rare, but it may fall to the lot of any surgeon to meet with it, I would recommend the use of elastic pressure in such cases and even in aneurism *ab. initio*. where pressure can be applied. It is specially suitable in popliteal aneurism as pressure by means of elastic bandages and an elastic ball applied over and above the popliteal sac, and also over the femoral artery in Scarpa's space, so as to control partly the femoral current and throw it into other channels and by that means gradually develop the circulation by collateral anastomosis. Though I have had but this one case in which to use elastic pressure, I would be encouraged to try it again hoping for similar good results.

Wellington Street Ottawa, Oct., 1869.

A Preventive for Priapismus, due to Onanism. By GEORGE WOOD, M.D.,
Coaticooke, P. Q.

Case 1st.—J. C., æt. 18.—Was called to see him in the fall of 1868 and found him in a very precarious condition from the effects of masturbation, practised for two years. His weakness was extreme; great pallor of the face, frequent and copious bleedings from the nose; at times

intense headache, especially referable to the nape of the neck and back part of the head. Altogether in a most pitiable condition. With great difficulty he acknowledged his vile practice, and, upon enquiry, I found that he frequently had four or five seminal emissions during the night. I pursued a tonic course of treatment and strong moral suasion, tied his hands to the bedside, used hair gloves, croton oil liniment, and many other methods, to prevent the erections and consequent discharge. They all proved of no use. After so many failures I thought that I must resort to circumcision to prevent dementia. By a happy thought, however, I was enabled to radically and entirely cure the young man without resorting to the operation. My plan was as follows:—I took a strip of isinglass adhesive plaster, two inches long by half an inch wide, moistened it and applied it along the dorsum of the penis. It worked like a charm, and the young man has not been troubled by an erection since, when the plaster is on. He is now entirely recovered and at work at his trade.

During the past summer I was called to see Case 2, C. S., æt. 21, suffering under the same complaint. I at once put him upon ferruginous tonics, and the bromide of potassium, applying the adhesive strips. This treatment was immediately attended with favorable results. The young man was never troubled if the strip was applied upon going to bed.

A medical gentleman in my vicinity was induced to use the same treatment upon a patient of his, with like satisfactory results.

The plaster used by me was Robbins' surgeon's adhesive plaster. My only reason for using this plaster was that it simply requires moistening when applied.

Case of Typhoid Fever treated by the Bromide of Potassium. By J. B. CHAGNON, M.D., St. Pie, Province of Quebec.

On the 10th of August 1869, I was called to attend Miss A. R. —, whom I found ill with typhoid fever. She was the fifth of her family who had been attacked with the disease. Everything progressed favorably until the 20th of August, when symptoms of great cerebral excitement, simulating inflammation of the encephalon set in. I had recourse to leeching, cupping, mercury, and tartar emetic in small doses. To all these remedies I gave a fair trial, but, on the 24th she continued to grow worse. Recalling to my mind the physiological action of the bromide of potassium, I determined to give it a trial, as the case seemed a desperate one. I commenced with half a drachm, every three hours. After the fourth dose of the medicine she fell into a quiet slumber, which lasted

more than six hours. When she awoke her delirium had ceased, and she rapidly regained her mental faculties. For three days previous to this she had not slept, and the delirium was so violent as to require two men to watch her. I gradually reduced the dose of the bromide of potassium, first to ten grains every six hours, and then to five grains. She made a speedy and complete convalescence.

Notes on the Principles of Population. Montreal compared with London, Glasgow, and Manchester. By ANDREW A. WATT, Esq.; Montreal.

In the autumn of 1855, when the weekly returns of the burials in the City were attracting a good deal of attention, I sent a letter, containing the substance of the following articles, to a City newspaper and its publication was declined.

In 1859, a committee of gentlemen republished and distributed, gratis, the essay by Dr. Carpenter, which appeared in the *Canadian Naturalist and Geologist* of June that year. I again, addressed a letter on the subject of Vital Statistics to a City paper and it was rejected.

In February, 1861, I wrote a review of Dr. Carpenter's essay for the *Gazette*, but, after the appearance of three parts, it was discontinued on account of the great delay in publication.

In Feb., 1865, the *Gazette*, in an article, "London vs. Montreal" said, "that out of a 100,000 people resident here, nearly 1200 more died per annum than would die in the heart of London, &c., &c." After an interview with the Editors another letter was rejected.

In August last the whole of the tables were submitted to the *Witness* and their publication agreed upon. But the expense of setting up the type was so great, that a large portion of the second and nearly the whole of the third articles had to be withdrawn.

The invitation given in the City Council, on the 13th September last, induced me to write the second article, in which there is introduced a portion of the matter written for the *Witness*. Mr. Lovell, who thought the first essay worth republication, willingly published the second. These facts will account, in some degree, for the very imperfect form in which the notes appear.

Montreal, 8th November, 1869.

Table showing the population, number of marriages, baptisms and burials in the city of Montreal in the 14 years from January, 1855, to December, 1868.

The population is increased at 5.10 per cent. per annum; the rate of increase between the Census years 1852 and 1861.

The number of marriages and baptisms is from the Clergy returns, and is incomplete.

The number of burials is from the Cemetery returns, and includes still-born and unbaptized children.

All the calculations are made on the population at the beginning of the year. The rates would be reduced about one-tenth per cent., if made on the population at the middle of the year.

In comparing Montreal with cities in which registration is compulsory, note that, in Montreal, baptisms only are recorded, so that to get the true birth-rate the number of still-born and unbaptized children must be added; and that, if the rate of mortality is spoken of, the number of still-born must be deducted from the burials in Montreal, or added to the number of deaths in the city with which comparison is made.

TABLE I.

Year. in January.	Estimated Population.	Marriages.	Baptisms.	Burials.	Marriages to Population One in	BAPTISMS.		BURIALS.	
						Rate per cent. on popul'n.	Number to a Marriage	Rate per cent. on popul'n.	Rate per cent. on baptisms
1855	67002	789	3289	2416	85	4.91	4.17	3.60	73.45
1856	70419	889	3582	2360	79	5.08	4.03	3.35	65.88
1857	74010	835	374	2490	89	5.11	5.53	3.36	65.80
1858	77784	740	3819	2510	105	4.91	5.16	3.22	66.72
1859	81750	854	4238	2766	97	5.18	4.96	3.38	65.26
1860	85919	844	4438	3171	102	5.16	5.26	3.69	71.45
1861	90323	919	4579	3181	98	5.06	4.98	3.52	69.46
1862	94929	925	4811	3461	103	5.06	5.20	3.64	71.93
1863	99770	1103	5388	3606	90	5.40	4.88	3.61	66.93
1864	104558	11041	15086	4701	100	4.85	4.88	4.48	92.43
1865	110206	1097	5543	4925	100	5.03	5.05	3.65	72.61
1866	115826	1116	5158	3610	104	4.45	4.62	3.11	69.98
1867	121733	1273	5598	4465	95	4.60	4.40	3.67	79.76
1868	127941	*1085	*5160	4829	*118	*4.03	*4.75	3.78	97.77
14ys	1322470	13510	64473	47601					
Lowest . .	. .	. .	. .	. .	118 in 1868	4.03 in 1868	4.03 in 1856	3.11 in 1866	65.26 in 1859
Highest . .	. .	. .	. .	. .	79 in 1856	5.40 in 1863	5.26 in 1860	4.48 in 1864	97.77 in 1863
Apparent av'ge.	94462	965	4605	3400	1.022 p. ct. or 1 in 98.1 of pop.	4.882 or 1 in 20.7 of pop.	4.779	3.599 or 1 in 28 of pop.	73.72
					Marriages to Popul'n. One in	Births one in	Apparent Births rate, one in	Deaths on Births per cent.	
London (Metropolis) Registered 1838-1841.....					101	34	38	86.210	
Glasgow, Registered, 1855-1857.....					111	25	35	71.864	
London City, Registered, 1859, a healthy year.....					72	40	44	89.202	

The number of Marriages in London is greatly in excess of other cities, as many persons, who reside elsewhere, go there to be married.

* August 20th—Eight Clergymen have not yet sent in their registers. In 1867 they recorded 134 Marriages and 403 Baptisms.

† In the abstract of marriages and baptisms made by the Prothonotary for 1864, there is an omission, which caused the alteration of the figures for that year.

Before proceeding to examine Table I, it is well to state that a Census of Montreal was made in 1844, 1852, and 1861, From 1844 to 1852 the annual rate of increase was nearly 3.5 per cent. and from 1852 to 1861 it was 5.1 per cent. It has been thought proper to calculate the increase at the average rate, as it does not materially affect the general average. A calculation, made from the list of voters, and the number of houses built, might enable a closer estimate of the population to be made for some years; but, after all, probably no two persons would be agreed on the subject. During the first 7 years embraced in the table, the marriage rate was 1 in every 93 of the people; while during the remaining 7 years, it fell to 1 in 101, indicating that in the former period the population was larger than is calculated; or that, in the latter period, the people were less disposed to enter into the married state.

In the first 7 years the baptisms were 5 per cent. on the population; a decline of 1-9th in the marriage rate in the second period would give 4.45 per cent. as the proportionate rate; the returns show 4.78, or an increase of one third per cent., in the fecundity of the population, supposing the returns to have been made with equal care. The apparent increased fecundity of the people would be still further augmented were the returns completed, as supplementary returns have been made for the earlier, and are wanting for the later years. The record of the Catholic population is made with great care and punctuality, and includes 78 per cent. of the baptisms. To show how very little value can be placed on Clergy returns, it is sufficient to state that eight of the city Clergymen have not yet sent in their registers for 1868, and that in 1857 additional returns were received for the District of Montreal for the preceding 17 years!

The number of burials in the Cemetery returns exceeds the number registered by the Clergy by fully 6 per cent. on the whole number. The Cemetery returns may be said to represent the city as more unhealthy than it really is, in a degree nearly equal to that in which the record of baptisms falls short of the actual births. No deduction is made for the number coming from the country, as it is, probably, not very much larger than in other cities, and does not add one quarter per cent. to the burial rate. It is well to note, however, that in 1860 the returns show 313 from the country, or 10 per cent. of the burials. In the Census the deaths in 1860 are given as 2,038, or only two thirds of the burials according to the Cemetery returns.

The difficulties attending the subject of vital statistics must now be apparent to the reader; and as an admirable example of the absurdities written upon it, we quote from an essay by Philip P. Carpenter, B.A.,

Ph. D., Hon. Sec. of the Montreal Sanitary Association, which appeared in the *Canadian Naturalist and Geologist* in June, 1859.

“For the year 1851, we are in possession of tables, very carefully drawn out, both of the population and of deaths, arranged according to different ages and conditions, in the various cities and districts of Upper and Lower Canada. It is not pretended that these tables are precisely correct. Still, each of the Upper Canadian cities, where deaths at least are recorded, shows so healthy a condition that the mortality of the country is probably not much greater than that recorded.”

These remarks are confirmed by another article in the same magazine, in April 1867. Every Englishman knows that the death-rate in all England, is about 2.2 per cent., or 1 in 45 of the living, but the tables of which the essayist writes, give to Upper Canada a death-rate of only .82 per cent., or 1 in 124; and to Lower Canada, 1.31 per cent., or 1 in 76! In England in the 4 years 1838–1841 the lowest apparent death-rate was in the South Western division, 1 in 54 (in equal numbers of males and females); and this rate was attained under the very low birth-rate of 2.967 per cent., or the second lowest in all the divisions.

Before comparing the rate of mortality in Montreal, with that which has obtained in other cities, it may be well to point out that we are not to reason like Dr. Farr, in the appendix to the Fifth Annual Report of the Registrar-General, when he says,—“Wherever from the combined effects of intemperance, dirt, bad ventilation and drainage, the mortality is greatest, there also the ratio of births to the population is the highest.” *But we must say, wherever the ratio of births to the population is the highest, there also the mortality is greatest; and, the conditions being equal, will be in proportion to the birth-rate.* Commenting on Dr. Farr’s observation, Charles A. Coke in “The Census of the British Empire,” in 1861, p. 83, selects two groups of districts in the Metropolis. The first includes St. Giles and Whitechapel, showing a birth-rate of 33 in 1000 and a death-rate of 27 in the 1000. The second includes London City Union, and St. James, Westminster, and shows a birth-rate of $26\frac{1}{2}$ in the 1000, and a death-rate of $22\frac{1}{2}$ in 1000. He then writes, “These combinations or comparisons show extraordinary results. In group 1 there is the greater mortality existing,—at the same time the greater increase of births. In group 2, as if in defiance of all natural law, with a decreased mortality, with more health—more vigor, we have a decrease in the number of births, and hence the scientific observations of Dr. Farr are here fully confirmed.” Mr. Coke is a compiler of statistics, but does not understand them. If $26\frac{1}{2}$ births in 1000, in group 2, gives $22\frac{1}{2}$ deaths in 1000, 33 births in group 1 should give 28 deaths, so that the result is, of

course, in accordance with all "Natural law." If the figures are reliable, group 1 is more healthy than group 2, as it actually produces children at a loss of 27 per 1000 instead of 28, the proportionate rate, and did so on the average of 10 years 1850-1860.

The Registrar-General, Major George Graham, makes the same mistake; in the official report quoted by Mr. Coke on page 86, he says: "It is a fact well worthy of notice, that the county of Lancashire, with a population less than that of London by about 380,000 and living on an area nearly seventeen times as large, has returned almost as many deaths as the Metropolis,—the difference being only 180." The *Times* endorses the statement. The figures are not quoted, but reference to the Fourth Annual report of the Registrar-General, 1838-1841, shows that the Metropolis had to an equal number of males and females, the third lowest birth-rate and the second highest death-rate. The North Western division, Lancaster and Chester, shows the highest birth-rate and, of course, the highest death-rate. The figures are, in the Metropolis, 2.966 per cent. of births gave 2.557 per cent. of deaths, therefore, 3.626 per cent. of births in Lancashire should give 3.126 per cent. of deaths. The death-rate in Lancashire was actually 2.784 or .342 per cent. less than the proportionate rate, because it includes town and country. Why do the two divisions now show nearly the same number of deaths? Because, mainly, of the increase of difference in the birth-rate, caused by a decline in the rate in the Metropolis, or an increase in the rate in Lancashire, or both combined; and the relatively increased migration of people to the Metropolis.

It appears from Table I. that the baptisms in Montreal average nearly 5 per cent. on the population; adding the number of still-born and unbaptized children, the birth-rate is estimated at 5.683 per cent., or nearly double the rate in London in 1841. The proportionate numbers alive at the same ages must, therefore, be greatly different in Montreal from what they were in London, especially at birth and during infancy. This is clearly shown in Table II.

According to the census, Montreal had 1-6th of its population under 5 years of age, while London had only 1-9th; in other words, there were in Montreal nearly one-half more children under 5 years than there were in London. So that, if the cities were equally healthy, the deaths of children, in Montreal, under 5 years, must have been one-half more than in London. The number alive in Montreal under one year is clearly incorrect, as the average number of baptisms in 1860 and 1861 is 808 more than in the census, so that at least 808 should be added to the number under one year. In the *Canadian Naturalist* for April, 1867, there is a table

TABLE II.

Table showing the number of persons alive, at the specified ages, in Montreal, and the proportionate number that would have been alive in London, Glasgow, and Manchester, supposing each city to have had the same number of inhabitants.

AGE.	Montreal Census in 1861.	London Metropolis in 1841.	Glasgow in 1851	Manchester and Salford in 1841.
Under 1 year.....	3700*	....	2924	....
From 1 to 2 years.....	3183	....	2350	....
“ 2 to 3 “.....	2883	....	2107	....
“ 3 to 4 “.....	2621	....	2063	....
“ 4 to 5 “.....	2639	....	1818	....
“ 0 to 5 “.....	15196	10746	11242	11910
“ 5 to 10 “.....	10263	8955	9469	9607
“ 10 to 15 “.....	9200	8217	9143	9094
“ 15 to 20 “.....	10650	8397	10160	9067
“ 0 to 10 “.....	25559	19731	20711	21517
“ 10 to 20 “.....	20090	16524	19309	18161
“ 20 to 30 “.....	18174	18429	19711	18602
“ 30 to 40 “.....	11044	14113	12866	14050
“ 40 to 50 “.....	7248	9905	8589	9040
“ 50 to 60 “.....	4476	5914	5143	4949
“ 60 to 70 “.....	2460	3558	2739	2772
Above 70 and unknown.....	1272	....	....	....
“ 70.....	....	2126	1232	1219
Total Population.....	93823	90300	90300	90300

intended to show the number of deaths under 5 years compared with 1000 deaths at all ages in Montreal, London, &c. Montreal seems to have more than one-half more deaths than London, and relying on this mode of comparison there is much said about “the slaughter of the innocents in Montreal.” Will it be credited that the essayist states the London death-rate of children under 5 years is below the average, because of the large immigration of adults, and yet, having made a table which shows that the children in Montreal were 1-6th of the population, makes no allowance for the increased proportion, but actually believes that, *the death-rate of children under 5 years should be below the average as in London, and for the same reasons.* The numbers used by the essayist in this table are from the Census returns, and may be relatively correct, although containing only two-thirds of the burials recorded at the Cemeteries. Throughout the whole of the essay, the still-born in Montreal, nearly 8 per cent., of the burials, are included among the deaths under one year, while the rate of mortality in England is calculated on the number living, and shows the actual deaths. It must now be evident that, before we can compare the relative number of deaths under any given age, with deaths at all ages, we

* Must have been 4508, according to the Register of Baptisms.

must know the proportionate numbers living at the specified ages in the different cities. The large proportionate number of children in Montreal, makes them constitute a large proportion of the deaths. Table I. furnishes a reply to the essayist's argument. In Montreal the *burials, including still-born, are only 74 per cent. on the baptisms, while in London the deaths are 86 per cent. on the births.* The high birth-rate is the cause of the fallacy in both arguments. But the one is as good as the other, though both are deceptive.

Table III. exhibits the *apparent* rate of mortality in Montreal, compared with London, &c. The number of still-born in Montreal is calculated at 7.866 per cent. on burials, the average rate of 6 years, according to the register of the Mount Royal Cemetery, and is certainly below the average of the whole city. The number of still-born in the other cities is calculated at the rate observed in Glasgow in 11 years from 1840. The total burials in Montreal were 3181. The deaths at different ages in Montreal were about the numbers given, so that, presuming that the number of still-born is correct, 543 must have been buried out of the number born alive and not registered. As the rate of mortality in the British cities is calculated at the rate observed on the living, 543 must be added to their burials, as the number who died very shortly after birth, in Montreal, not appearing in the number of the living, and therefore not submitted to the death-rate in the British cities. Bear in mind that the rates for London, &c, are applied to the population of Montreal, where births are not recorded, and that in 1860, the register of the Roman Catholic Cemetery shows 2557 burials, of which 596 were still-born and under 1 month, and that the Grey Nuns' Foundling Hospital receives all children taken to it; that in 1860 it received 210 from Upper and Lower Canada and 357 from the city and the United States. Of the 567 received, 414 died within the year.

In London, in the four years ending with June 1841, the birth rate was about 2.954 and the death-rate 2.676 per cent. on the whole population. If, then, 2.954 of births gave 2.676 per cent. of deaths in London, 5.683 per cent. of births in Montreal should have given 5.148 per cent. of deaths, or 1 to every 19 of the population.

Table I, shows the burials in Montreal to have been only 1 in 28 on the average of 14 years.

How comes it then, that Montreal has been so much misrepresented? The difference between the apparent rate in Montreal and the number that would have died in London, 1 in 19, supposing its population had

TABLE III.

Table showing the number of Burials in Montreal under a high birth rate; and the number that would have been recorded in London, Glasgow and Manchester, under a comparatively low Birth-rate and at the ratio of Mortality which prevailed in them; supposing the population, in each city to have been 90,300, and the number living at each age to have been the same as in Montreal in January, 1861.

The Table exhibits the *apparent* rate of Mortality; the *true* rate can only be ascertained by making the corrections for the difference in birth-rate, and the increase by immigration during the year.

AGE	Living in Montreal.	Montreal 1861, average year.		London* Metropolis, 1838-41.		Glasgow* 1851, average year		Manchester and Salford, 1838-1841.	
		Rate per cent.	Burials.	Rate per cent.	Burials.	Rate per cent.	Burials.	Rate per cent.	Burials.
Still-born .....	.....	.....	250	.....	210	.....	240	.....	270
Died of number not recorded as living in Montreal.....	.....	.....	543	.....	543	.....	543	.....	543
0 to 5 years.....†	15196	.....	1371	9.118	1385	12.164	1848	13.171	2001
0 to 5 "	15196	.....	2164	.....	2138	.....	2631	.....	2814
5 to 10 "	10363	.....	129	1.291	134	1.278	122	1.504	163
10 to 15 "	9200	.....	65	.502	46	.731	67	.664	61
15 to 20 "	10890	.....	70	.657	72	.853	92	.913	99
20 to 30 "	18174	.....	179	.912	166	1.026	186	1.192	216
30 to 40 "	11044	.....	175	1.399	154	1.504	166	1.654	183
40 to 50 "	7248	.....	128	2.041	148	2.057	149	2.339	169
50 to 60 "	4476	.....	126	3.284	147	2.908	130	3.493	156
60 to 70 "	2460	.....	112	5.890	155	5.502	135	6.187	152
Above 70 and unknown, at rate of all above 70	1272	.....	133	20.?	254	15.370	195	20.?	254
Total.....	90323	.....	3181	3.780	3414	4.299	3883	4.729	4264
Living to one Burial....	.....	.....	28	.....	26	.. ..	24	.....	21

been increased by the same birth-rate as prevailed in Montreal, is accounted for by the difference in the rate of increase by immigration.

For example:

In January, 1856, the population of Montreal was 70,419

At the end of 10 years, the baptisms exceeded the burials of

all born in the city and of immigrants, by.. 18.46 per c., or.. 12,997

Immigration must have added 46.02 per c., or.. 32,410

Increase in ten years 64.48 per c., or..... 45,407

In January 1866 the population was 115,826

The Census of 1861 shows that London gained by immigration 7.9 per cent. on its population in 1851.

These facts being known, the question is now comparatively simple. The ages of the immigrants to London and Montreal cannot be ascertained,

* See Table IV.

† See note to Table II.

and it is presumed they were the same. The proportionate rate of mortality in Montreal has just been estimated at..... 5.148 p. c

But Montreal gained by immigration.....46.02 p. c.

While London gained only 7.9 per cent.: therefore the proportionate difference must be deducted from Montreal.

In London the increase by births was 10.7 per cent and by immigration 7.9. In Montreal the increase by births was 18.46. The proportionate increase by immigration is therefore13.63 p. c.

The difference32.39 p. c.

Must be deducted from the rate of mortality 1.667

The corrected rate for Montreal is thus shown to be 3.481 p. c.

The corrected rate must now be applied to the average population of Montreal, in table I, 94,462, which shows that the deaths would have been 3288

The Cemetery returns of burials gave an average of.....3400

From which deduct 7.866 per cent. of still born children, being the average of six years, according to the register of the Mount Royal Cemetery, and this is certainly below the number267

The deaths are thus shown to have been 3133

So that the proportionate number who died in London on the average of the above 4 years was 155
per annum, more than died in Montreal on the average of the 14 years ending with 1868.

This result is in perfect accordance, with table 3, which shows that the rate of mortality in London would have caused 233 more deaths in Montreal in 1861 than were recorded; or 78 more than the estimate for 14 years. Table I. shows that the rate of mortality in 1861 was 3.52 or .08 per cent less than the average; which accounts for 72 of the seeming difference between the rate experienced in London and the estimate based on the number of births in each city.

As these hurriedly written articles must now be closed, the following are submitted as legitimate conclusions: — *That the birth-rate is the certain controlling element of the death-rate; that before the relative health of different communities can be compared, the apparent rate of mortality must be corrected for the rate of increase by birth and immigration; that, should the birth-rate in Montreal continue as it is, and the immigration fall off to the London rate, the death-rate will gradually*

appear to increase till it becomes 1 in 19; but should the birth-rate decline in proportion to the immigration, the death-rate will remain as it is; and that, should the birth-rate decline to that of London, and the immigration continue as in the past; the rate of mortality will gradually seem to be becoming less, while in fact it may be the same.

THE VITAL STATISTICS OF MONTREAL. BY PHILIP P. CARPENTER,
B.A., Ph.D.

THE YEAR BOOK OF CANADA.

In an article which appeared in the *Witness* of the 20th August there is the following sentence. "The difficulties attending the subject of vital statistics must now be apparent to the reader; and as an admirable example of the absurdities written on the subject, we quote from an essay by Philip P. Carpenter B.A., Ph.D., Hon. Secretary of the Montreal Sanitary Association, which appeared in the *Canadian Naturalist and Geologist* in June 1859."* As proof of the statement it was thought sufficient to quote a few lines from the essay in which it is affirmed that: "For the year 1851, we are in possession of tables very carefully drawn out both of the population and of deaths, arranged according to different ages and conditions, in the various cities and districts of Upper and Lower Canada, &c., &c." And to state that the rate of mortality for the two Provinces was respectively 1 in 124 and 1 in 76 of the population, according to the tables of which Dr. Carpenter wrote so favourably. It was also stated that in England the rate of mortality was 1 in 45. The reader was expected to reason thus: If in England 1 in 45 dies each year, it is not likely that in Lower Canada, only 1 in 76 dies, and it is quite impossible that the people of Upper Canada can be so healthy that only 1 in 124 dies in a year, and therefore Dr. Carpenter can not be conversant with the subject of vital statistics.

It would seem that too much had been expected from some readers, for when Alderman David called attention to the subject in the City Council, on the 13th September, the Mayor, who is President of the Sanitary Association, said that "Dr. Carpenter was a very clever man,

* The sentence was correctly printed in the morning edition only. Without the knowledge of the writer, it was changed to; "The difficulties attending the subject of vital statistics must be apparent from an essay by Philip P. Carpenter, &c.

and was usually very cautious in publishing any statements that were susceptible of doubt or uncertainty;" and Councillor G. W. Stephens, who is one of the Council of the Sanitary Association, affirmed that "Dr. Carpenter had given his figures and data for the conclusions arrived at, and they could not be disproved, and that it was useless to attempt to disbelieve the facts given in the Doctor's communications, however unpalatable they might be."

An attempt will now be made to prove that Dr. Carpenter's figures are incorrect, and that his conclusions cannot be drawn from his figures. It is hoped that they who have assisted by their subscriptions in publishing statements highly injurious to the interests of the city, will examine for themselves the correctness of the following remarks.

It is presumed that the conductors of the *Canadian Naturalist and Geologist*, and the many able men whose names appear in the list of the Council of the Sanitary Association, are not in any way responsible for the statements of Dr. Carpenter. In fact, the second Honorary Secretary would seem to be the Association, for the President at the annual meeting in April last, said: "This Association is chiefly indebted for all its progress and all its good results to the indefatigable labours and great ability of an eminent citizen, I mean Dr. Carpenter, whom Providence seems to have sent to our city to save our lives against our very wills as it were." It would be unjust to the first Honorary Secretary, A. B. Larocque, M.D., who is entirely ignored by the President, not to state, that he is the first to sign the Report which adopts all the statements of Philip P. Carpenter, B.A., Ph.D.

To complete the general survey of the position it is necessary to state, that Dr. Carpenter has published three essays, under different titles, but all relating to the vital statistics of Montreal. They appeared in June, 1859, April, 1867, and June, 1869. The subject is his hobby. It is not new to him. In 1859, he thought himself so familiar with it, that though merely on a visit in the city, he declared that "*The people of Montreal kill off thirteen hundred and sixty-five of their own flesh and blood, every year; * * * * ** to say nothing of hundreds of lives more, which country and towns' people alike sacrifice on the altar of self-indulgence."

This is a very serious charge. But the following pen and ink sketch of Montreal, in 1867, shows that Dr. Carpenter is really in earnest.

"Liverpool is a commercial city like our own, with great natural advantages, but cursed with a neglect of the sanitary laws. It is cursed also by drink and by debauchery, to a greater extent than any other town in England. Being the most criminal as well as the most unhealthy city.

in the Island, it is called the *Plague-spot on the Mersey*. Yet the Plague-spot on the St. Lawrence is *nearly twice as fatal*, in the first year of being, as the polluted Queen of the Mersey."

As a few remarks will suffice to dispose of the article on the Census in the *Year Book*, and with it the Census, which is the foundation on which Dr. Carpenter has based nearly all his comparisons, they will now be made.

The publishers of the *Year Book* of Canada, in the advertisement of the forthcoming volume intimate that "the editor-in-chief is Arthur Harvey, Esq. (Fellow of the Statistical Society of London) of the Finance Department, Ottawa," and that "no error of statistics in any of the past editions has been discovered." They probably mean that official figures have been correctly copied, but in the article, "Notes on the Census" on page 6 of the volume for 1869, it is stated that the figures showing the increase of population "are avowedly based upon the annual rate of progress of each Province between the last two Censuses, and many persons have written to the editor to express their doubt whether that rate has really been maintained. The subject had received much thought before any figures were published, and subsequent reflection and enquiry have confirmed the belief in their general accuracy." The number of births and deaths in each Province is given, and then, from "a table deduced by Mr. Samuel Brown F. S. S., from M. Quetelet's figures, we have the following table, of the fecundity and mortality for European countries and our own." After the table it is added: "Of course these figures are considerably influenced by the emigration which leaves Europe for America, which being usually of people in the prime of life, swells the birth-rate here much sooner than the death-rate. But after making all allowances for this, and for possible inaccuracies in our Census, the influence (inference?) remains, that the natural increase of the population of the Dominion is one of the most rapid in the world, &c."

The Census was taken in January, 1861, so that the births and deaths recorded are for the year 1860; but Mr. Brown has not observed this, and calculated the rates as if returned by the population of 1861. The birth-rate in Ontario is given as 3.81 and the death-rate as 0.71 (should be 0.73) per cent. If the birth-rate is calculated on the population of January, 1860, it will be about 3.97 per cent. The result is an error of 0.16 per cent. equal to 2334 births on the population in January, 1861. The number of births in Ontario may be accepted as accurate; the number of deaths will now be shown to be incorrect. The increase of population is given as 4.34 per cent. per annum.

Without going into details the case stands thus:

In January.	Population.	Births.
1859	1282000	51200
1860	1338000	53178
1861	1396091	

The rate of mortality in England, according to the Carlisle table, (see article on Interest and Annuities in "McCulloch's Dictionary of Commerce") is not very different from the present rate, and is sufficiently correct for our purpose. The children born previous to 1859 will not be taken into account; and for convenience suppose that the above 51200 were born on 1st January, 1859. The Carlisle table shows that of 1000 born at the same time, 15.40 per cent. die during the first year, so that, the number alive in January, 1860, would be reduced to 43315. The deaths in 1860 must, therefore, have been of children in the first and second years, as follows:—

	Number Living.		Deaths
Of Children in 2nd year	43315	at 8.03 per cent	3478
Of Children Born in 1860	53178	at 15.40 "	8189
	<hr/>		<hr/>
	96493	.....	11667
Deduct number of deaths	11667		
	<hr/>		
	84826		
Add	1311265	.....	?
	<hr/>		<hr/>
Population in 1861	1396091		11667
The deaths according to the Census were			10180
			<hr/>
So that, the deaths of children of the 1st and 2nd year, exceeded the total number recorded in the Province of Ontario by			15071

In fact, the deaths in Ontario must have been equal to the entire number returned by the whole population of the Dominion.

The Census of 1852 was equally as inaccurate as that of 1861, yet Dr. Carpenter wrote that it was "very carefully drawn out."

It follows then, that all statements made by Dr. Carpenter and other writers as to the relative health of different parts of the Dominion, based on the Census, have no value whatever, unless by way of showing, that they who relied on them were wholly unacquainted with the subject of vital statistics.

Let us now return to Dr. Carpenter and see how he deals with Montreal, merely noticing by the way, that he has the presumption to claim, that he was the first "to attempt to eliminate and explain the sanitary statistics of Canada." As was to be expected, the difficulty now is, not

to find mistakes, but to know how to give anything like an adequate idea of their number and magnitude, and of the sort of reasoning to which he has to resort to try and defend his position.

(To be continued.)

REVIEWS AND NOTICES OF BOOKS.

The use of the Laryngoscope in Diseases of the Throat; with an essay on hoarseness, loss of voice and stridulous breathing, in relation to nervo-muscular affections of the larynx. By MORELL MACKENZIE, M.D., London, M.R.C.S., &c., &c. Second edition, with additions, and a chapter on the examination of the nasal passages, by J. SOLIS COHEN, M.D., with two lithographic plates and fifty-one illustrations in wood. 8vo. p.p. Philadelphia: Lindsay & Blackiston. Montreal: Dawson Brothers.

As it is admitted by all, at the present day, that it is impossible to diagnose correctly, and consequently to treat understandingly, the affections connected with the upper part of the respiratory tract without the aid of the laryngoscope, nothing further need be said of the importance and value of such a book as the one before us. The study of laryngoscopy, however, though a most engrossing one of itself, is found to absorb for its proper prosecution so much time, that, amongst hurried general practitioners, it must almost necessarily be excluded. On the other hand, when we consider the great prevalence of laryngeal affections and the vast importance of many of them, we are sure that there must always be many who will devote a large share of their attention to the acquirement of dexterity in the use of the laryngoscope, and by this means supplement what may be wanted by practitioners who have given their attention to other branches of medical science. The increasing demand, therefore, for a manual of laryngoscopy, has called for a second edition of the well-known work before us. From the table of contents we find that the book now comprises the subject under the following divisions: History of the art, description of the laryngoscope, principles and practice of laryngoscopy, the healthy larynx, operations on the larynx, the manipulation of laryngeal instruments, hoarseness in relation to nervo-muscular affections of the larynx and the examination of the nasal passages. The instructions concerning the practical acquirement of dexterity in the use of the instrument are most full and easily understood, exactly calculated, indeed, to enable a man to study the subject for himself, without an instructor. The method described by the author as that

adopted by experienced teachers in the art, to enable their pupils to acquire the proper method of handling instruments, guided by their reflection in a mirror, is, we think, well worthy the attention of all intending to prosecute the study, as it must, of necessity, be afterwards a vast saving of time which would otherwise have to be spent in becoming master of this essential qualification by actual manipulations in the throat. That portion of the work treating of the different affections of the larynx is plentifully illustrated by numerous cases which have been under the hands of the author, thus greatly enhancing the value of the so to say didactic part. Many of these cases are most interesting, and, perhaps, none more so than those relating to the partial or entire removal of aphonia (supposed incurable) due to nervous causes, by the local application of the galvanic current. The appearance of the book itself is extremely creditable to the publisher--the paper and printing are exceptionally good, and the illustrations are well executed.

Outlines of Physiology, Human and Comparative. By JOHN MARSHALL, F.R.S., Professor of Surgery in the University College, London, &c., &c.; with additions by FRANCIS C. SMITH, M.D., Professor of the Institutes of Medicine in the University of Pennsylvania. Illustrated by numerous wood-cuts. Philadelphia: Henry C. Lea. Montreal: Dawson Brothers.

This work, embracing over a thousand pages of reading matter, was published in London as two volumes, but does not, in our opinion, appear bulky or unwieldy when compressed into one. The style is pleasant, and of a character to attract the student, which is more than can be said of many books which are used as text books upon various subjects in our medical schools. In preparing this volume Professor Marshall had in view its adoption as an educational book, and has, therefore, so arranged it, that, step by step, the reader is led from the more elementary portions to subjects requiring deeper thought and closer attention. Especial care seems to have been taken to show the dependency, so to speak, of the science of Physiology on Anatomy, Chemistry and Physics. Accordingly, our author opens with a short description of the human body, its cavities, and the organs which it contains. In this portion it is shewn how the physiological studies may be assisted by the dissection of animals. Attention is next drawn to the textures and tissues of which the several parts of the body are composed. Their vital properties are then considered, and an outline given of the functions of the living animal body. The rela-

tions of man with external nature, including a sketch of the kingdom to which man belongs, are then taken up, and followed by an elaborate and careful consideration of the special functions of animal life. Physiology proper, such as digestion, absorption, &c., are handled in an able and scientific manner, while the difficult subject of generation includes a consideration of the different forms of reproduction in the animal kingdom. The evolution of the chick is taken as the groundwork of the description of the embryo. The book is fairly illustrated, and, in our opinion, is admirably adapted for the purpose it is intended.

1 *Treatise on the Diseases and Surgery of the Mouth, Jaws and associate parts.* By JAMES E. GARRETSON, M.D., D.D.S., late Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy, &c., &c., &c. Illustrated with steel plates and numerous woodcuts, 8vo., pp. 700. Philadelphia: J. B. Lippincott & Co. 1869.

In the preface to this work it is stated that "in the fulfillment of many promises made from time to time to his students and other friends, the author has prepared the following pages, as embodying the results of his observations and experiences during a somewhat extended practice in that branch of the profession to which it specially relates." In reality this work is a compilation of the opinions and experiences of other men and not of the author himself. All that the author has apparently contributed in this volume could be put into 200 pages or less.

The diction is anything but classic, which, to the professional reader, is tedious; for instance, in describing the ethmoid bone the author states:

"*The Ethmoid Bone.*—A horizontal cribriform plate of bone, with a crest along its middle; a perpendicular plate dropping down from the centre of this first piece; two little oblong square boxes, hung on either side of the perpendicular plate, leaving the space of a narrow slit between the boxes on either side and the plate, and we have the complete idea of the ethmoid bone."

The work throughout is written in this style, which conveys the idea that it was written for the non-professional reader. We admire simplicity in style and clearness of definition, but there is a certain freemasonry in professional language which we prefer seeing maintained. In saying this, let it not be supposed that we would desire that pedantic style which requires a Greek lexicon at your elbow to understand the exact meaning of the author.

In the physiological descriptions the author borrows largely from Todd and Bowman, and also from Professor Goodsir. In other parts of the work will be found extensive and lengthy quotations from other authors. These are duly acknowledged, but are a disappointment to the reader, as from the preface he is led to expect the opinions of the author, formed after "somewhat extended practice."

The author gives his views on the treatment of ozena, but singularly ignores the means of relief in that disease, recommended by Dr. Thudichum and others. Weber discovered, years ago, that when a stream of water was passed along one nostril, as soon as it reached the soft palate, the muscles of the soft palate are thrown into action so that the posterior nasal cavity becomes closed, and the fluid is forced round the posterior edge of the nasal septum and out through the other nostril. Acting on this suggestion, Dr. Thudichum proposed and described an apparatus, which has since gone by his name, with the object of washing out the whole nasal cavity. This apparatus is simple in construction and ready of appliance, and by its use the nasal cavity and the various cavities connected with it, are readily washed out. This omission may be regarded as of vital importance to a work of this nature. There are other portions of the work which are not up to the knowledge of the day. It is very amply illustrated, the plates and woodcuts being borrowed from various surgical works; in some instances due acknowledgment of their source is given. We cannot commend this work for its originality, still, as a text book, it may be found of use, though not as embodying the opinions or correctly representing the views held by authors of the present day. It is not even a good compilation. The publishers have done their part well, as the type is clear and well impressed, and the paper superior; the illustrations are all that can be desired.

PERISCOPIC DEPARTMENT.

Surgery.

A LECTURE ON GONORRHOËAL EPIDIDYMITIS.

BY H. O. WALKER, M.D., Lecturer on Venereal Diseases and Demonstrator of Anatomy in the Detroit Medical College.

Among the complications that may exist with an attack of gonorrhœa, and one that is most frequent, is an affection of the testicles, commonly designated "swelled testicle." Several appellations have been given to this inflammation of the scrotal region, and the one that

seems most suitable is *gonorrhœal epididymitis*, as in swelled testicle, resulting from gonorrhœa, the epididymis is the usual seat of inflammation. In looking to the anatomy of this region, in order to pursue the course of the inflammation after an attack of gonorrhœa, followed by epididymitis, you will perceive that the canal which leads from the urethra to the testicle is lined with mucous membrane, commencing at the orifice of the ejaculatory duct (being a continuance of the membrane from the urethra), passing through that duct to the vas deferens, which passes up behind the bladder, then over and in front with the spermatic cord through the spermatic canal, and descending into the scrotum, where it connects with the convolutions of the epididymis. You can now readily see how an inflammation might extend from the meatus of the urethra through the canal just described, until it reached the epididymis.

The time at which this disease appears after an attack of clap varies. In fact, instances are on record where it has manifested itself before the urethral discharge has taken place. Such cases, however, are of rare occurrence. The usual time is about the fifth week after the gonorrhœa has manifested itself. Sometimes it occurs as early as the first week, and not unfrequently it may appear several weeks after the gonorrhœa has stopped.

The exciting cause of this trouble may be due to the violent use of a bougie, irritating injections, irregularities in living, exposure to atmospheric changes, but its most frequent source is imprudent sexual liberties, helped on by an immoderate use of stimulants. Here I would speak of the indulgence of the use of spirituous liquors while the patient is suffering from any form of venereal disease. It should be entirely forbidden, and especially the use of lager beer, as every physician knows the disastrous effect this last beverage has upon a convalescing case of gonorrhœa. In very many instances the exciting cause is unknown.

The first symptoms that give evidence of epididymitis, are general lassitude, followed, perhaps, by a chill, with slight fever, uneasiness of the patient, with increased pain in the scrotal region, and rapid swelling of the testicle affected; also a discoloration of a dark red character.

When the disease has become fully established the pain is very severe, extending down the leg and up in the groin. The patient finds a decided relief by supporting the testicles, an indication that should be attended to as soon as possible by means of a suspensory bandage. I would recommend in all cases of gonorrhœa that this bandage be worn, as it prevents the occurrence of this disease, and should it occur, assists materially in staying it.

There is more or less fever during the attack, increased pulse, coated tongue, with hot and dry skin. Sometimes the cord becomes very much swollen, producing strangulation. In the majority of cases this inflammation will subside in the course of two or three days, followed by resolution, and very soon the form of the testicles can be distinguished, while in the early stage it is difficult to do so. Resolution steadily progressing, leaving the epididymis, however, hard and swollen, which may remain for weeks and months. While in the majority of instances the termination of the disease is favorable, there are times when disastrous results occur; instead of resolution, an abscess is formed, followed by sloughing, and occasionally gangrene, destroying the parenchyma of the testicle. Such cases as these are rare. It may act as an exciting cause of some malignant disease of the testicle, and not infrequently occludes the duct in the globus minor of the epididymis, preventing the power of procreation ever afterward; that is, when both ducts are affected.

You can always expect this trouble to leave the epididymis enlarged for some time afterwards, and in many instances the testicle that has been affected will always remain larger, the induration remaining in the globus minor.

Several reasons have been offered why gonorrhœal epididymitis always attacks the left testicle, or nearly so. It has been offered as a reason that men usually dress upon the left side. You will notice that the left testicle hangs the lowest in the majority of instances. Yet it is not a successful explanation of the matter, and leaves room for debate. Authors do not all agree that the epididymis is the part involved. The usual position of the epididymis is anterior and superior to the testicle. Yet it may be on either side or posteriorly. These facts are worth your consideration, as it may be necessary when the disease does not terminate favorably, to have to puncture the scrotum, and it would not be satisfactory to cut the epididymis.

In the early stage of the disease the patient should be directed to wear the suspensory bandage, and keep perfectly quiet, in a horizontal position. A saline cathartic should be given at the outset, producing a free evacuation. Applications of ice will often arrest the progress of the disease, and very frequently warm applications are of great benefit.

Prof. Bumstead recommends an ounce of muriate of ammonia in a pint of water to be used as a lotion. I have found this very beneficial, and recommend it at the outset of the disease. Leeches may be used if the disease is severe, and, if not convenient, puncturing of the veins of the scrotum. When this is done the patient should be in a standing position, in order that they may become engorged and more readily

punctured. To relieve pain, anodynes should be used, such as bella-donna ointment, applied to the scrotum, or a little opium internally. I have found that where considerable fever exists, small and repeated doses of quinine have acted very nicely.

When these different methods fail to arrest the disease and you have reason to think a collection of fluid exists, the scrotum should be punctured with a bistoury. In so doing, the tumor should be grasped from behind by the hand and an opening made into the tunica vaginalis as in the operation of hydrocele. Of course you ascertain the exact location of the fluid, and be careful not to cut anything that should not be.

Compression has been used with a considerable amount of success; yet I think that it has been adopted too early in the disease by many, and not infrequently serious consequences have followed. Compression should never be used until the inflammation has greatly subsided, and even then, should it prove painful, it should be removed immediately.

The manner of compression is by means of adhesive plaster, first by placing a strap of plaster around the affected side next the abdominal ring, and so on down, the plasters overlapping each other, until near the base, when the straps should be applied longitudinally.

Sometimes dry sponges, strapped firmly and then saturated with water, act nicely as compressors. Frequent applications of collodion are used as a means for compression. When this disease becomes chronic the strapping should be kept up, also the use of iodide of potassium ointment applied quite freely. The condition of the patient should be looked to and treated accordingly.—*Detroit Rev. of Med. and Pharmacy*.

ON THE MEDICINAL TREATMENT OF ULCERS OF THE LEGS.

By CHRISTOPHER HEATH, F.R.C.S., Assistant Surgeon to University College Hospital, and Teacher of Operative Surgery in University College, London.

In the *Lancet* of January 11th, 1868, I gave a brief summary of the methods of treatment I pursue for ulcers of the legs, under the head of "Hospital Out-patient Practice." I wish now to insist briefly upon a few points in connection with the medicinal treatment of these affections, which in my opinion deserve special notice. I find numerous authorities upon the subject, laying great stress upon the local treatment of the various forms of ulcers by bandaging, by ointments of several kinds, or by lotions; but I do not find that prominence given to internal remedies which a considerable experience in this class of disorders has

led me to claim for them. The three drugs which I constantly employ as adjuvants to the local treatment of ulcers of the leg are opium, iodide of potassium and arsenic; and each has its appropriate class of cases. Mr. Skey has on more than one occasion directed the attention of the profession to the advantage of employing the first of these—opium—in the treatment of ulcers, and lays special stress upon the value of the drug in cases of chronic cutaneous ulcer. I find opium of the greatest service, however, in the small irritable ulcer often found in combination with varicose veins, and also especially in any form of ulcer in which a sloughing action has supervened. I have had recently a case of tertiary ulcer in the leg making satisfactory progress, when it was suddenly attacked with violent sloughing action. This rapidly yielded, however, to the free administration of opium, combined with local poulticing.

In iodide of potassium we have, I believe, a remedy most potent—I might almost say infallible—in all cases of ulcer dependent upon syphilitic taint, if given in appropriate doses. The tertiary syphilitic ulcer is in my experience a very common one, and may be recognized by the peculiar “cachectic” appearance of the sore, the worm-eaten margins, the thin, profuse discharge, and the want of all healthy granulation at the base of the ulcer. These ulcers affect especially the upper part of the leg, are not usually combined with varicose veins, occur in comparatively young subjects, and frequently recur again and again, as is shown by the thin cicatrices seen in their neighbourhood. The majority of these ulcers occur in women, and are traceable in most cases to infection from the husband, either directly or, more often, indirectly through the *fœtus in utero*. In these cases there has often been no genital ulceration, no coppery eruption on the skin; but the patient gets out of health, has ulcers on the extremities, and very generally aborts if she becomes pregnant. A very small dose of the syphilitic poison is sufficient to produce these ulcers, and I believe, though the point is one difficult to be sure about, that congenital syphilis may show itself in this way in comparatively early life, *i.e.*, between puberty and twenty. At least I have had more than one patient under my care with ulcers of the leg which rapidly healed under anti-syphilitic treatment, who strongly denied any personal infection.

In order to derive marked and immediate benefit from the iodide of potassium in these cases, the ordinary 3 and 5-grain doses are useless, and it is essential to begin with 10-grain doses thrice daily in combination with an alkali, and to push it, if necessary, to 15, 20, or even 30-grain doses, though these latter are seldom necessary. Local mercurial treatment, in the form of yellow or black wash, or the white precipitate

ointment, appears to hasten the healing of these ulcers; and their recurrence is, I have no doubt, due to non-persistence in the internal treatment until the patient's health is thoroughly restored.

Arsenic is an invaluable remedy in those common cases in which chronic eczema is a concomitant, if not the antecedent, of the ulcer of the leg. In those cases where the skin is irritable and inflamed, and the epidermis dry and scaly, local treatment may be varied without end and a cure will not be produced; whereas, if arsenic be given internally, the leg will rapidly improve and the ulcer heal under any simple stimulant. My experience does not corroborate the rule laid down by Mr. Hunt, of limiting the dose of the liquor arsenicalis to five minims thrice daily. After a careful and extended trial of the medicine administered in this way, I have come to the conclusion that in many cases to produce a cure it is necessary to increase the dose to ten or fifteen minims, and to maintain this high rate until the constitutional symptoms of the drug are produced. The same rule holds in the treatment of ulcers, lupoid or otherwise, on other parts of the body, but I will confine my remarks at present to ulcers of the lower extremity. I am careful always to administer arsenic upon a full stomach, and I find a remarkable tonic effect produced by its exhibition.

I have before me the notes of the case of a woman, aged 56, who came to me in March, 1868, with chronic eczema of the leg, and with an ulcer, the edges of which were so hard, that I almost doubted whether there was not some scirrhus infiltration. In April she began taking liq. arsenicalis in five-minim doses thrice daily. This was increased at the end of a month to eight-minim doses, and the leg began to improve rapidly. On June 3rd, the dose was increased to ten minims thrice daily, and she took this dose steadily for eight months, the leg getting smooth and healthy, and the ulcer slowly healing. In January, 1869, the constitutional effects of arsenic began for the first time to show themselves, and the dose was immediately reduced to five minims, and this she is now taking, the leg being well, and the ulcer at the end of a year being nearly healed and quiet soft at the edges.

Another patient, a broken down woman, aged 60, with bad eczema of the inner ankle, began taking liq. arsenicalis in five-minim doses thrice daily, on January 10th of this year. The dose was increased to eight minims on February 20th, and the skin around the ulcer being healthy, and the ulcer healing, quinine was substituted on May 1st. On July 3rd, however, it was manifest that the ulcer was not making progress and that the skin was becoming scaly and red, and she therefore resumed the arsenic.

I have quoted these cases principally to show that feeble and elderly patients bear and do well under considerable doses of arsenic. I am convinced that the fear of producing toxic effects deters many practitioners from pushing this drug sufficiently far to produce the desired result. I have seen several instances of ulceration in various parts of the body where arsenic has been administered for a length of time without inducing healing, but in which a rapid cure resulted from pushing the dose as above recommended.—*London Practitioner*.

THREATENED DEATH FROM CHLOROFORM.

The *British Medical Journal*, of Sept. 11, says; Recently, at King's College Hospital, London, there was a very narrow escape from death by chloroform. The patient was a healthy man, aged 30, who was to undergo the operation of removal of a tumor from the front of the leg, by Mr. Henry Smith. As the inhalation proceeded, the patient began to struggle so violently that it required the assistance of several dressers to prevent him from throwing himself from the table. He, however, became insensible to pain; and Mr. Smith proceeded with the dissection, but was compelled to desist, in consequence of the violent movements of the patient. The chloroform was now entirely suspended; but, notwithstanding this, the man's face became suddenly livid, then changing to a deep purple color, respiration and pulse completely stopped, and death had apparently taken place. Mr. Smith at once thrust his finger to the top of the windpipe, got forward the tongue, and assistants commenced artificial respiration by the movements recommended by Dr. Silvester. The naked chest was vigorously flipped with a wet towel. For a brief period these measures seemed to produce no effect; but after a short time there was a slight improvement in the complexion, when the efforts were redoubled, and all were delighted to find the apparently dead man slowly respiring. In two or three minutes more, the man had so far recovered that Mr. Smith was able to complete the operation, although, of course, no chloroform was exhibited. In some remarks after the operation, Mr. Smith referred to the narrow escape of the patient, and said it illustrated the danger which will occasionally attend chloroform, however carefully given, more especially in those cases where its exhibition is followed by a great amount of struggling. It was necessary to be particularly careful with it when this occurred; he had seen other narrow escapes exactly under the same circumstances.

Medicine.

SULPHUROUS ACID AS A REMEDY FOR VOMITING.

Dr. Charles Drysdale relates a striking case of dyspepsia (probably gastric catarrh) occurring in a woman, aged thirty-six. For a month before coming under treatment she had suffered from eructations and vomiting of all her meals. For a fortnight she was treated with hydrocyanic acid, with bismuth, and with effervescing draughts; but no impression was made upon the disease. Dr. Drysdale then prescribed half-drachm doses of sulphurous acid, to be taken three times a day; the effect produced was very immediate and striking. Within twenty-four hours of taking the first dose of the new medicine the vomiting altogether ceased, nor had it returned at all at the date of the report, three weeks later.—*Lancet*.

This case appears to give support to the ideas which are now held by some with regard to the pathology of pyrosis, according to which it is a gastric catarrh attended with, and not improbably kept up by, the presence of low organisms in the stomach fluids. It is upon this principle that sulphurous acid has been recommended and successfully used by Lawson and others, viz., as a parasiticide; and upon the same principle carbolic acid has been recommended by more than one authority. Certainly the ordinary treatment of severe pyrosis, with bismuth, hydrocyanic acid, &c., is unsatisfactory in the extreme.—*Ed. Practitioner*.

PUMPKIN SEEDS IN TREATMENT OF TAPE WORM.

By DR. O. B. GRIGGS., of Mansfield Center, Ct.,

In the *Reporter* of Sept. 18th, I notice that Dr. Kennedy, of Iowa, has an article on the use of "Turpentine in the Treatment of Tape Worm."

Turpentine $f \frac{3}{j}$. or ij . with Olei ricini $f \frac{3}{ij}$. is an exceedingly unpleasant dose to take, and its effect upon the patient, is very disagreeable; and should be avoided if possible. I wish to add my testimony in favor of the pumpkin seed which I believe to be *just as efficacious*—much more pleasant to take, and less disagreeable in its operation than the turpentine. To illustrate the manner in which it has operated in my hands, I will relate two cases. About four years ago I was called to see E. H. F., a robust, healthy farmer, about fifty years of age, who had been passing pieces of tape worm for several months, without knowing what they were, until he showed me some of the pieces, and I informed him. His health had not materially suffered but he had a voracious appetite, and was

obliged to get up in the night to eat. I ordered him ℞. Olei ricini, Olei terebinth., aa f̄j. Muc. acaciæ, q.s. M. Fiat mist.—S. To be taken in the morning—fasting.

It operated powerfully but did not bring away the worm, and the man said he had as soon keep the worm as to take any more of the medicine. He continued to pass pieces of the worm as before for five or six weeks, when he wished me to make another trial to expel it.

I took six ounces of pumpkin seeds and pounded them in a mortar to a coarse powder; then put them in a quart bowl and covered them with cold water, and let them stand over night. In the morning I poured the emulsion upon a cloth strainer and added water slowly until what I had pressed through amounted to one pint—resembling in appearance milk porridge. I ordered the man to eat no breakfast, but to take instead the pint of emulsion. In about four hours it operated powerfully (without pain) and brought away the worm entire—head and all—measuring seventeen feet in length. There was no recurrence of the trouble.

The other case—Miss E. J. F., aged about twenty years, has passed pieces of tape worm for several weeks—was rather thin in flesh and had a craving appetite; otherwise health was good. Ordered the emulsion of pumpkin seeds, same as in the other case. In about five hours the worm was expelled, whole measuring 18½ feet. No other remedy was administered and there has been no return of symptoms indicating the existence of tape worm.

Other cases might be given but the above are sufficient to illustrate the manner in which the remedy has operated in my hands. In no case have I known it to fail. I have no desire to disparage the value of turpentine as an anthelmintic, but think I have reason to believe that pumpkin seeds, when properly administered, is a valuable remedy for tape worm.—*Philadelphia Medical and Surgical Reporter.*

ILEUS TREATED BY INJECTIONS OF SELTZER-WATER AND TOBACCO.

A young woman of 25, whose case is detailed in *L'Union Médicale*, was recently admitted to the Hotel Dieu, suffering from the usual symptoms of internal strangulation in a well marked and severe form.

Feb. 17.—Castor-oil combined with croton-oil was given without effect. By means of a seltzer-water apparatus attached to a long œsophageal tube, a gaseous injection was administered, after which the bowels were moved.

20th.—The symptoms being now very urgent, it was determined to give another injection of seltzer-water and then one of tobacco.

20th.—Two stools had been produced by the enema.

21st.—A second tobacco enema administered.

22nd.—A third was now given, the symptoms being much relieved. From this date she made a favourable recovery, and was discharged, cured, 13th March.

Another girl, aged twenty-five, was admitted, suffering acutely from symptoms of intestinal obstruction. Purgatives were tried without effect.

April 14th.—A tobacco enema was administered.

16th.—The second tobacco enema administered. The patient was not suffering so much, and in the evening got decidedly better.

18th.—Another tobacco enema was given.

19th.—The symptoms showed signs of severity. A tobacco enema was administered, and in the evening of the same day another tobacco enema was given.

26th.—The belly was more swollen, and pains more severe; tobacco smoke was now introduced into the intestines by the apparatus of Mathew's. She got under its influence suddenly, and caused much anxiety by the consequent prostration, which was treated by coffee and electricity over the heart. From this date till June 2nd, the patient made a gradual recovery, the symptoms of obstruction having yielded directly after the establishment of the influence of tobacco.—*Dublin Med. Press.*

SUDDEN BLANCHING OF THE HAIR.

This moot question has been recently discussed by M. Pouchet in the *Avenir National*, and narrates the following anecdote:—

On the 19th of February Colonel Franks was engaged near the village of Chamba with a body of rebels, and many prisoners were taken; one of them a Bengalee, aged about 54, was conducted before the authorities to undergo interrogations. "I had then," said Surgeon-Major Famy, "an opportunity of observing personally the following facts. The prisoner, for the first time, appeared to realise the danger of his situation when he found himself stripped and surrounded with soldiers. He trembled violently, terror and despair being depicted on his countenance; and, when replying to the questions addressed to him, he appeared absolutely stupefied by fear. Then, under our eyes, and in space of some half an hour, his hair, which we had seen to be of a brilliant black, became grey on every part of his head. The sergeant who had charge of the prisoner cried out, 'He is turning grey,' and called our attention to the singular phenomena, of which I thus, with many other persons, was enabled to observe the completion through all its phases."—*Dublin Medical Press.*

ARSENIC IN TREATMENT OF DIABETES.

Dr. Leube gives an elaborate report of two cases of diabetes in which he made the most careful daily observations of the quantity of water, of sugar, etc. He arrives at the following therapeutic conclusions: Pure meat diet (with only *almond* bread) was the most powerful means of reducing the sugar excretion. Of drugs which were tried, *arsenic* had by far the most remarkable effect in reducing the sugar. Saikowsky discovered, some three years ago, that the continuous administration of arsenic for several days to animals entirely removed all glycogen from the liver; and that then neither puncture of the fourth ventricle nor curara poisoning would produce diabetes at all. Leube made the therapeutical application of the drug which these experiments suggest. He administered Fowler's solution in doses equivalent to about one-third grain of arsenic daily. The effects were most striking during the period when the patients were taking a *mixed* diet. With mixed diet, and without arsenic, the daily average of sugar was 570 grammes in one case; arsenic reduced it to 352 grammes, on the average of 79 day and night observations, and substantially the same result was obtained in the other case. The use of this drug would appear to promise results of real importance.—*The Practitioner*.

Midwifery and Diseases of Women and Children.

SLEEPLESSNESS IN INFANTS.

Dr. Eustace Smith gives the following very useful hints in the *British Medical Journal* :

If the infant be very young, *hunger* is commonly the cause to which his restlessness is attributed by the mother; for the tendency of mothers is to refer all crying in their infants to that one cause. Occasionally they may be right. Infants nourished solely by the breast, and deriving their support from a scanty supply of watery milk, are almost constantly hungry. The amount of the fluid they swallow is scarcely sufficient to satisfy their appetite even for the time; and, being rapidly digested, the meal is soon followed by renewed demands for nourishment. After a few days of such a diet, the weakly condition of the infant, induced by semi-starvation, draws attention to his state of health; but crying at night from hunger is an invariable forerunner of his loss of flesh.

By far the most common cause of restlessness at night is *injudicious feeding*, the child being stuffed with food, although not necessarily in itself injurious, is yet ill-adapted to the nourishment of the particular infant to whom it is given. It is a common practice amongst mothers—espe

cially those of the poorer classes—to make up for any deficiency in the amount of breast-milk by farinaceous food, long before the digestive power of the child is suited to such a diet. The stomach of an infant of about two months old is often filled with a mass of starchy matters, which the absence of saliva will not permit him to digest. This mass, fermenting in his bowels, is a source of continual discomfort until it is evacuated. Even when cows' milk is used as an addition to the breast milk, it is very frequently ill-digested, although diluted with water.

Cold feet are a not unfrequent cause of wakefulness in infants. Delicate infants, in whom the circulation is languid, are very subject to coldness of the extremities; and griping pains in the belly are common accompaniments of the same condition. In all cases of abdominal pain in infants the feet should be examined. When these are found to be cold, warming them by frictions with the hand, or by hot applications, usually causes the manifestations of pain to cease.

The feet in infants should be always carefully warmed before the children are put to bed, and should, in cold weather, be afterwards wrapped in flannel, or be covered with thick woollen socks.

In *hereditary syphilis*, infants are exceedingly fretful at night; and, by their uncontrollable crying, are a source of great distress to the mother. This symptom is usually the first sign of the disease, preceeding the snuffling and the other characteristic symptoms of the outbreak of the inherited taint. The crying is possibly excited by nocturnal pains in the bones, similar to those affecting the adults previous to the outbreak of the constitutional symptoms. On the appearance of the rash, the sleeplessness does not subside, but it soon disappears under the influence of specific treatment—a few doses of grey powder being sufficient to produce this result.

Worms, in older children, are well known to be a common cause of night terrors and restlessness; but even in infants crying at night is sometimes found to be due to this cause. Amongst the poorer classes, where infants are allowed early to share in their parents' meals, it is not so very uncommon to find them suffering from the presence of *oxyuris vermicularis*. To give one instance out of many which have lately come under my notice: A child of nineteen months, well nourished, strong on his legs, who had walked from the age of ten months, had cut eighteen teeth, and could talk, the mother said, well, was brought for fits of violent screaming, which began about 8 p.m., and lasted the greater part of the night. From the condition of the tongue, worms were suspected, and a purgative of rhubarb and jalap brought away a large quantity of the small thread-worms. Afterwards, a careful regulation of the diet, and the administration of compound decoction of aloes, with a little iron, soon restored

the alimentary canal to a healthy condition. The night screaming ceased from the very commencement of the treatment.

Besides the causes which have been enumerated, there are two others of not uncommon occurrence, and are frequently overlooked. One of these is the influence of *habit* upon the infant. Children who are too much petted and indulged, easily contract habits which are sources of great annoyance, not only to themselves, but also to those through whose uncalculating tenderness the habit has been acquired. Thus, in young children little attention should be paid to cries excited by other causes than actual suffering or discomfort. Cries from wilfulness or fretfulness should be entirely disregarded.

Exhaustion of nerve-force, the reaction following over-excitement of the nervous system, is another not uncommon cause of wakefulness at night in children. Children of three or four years old, after the excitement of a child's party, or a visit to some place of amusement, are often found to be troubled with sleeplessness; the child either finding a difficulty to compose himself to sleep, or waking up after a short slumber. The same thing is frequently seen in young infants who have been played with and over-excited immediately before being put to bed. The infant is uneasy and restless, starting frequently, and waking up with a fretful cry. This is not found with all infants, but is especially noticeable in those of delicate organization and great impressibility of the nervous system, and is, therefore, a frequent symptom of commencing rickets, where the irritability of the nervous system is very great.

Sleeplessness in infants is thus produced by many different causes, each of which will require a different method of treatment for its removal. To look upon such a condition as a distinct disease, removable by any so-called specific, is in the highest degree unphilosophical and unpractical. Opiates, and perhaps bromide of potassium, may be occasionally useful in quieting excessive irritability of the nervous system, and may be, therefore, of service in the treatment of sleeplessness arising from the last two causes which have been mentioned; but to employ either as a universal remedy in such cases would be at least useless, even if it were not injurious. The screams of an infant suffering from an accumulation of undigested food—to take the commonest case—may certainly be quieted for the time by a narcotic; but so long as the cause remains, the screams will be renewed so soon as the soporific effect of the drug has had time to pass away. In such a case, bromide of potassium produces no effect whatever. In every case of sleeplessness in infants, the cause may be easily ascertained by careful investigation; and, when it is discovered, there is little difficulty about its removal.

ON THE DIAGNOSIS OF ACCIDENTAL HEMORRHAGE FROM
PLACENTA PRÆVIA.

BY EDWARD CALTHROP, L.R.C.P.

The os uteri being unopen, and therefore a physical demonstration of the placenta impossible, any evidence by which we can determine between the two conditions mentioned at the head of this paper must be of value: I speak of the diagnosis of placenta prævia from accidental hemorrhage in the later months of pregnancy.

We all know, who have had experience in midwifery, the soft, velvety, hot feel of a gush of uterine hemorrhage, when that takes place the hand being in the vagina. It is from the character of the discharge we are to form our diagnosis in the present case.

In a case of placenta prævia—say at the sixth month—the discharge, if any, is blood “pur et simple,” and on examination the vagina is most likely full of, or at least contains clots. In a case of accidental hemorrhage, the discharge is liquor sanguinis, and the vagina free from clots; and it is easy to understand how this is. The blood in placenta prævia comes directly from the uterine or placental vessels, or both, into the vagina, and is there discharged as blood, leaving coagulations behind in the vagina; whereas, in accidental hemorrhage the blood before being discharged, has to find its way to the os; separating the membranes as it comes down and depositing its fibrin, so that the discharge is liquor sanguinis, and the vagina is free from clots. How often, in a case of accidental hemorrhage arrested and gone to full term, do we not find, on the placenta being expelled, a large mass of fibrin discharged with it (I have more than one in my possession, and have seen numbers). In like manner, after a confinement in which perhaps a small piece of membrane has been left behind in utero, serving as a nucleus, do we not find the discharge “dirty-water,” as the nurse says, the uterus large above the pubes, and the patient weak and blanched; the fibrin is deposited, and the liquor sanguinis discharged; and the mass, if allowed to remain in utero, prevents the proper contraction of that organ, and is often the precursor of disease, retroversion, etc., and may account for the moles, “false conception,” etc., so frequently described. But this is scarcely belonging to my subject.

Finding no mention, then, in any authority of this mode of diagnosis (one of many) between these most serious complications, and knowing, by experience, that it is fully to be relied upon, except in cases in which the placenta is very near the os, or the hemorrhage very profuse, must be my excuse for publishing these few rough notes.—*Lancet*.

SPONTANEOUS CURE OF OVARIAN DROPSY.

Dr. McMillan recently reported to the Edinburgh Obstetrical Society the following interesting case. He says that he was consulted by Miss H. 12 years ago, for abdominal swelling which was then increasing and giving her much anxiety. She was at the time 42 years of age. His diagnosis was ovarian dropsy—and prognosis unfavorable “as the case had altogether a bad aspect.”

On his return to the city, after ten years absence, he recognized his patient on the street, and noticing her improved appearance inquired of her as to the cause of this change, when she gave a narrative of which the following is an outline:—

She told me that after I left, she continued to grow worse and worse; she went to dispensaries, consulted several doctors in Edinburgh and Leith, and also medical gentlemen from London; all of whom were agreed as to the nature of the disease, but no medicine or treatment which she received was of any avail. In October, 1864, however, she was knocked down in the street by runaway horses. Either the wheel or edge of the capsized cart fell right across her body. When taken up she was in a state of insensibility, and remained unconscious for some days. The first thing she noticed on recovering her senses was, *the large tumour in her stomach was gone*; and she called the attention of her friends to this extraordinary circumstance. Of course it was a source of great satisfaction to her, as well as wonder. Beyond a few severe bruises, and the shock of her nervous system, she received no serious injury. She was confined to her bed for six weeks, during which time she had a severe cough, with a very copious expectoration of purulent looking matter. This gradually ceased, and she recovered, and with *the tumour entirely gone*; she became restored to a condition of *perfect health*, to which she had been a stranger for many long years.—*Edin. Med. Journal.*

POST PARTUM HEMORRHAGE.

In a case of very severe post-partum hemorrhage, in which no contraction whatever of the uterus could be obtained, and it was evident that death would soon ensue, the author pursued the following plan with success: He took a large sponge, and having washed it in cold water, squeezed it as much as possible, and introduced it into the womb; contraction immediately took place round the sponge, and a bandage having been applied over the abdomen the hemorrhage ceased. In about three days it was expelled into the vagina, whence it was withdrawn by a string which had been tied to it previously to its introduction.—*Braithwaite's Retrospect.*

INFANT FEEDING.

Dr. Routh thinks that there is no point on which there is more evidence than against the use of all starchy matters for infants before they have teeth.

For 1st: The assimilation of starch depends on its conversion into sugar by the saliva; but infants secrete no saliva for the first two or three months.

2nd: Starchy food passes through the alimentary canal unchanged.

3rd: The alimentary canal of an infant, is that of a carnivorous animal

4th: The food supplied to purely herbaceous animals recently born, was animal, i. e. milk.

Ergo: Starchy food should not be given to infants until after the appearance of teeth.

As cow's milk was generally skimmed and watered before it was purchased, it was unnecessary to add more water.

As purchased cow's milk was generally deficient in cream and sugar of milk, and was also too acid, it should be mixed with lime water and sugar of milk, in the proportion of one-half to one ounce of lime water, and a teaspoonful of sugar of milk to every half pint of milk. Additional cream should be also added.—*Medical Times and Gazette*.

Dr. J. G. Wilson (*Glasgow Medical Journal*) recommends for the treatment of excoriated or fissured nipples, the local application of nitrate of lead dissolved in glycerine or brandy. His formula is;

R. Nitratis Plumbi, grs. x. Glycerin ξ i.

This is applied freely to the affected nipple after suckling, care being taken to wash the part before again allowing the child to nurse. In some aggravated cases, a stronger solution may be required.

MATERIA MEDICA AND CHEMISTRY.

ICE IN CHLOROFORM ACCIDENTS.

In cases of syncope from inhalation of too large a quantity of chloroform, there is no means upon which I should more rely to restore the movements of respiration, than the introduction of a *good-sized lump* of ice into the rectum. This is much more easily effected than one would suppose; a little pressure with the ice being made over the sphincter

causes it to relax, and the ice slips in, followed almost instantaneously by a prolonged inspiration, the precursor of natural breathing, and restoration of the heart's action. This measure, but with a *small* bit of ice, would, doubtless, answer equally well with still-born children.—*Indian Medical Gazette.*

CARBOLATE OF SODA AS A REMEDY FOR ITCH.

Dr. Zimmermann, of Braunfels, remarks that no one who sees much of itch will deny that we are without any remedy which acts with the certainty of a specific. In private practice, where we cannot readily obtain the proper baths, frictional manipulations, etc., cases are apt to be very inveterate. The popularity of petroleum and Peru balsam is due chiefly to their being neither very disagreeable nor very troublesome in the use; but petroleum has not justified its reputation, while Peru balsam, which really is very valuable, especially in recent and in children's cases, is unfortunately very costly. Zimmermann is inclined to hope that in carbolate of soda he has found a remedy that will cure scabies, *tuto, cito et jucunde*, though his experience is not yet sufficient for absolute proof. He employs a solution of 160 to 326 grains of the salt in about 7 ounces of water; this is to be well rubbed into the affected parts thrice daily. In two or three days every case of Zimmermann's, even the inveterate ones, has been completely cured, and this without any annoyance or interruption of the patient's ordinary business. There is no irritative erythema of any consequence from the frictions. Carbolate of soda may be used as a disinfectant and deodorizer; for this purpose 16 to 32 grains to 7 ounces of water is sufficient.—*The Practitioner.*

NEW TONIC.

M. Blanchard, in a recent number of *Comptes Rendus*, describes at length the characters and properties of a new remedy, allied to cascarilla, to which the name of *conden* or *coni-xan* has been given. The cortex of the root is the part employed. Of this an infusion is made; about one ounce being used for each dose. It is especially applicable to cases of dyspepsia and dysentery, and it is particularly valuable when administered in combination with quinine, since it obviates the injurious influence of the latter on the intestines.

A READY COATING FOR BURNS.

An exchange recommends the albumen of eggs as an efficacious application for the production of burned parts from the air. Seven or eight successive applications are necessary.

Canada Medical Journal.

MONTREAL, DECEMBER, 1869.

A BILL TO INCORPORATE THE QUEBEC COLLEGE OF PHARMACY.

There can be no objection, so far as we can see, in the druggists and apothecaries of this section of the Dominion of Canada acquiring an Act of Incorporation for the proper regulation of their own body. A Bill is at present before the Local Legislature of Quebec, and we think that with certain alterations it would, if it becomes Law, go far to do good to a most important body of the community. In suggesting alterations we do so not with a view of in any way curtailing what is asked in the Bill referred to, but of making it more generally efficient. In the first place, then, we would suggest the incorporation of all druggists and apothecaries who hold the license as Pharmaceutists of the College of Physicians and Surgeons of Lower Canada, and also of all persons resident in the Province holding a license from the College of Pharmacy in Great Britain. These persons should be incorporated under the name and style of the College of Pharmacy of the Province of Quebec; provision should be secured to give this body corporate rights, having the power of adopting a common seal, and also the right of electing from their body, from time to time, a certain number of members who shall constitute a council, and who shall be privileged to enact and adopt, with consent of the Lieutenant Governor and his advisers, certain bye-laws for the government of the body. As the Bill reads at present it gives an idea of cliquism which we feel assured is not intended; still, an Act to be efficient and operative, one to be supported by all members of the profession of druggist and apothecary, must include all the present members of that body. No objection which is reasonable can be offered in opposition to this Bill, and the amendments suggested can easily be introduced in Committee.

We would advise the petitioners to take as a basis on which to frame a Bill, the Act of Incorporation of the College of Physicians and Surgeons of Lower Canada. Although the draught of the Bill, a copy of which has been submitted to us, is excellent in many of its provisions, we do think that a far better Bill might be framed, and one which would not in any way be objectionable to members who may regard the present one as touching or interfering with privileges and rights that they already hold.

CASE OF MALPRACTICE AT ST. JOHN, N. B.

Key vs. Thomson.

At page 368, vol. 5, of this Journal we gave the report of a trial against Dr. Thomson of St. George for malpractice, in which the Jurors disagreed. The case was again tried in Aug. last, and, "with shame be it spoken," a verdict was given against him for \$9000 by a Charlotte County jury, who, upon their oaths, have declared that the extremities may be "*continuously*" frozen for six hours, that immediately upon the removal of the frost, they may become "*dark red,*" and *blood* may flow from them, that vesicles containing *blood* shall appear, and the *nails* may *drop off within 12 hours*:—yet the unfortunate surgeon in charge of such a case, *must and shall* save the parts, or pay the penalty, notwithstanding the most positive assurance by competent medical witnesses that, under such circumstances, the *possibility* of saving the parts is very doubtful.

It was proved that the extremities were wrapped in *hot flannels half an hour* after the man's arrival at the house, that Dr. Thomson did not see him until 12 hours after this, when, feeling convinced that mortification must follow, he ordered poultices composed of meal, hops, yeast and charcoal:—such information had no influence with this impartial (?) "*seven.*"

It is with regret we record the fact that Dr. Gove, a practitioner in Charlotte County of 25 years standing, repeated the extraordinary statements made by him at the former trials, that "*hot applications at the time they were used, were not objectionable,*" that "*charcoal in the poultices would increase the heat and inflammation, the very thing he would do to produce the death of the parts,*" and that "*the man lost his extremities in consequence of the inflammation produced by the charcoal:*"—statements, *possibly* excusable, if made by a student of two months standing, but almost criminal when made by one whose experience should have taught him better. We put the mildest construction, imputing such statements to ignorance; and assure Dr. Gove that had he studied his subject before assuming the responsibility of giving such an opinion, he would have learned that appearances such as these described, should lead any reflecting surgeon to *expect mortification to follow*: and that charcoal (as used) could not produce heat and inflammation, and is *recommended* as an antiseptic in cases of mortification by the best authorities.

In vain was an array of medical testimony produced, supporting the opinion that the man lost his fingers and toes in consequence of the

severity of the frost-bite, and *not* from negligence or malpractice on the part of the defendant. The jurors accepted the statements of Dr. Gove, illustrating the fact, that, however erroneous the opinion, it carries influence with those incapable of judging, or unwilling to be guided by the weight of evidence."

It is true a new trial will in all probability be granted, but Dr. Thomson has already paid nearly \$4000 in law costs, and for what? A case that should not have been carried into Court, one in which a man during a state of intoxication had his fingers and toes badly frozen; mortification followed, they were lost; and he seeks to make the unfortunate surgeon in attendance pay for them: and the jury (actuated by a morbid sympathy for the patient, or, prejudice against the Doctor) order damages sufficient to keep the man in comfort and idleness the remainder of his life: and, to quote the language of high authority, (the Editor of the *London Medical Times and Gazette*), for "a disgraceful case, one as clear as noonday, and one in which Dr. Thomson should have been triumphantly acquitted."

Dr. Thomson has been a leading and laborious practitioner in Charlotte County for upwards of forty years, during which time he has doubtless had many a hard, dreary and perilous ride, to answer the calls and minister to the suffering of those who (now in his declining years, when they can no longer make use of him) refuse him that justice to which all are entitled. It is a severe lesson to those who may follow him, and should teach them that they have nothing to expect but "hard work, and hard knocks," from men who have done not a little towards destroying confidence in that old institution "*trial by jury*."

QUEBEC MEDICAL SOCIETY.

At a meeting of this Society, held on the 9th December, at the Medical Faculty of Laval University, Dr. Jackson, the President, in the chair, and Dr. J. B. Blanchet acting as Secretary, the report of the special committee named to draft a petition against the Pharmacy Bill, now before the Legislature, was read and adopted.

The following resolutions were then moved and unanimously adopted:

Resolved—That the Quebec Medical Society has read a communication in the November number of the *Canada Medical Journal* entitled "Analysis of the Ontario Medical Act," with observations by W. Marsden, M.A., M.D., etc., in which the following statements are made:—"I now participate in the common opinion of most of my Quebec confrères,

that the Act is not only the best that could have been obtained at the time, but superior in some respects to the Lower Canada Act." And again: "I think I have now shown that the 'Ontario Medical Act,' which we were lately so ready to condemn and repudiate, is in fact rather a boon to Ontario than otherwise." That while this Society fully recognizes the undoubted right of every one to promulgate his own opinions upon all subjects, they feel it due to themselves to repudiate the statements quoted above as the "common opinion," and to declare that they do not participate in such opinions which the above unauthorised and gratuitous statements of Dr. Marsden would lead the Profession and the public to infer.

Resolved—That the above resolution be transmitted to the editors of *Canada Medical Journal* for publication in the next number of that journal.

J. B. BLANCHET, M.D.,
Secretary Q. M. S.

We give insertion to the above resolution with pleasure, and are glad to find that at all events the Members of the Quebec Medical Society do not endorse the sentiments of Dr. Marsden with regard to the Ontario Medical Bill as published in our last number. We candidly confess our astonishment at the sudden conversion of Dr. Marsden, for at Toronto no one was more bitterly opposed to the Bill, than he was. Singular and almost beyond comprehension as we consider his conduct, it seemed still more singular that the Profession in Quebec should have turned with him, and proclaimed the praises of an Act of Incorporation, they had so very recently condemned. To say the least Dr. Marsden wrote incautiously when he said, "I now participate in the common opinion of most of my Quebec confrères, that the Act is not only the best that could have," &c., &c., &c.

THE MONTREAL GENERAL HOSPITAL.

We have received the annual report of the Montreal General Hospital for the year ending May 1869, and although there was evidence of a deficiency in the receipts and an increase in the expenditure for the year yet the people of Montreal with their well known liberality and charity have rallied to the assistance of this noble institution. We subjoin the medical and surgical report which will more especially interest our readers and in doing so would call attention to the extensive field for surgical observation and practice to be obtained at this Hospital.

DISEASES, ACCIDENTS, &c., TREATED DURING THE YEAR IN THE HOSPITAL.

DISEASES, &c.	Discharged.	Died.	DISEASES, &c.	Discharged.	Died.
Abortio.....	3	0	" Typhoides.....	31	4
Abscessus Var.....	31	0	Fistula.....	1	0
" Psoas.....	1	0	" in Ano.....	1	0
Adenitis.....	1	0	" Urethrae.....	1	0
Ambustio.....	12	2	Fractura Clavic.....	6	0
Amenorrhœa.....	3	0	" Costarum.....	2	1
Anæmia.....	5	0	" Cranii.....	2	2
Aneurisma Aortic.....	2	1	" " Co.....	1	1
Auturax.....	3	0	" Cruris.....	7	6
Apoplexia.....	0	3	" " Co.....	2	2
Arthritis Ch.....	1	0	" " et Radii.....	0	1
Ascites.....	5	1	" Femoris.....	3	0
Bronchitis Ac.....	15	1	" " Co.....	0	1
" Ch.....	11	0	" " et Patella.....	1	0
Bubo.....	13	0	" " Fibulae.....	3	0
Bursitis.....	5	0	" " Humeri.....	3	0
Calculus Vesicæ.....	7	0	" " Oss. Metacarp.....	1	0
Carcinoma.....	2	1	" " Co.....	1	0
" Mammae.....	1	1	" Oss. Nasi Co.....	1	0
" Ventric.....	1	1	" Patellæ.....	1	0
Caries.....	8	2	" Pelvis.....	1	0
" Vertebrarum.....	1	1	" Phalang Co.....	3	0
Cataracta.....	9	0	" Radii.....	6	0
Cellulitis.....	5	0	" " et Ulnæ.....	2	0
" Pelvic.....	1	0	Fractura III et Ulnæ Co.....	2	0
Cerebritis Ch.....	0	1	" " Tibiae.....	2	0
Cholera Canadens.....	3	1	" " Ulnæ.....	1	0
Chorea.....	3	0	" Vertebrarum.....	0	2
Cicatrix.....	6	0	Furunculus.....	3	0
Cirrhosis Hepatis.....	0	1	Gastrodynia.....	4	0
Concussio Cerebri.....	1	0	Gelatio.....	8	0
Condylomata.....	1	0	Giositis.....	2	0
Conjunctivitis Ac.....	2	0	Gonorrhœa.....	4	0
Constipatio.....	9	0	Hæmorrhoides.....	3	0
Contusio.....	33	0	Hepatitis Ac.....	0	1
Cystitis.....	3	0	Hernia.....	2	0
" Chr.....	1	0	Hydrocele.....	4	0
Dacryocystitis.....	1	0	Hypochondriasis.....	1	0
Debilitas.....	30	1	Hyteria.....	17	0
" Senilis.....	2	0	Icterus.....	4	0
Delirium Tremens.....	5	0	Insolatio.....	5	5
Diarrhœa.....	34	1	Iritis.....	10	0
Dipsomania.....	1	0	Laryngitis Ac.....	5	0
Dysenteria.....	43	6	Leucoœthemia.....	1	0
Dyspepsia.....	12	0	Leucoma.....	3	0
Ebriositas.....	3	1	Leucorrhœa.....	2	0
Eczema Chr.....	7	0	Lichen.....	1	0
" Ac.....	1	0	Lupus Exedens.....	1	0
Emphysema Pulm.....	2	1	Luxatio Humeri.....	2	0
Enteritis.....	2	3	" Phalangis.....	1	0
Entropion.....	4	0	Melancholia.....	1	0
Epilepsia.....	1	1	Melanosia.....	1	0
Epistaxis.....	1	0	Meningitis Ac.....	0	1
Epithelioma.....	4	0	Menorrhagia.....	4	0
" Linguae.....	2	0	Metritis.....	3	0
Epulis.....	1	0	Morbili.....	5	0
Erysipelas.....	19	3	Morbus Brightii.....	7	6
Erythema.....	4	0	Morbus Cordis.....	9	9
" Nodosum.....	1	0	" Coxæ.....	3	0
Farus.....	1	0	" Plumbeus.....	1	0
Febriçula.....	42	0	Myelitis Ac.....	0	2
Febriç a potu.....	14	0	" Chr.....	4	0
" Catarrhalis.....	6	0	Necrosis.....	3	0
" Intermit.....	3	0	Nephritis Ac.....	3	0
" Remit.....	1	0	Neuralgia.....	6	0

OPERATIONS, &c., DURING THE YEAR.—(Continued.)

Catheterisms.....	115	Incisions Various.....	194
" of Nasal duct.....	5	Wounds dressed.....	552
Vaccinations.....	63		
Teeth Extracted.....	224	Total.....	1343

FRACTURES TREATED DURING THE YEAR.

<i>In-door.</i>		<i>Dislocations Reduced during the Year.</i>	
Simple.....	42		
Compound.....	13		
Total.....	55		
		<i>In-door.</i>	
		Dislocation of Shoulder.....	2
		Dislocation of Thumb.....	1
		Total.....	3
<i>Out-door: Simple—</i>			
Fracture of Clavicle.....	2		
" of Humerus.....	1		
" of Radius.....	11		
" and Ulna.....	1		
" Ulna.....	1		
" Ribs.....	1		
Total.....	17		
		<i>Out-door.</i>	
		Dislocation of Shoulder.....	2
		Dislocation of Elbow.....	1
		Total.....	3

CONSULTING PHYSICIANS DURING THE YEAR.

GEORGE W. CAMPBELL, ESQ., A.M., M.D. | WILLIAM SUTHERLAND, ESQ., M.D.
ROBERT CRAIK, ESQ., M.D.

ATTENDING PHYSICIANS DURING THE YEAR.

During first Quarter..... DR. FRASER and REDDY.
" second Quarter..... " SCOTT and WRIGHT.
" third Quarter..... " MCALLEN and FENWICK.
" fourth Quarter..... " HOWARD and DRAKE.

RESIDENT MEDICAL OFFICERS DURING THE YEAR.

GEORGE ROSE, A.M., M.D., House Surgeon; T. G. RODDICK, M.D., Assist. House Surgeon;
F. A. RODGER, M.D., Apothecary.

MR. EDWARD RUSSEL, House Steward. | MISS FORBES, Matron.

THE ONTARIO MEDICAL ACT OF 1869.

Just as we are going to press, we have received a copy of amendments to the Medical Act of 1869, which have been introduced into the Ontario Legislature by the Hon. Mr. McMurrich. We consider many of them highly objectionable. The Homeopathic and Eclectic members of the Medical Council, not satisfied with the position and privileges granted them under the old Act, are endeavouring to gain more. We can hardly say we are surprised at this movement, although we do hope it will open the eyes of these members of the profession who have supported this most singular piece of Medical Legislation.

UNPROFESSIONAL ADVERTISING.

Here is another specimen of the method of attracting notoriety by some medical men in the Province of Ontario. We have not heard whether any of the Doctors have adopted the very excellent method of advertising by placing a man inside of a three cornered box, with three large sides for placards, so constructed as to give room for slow and deliberate motion, the individual's head appearing at the top. If this has not already been adopted, we would advise a trial. It has succeeded in other lines of advertising admirably, especially the negro minstrel business.

W. W. Elmer, M.D., Physician, Surgeon and Obstetrician, graduate of Queen's College, and Licentiate of Canada, has permanently located in Thomasburgh. The Doctor has been in practice for twelve years in the Counties of Hastings and Prince Edward, and therefore has become thoroughly conversant with the diseases prevalent in this part of the country. Typhoid Fever has ceased to be a fatal disease under the Doctor's treatment. He can refer to several hundreds of cases of the most violent character, and not one fatal case in the last ten years.

The Doctor has devoted special attention to the diseases of women and children; and having carefully studied the facial expression of childhood and infancy, both in health and disease—the only true symptomatology of infants—he is able to treat them scientifically, and with a certainty of success.

Consumption, under the Doctor's treatment, and taken at a proper stage, is not incurable; and when the third stage is far advanced, the distress may be greatly alleviated, and thereby life prolonged.

Dr. E. has treated chronic disease of the kidneys, viz., diabetes and diuresis, successfully.

Functional and organic diseases of the heart and liver can be permanently cured or greatly alleviated under the Doctor's treatment.

And in all cases when consulted, he will give a plain statement of the facts.

Charges graduated to the scale of the Hastings Medical Society.

THOMASBURGH, November 27, 1869.

THE TORONTO GENERAL HOSPITAL.

At a recent meeting of the Trustees of the Toronto Hospital Trust Fund, the following new appointments were made: To be Physicians and Surgeons, Drs. Geikie, Canniff and Cassady.

MEDICAL NEWS.

Dr. W. R. Saunder has been elected to the chair of Pathology in the University of Edinburgh, vacant by the resignation of Prof. Henderson.

Dr. Jouon of Nantes has quite recently removed an ovarian tumor, weighing twenty pounds, from a girl aged 12 years, who had never menstruated.

NERVOUS HEADACHE.

Prof. Hammond recommends the oxide of zinc in two grain doses three times a day. The subcarbonate of bismuth in the same proportions may be substituted when there is gastric disturbance.—*N. Y. Medical Gazette.*