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THE CANADA LANCET:

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VI. TORONTO, AUGUST, 1874. No. 12.

Original Communications.

AMERICAN MEDICAL ASSOCIATION.

GLEANINGS FROM MY NOTE-BOOK.

BY A. HAMILTON, M.A., M.B., MILLBROOK.

Having been present at the meeting of the American Medical Association at Detroit, from the 2nd to the 5th of June, inclusive, with, *ex officio*, the most free access to such matter as was deemed worthy a place in the forthcoming volume of Annual Transactions, it occurs to me that a few points may interest your readers, few of whom will have access to the Transactions.

EPIPHYSEAL FRACTURE OF HUMERUS.

I had the pleasure of being present last September, when, Dr. E. M. MOORE of Rochester, Professor in the University of Buffalo, read, before the Academy of Medicine in New York, a paper on Epiphyseal Fracture of the Superior Extremity of the Humerus," which had been described first by Dr. Robert W. Smith. In the last edition of Gross it is not treated as a distinct fracture. Frank H. Hamilton has recently done so, after Smith. Moore then insisted on its being distinct from fracture of either the surgical or anatomical neck; illustrated it by a humerus with separated epiphysis; explained a method of reduction original with himself, namely; raising the arm to a perpendicular position, locking the shaft of the humerus into the separated epiphysis and bringing it down to the side, making slight extension and advised retention by a method already given to the profession by Dr. Swinburne, of Albany. Dr. M. now returned to the combat with a decision and precision there was no gainsaying, showing himself master of the situation. From its nature, the fracture occurs only in youth and adolescence. Frank Hamilton had a case last fall, aged 19, believed to be the oldest on record, patients rarely exceeding 16. The *symptoms* are striking and uniform. The head of the bone can be distinctly felt in the glenoid cavity; a slight depression is felt beneath it, the head remaining motionless when the shaft is rotated. A striking and abrupt projection is observed beneath the coracoid process, caused by the upper extremity of the shaft being drawn inward by muscular action. The shaft seldom clears the head, and hence the small amount of shortening. This projection is smooth and slightly convex, in contrast to the irregular margin of ordinary fracture. The elbow projects but little from the side, and can be readily brought in contact with it. Pressing the upper end outwards while holding the elbow to the side and making extension and counter extension, the deformity disappears, to recur as soon as left to unopposed muscular action. The diagnostic points are; first, the projection beneath the coracoid; and second, the immediate recurrence of the deformity when the means for reduction cease retaining the shaft in place, there being no fracture of the superior end of the humerus in which retention is so difficult. In general the nature of the injury is unrecognized although the symptoms have been clearly stated by Sir A. Cooper, Professor R. W. Smith, and Frank H. Hamilton. The surgeon does not know what to do when a case occurs. It should not be mistaken for dislocation, because dislocation lacks the mobility here present. Again the projection of the lower fragment does not occur in fracture at either neck, and indeed cannot occur in fracture of the surgical, because the muscles causing the projection (supra-spinatus, infra-spinatus and teres minor) are inserted *above* the surgical neck.

ENCEPHALIC CIRCULATION.

Dr. R. A. VANCE, of New York, had a paper read on "The Mechanism of the Encephalic Circulation" of which the following is a brief summary:

1. Atmospheric pressure operates in such a manner as to keep the fluid contents of the skull of constant bulk.

2. The heart can, under certain circumstances, exert a compressing influence upon the encephalic centres.

3. The relative quantities of arterial and venous blood and extra-vascular serum vary with, first, cardiac contractions; second, respiratory movements; third, sleep and wakefulness; and fourth, mental excitement and repose.

History of Ovariotomy.

Some testimonial is to be raised to the memory of Dr. Ephraim McDowell, who in 1809, at Danville, Kentucky, first performed ovariotomy, (in its modern sense,) all statements of English authorities to the contrary notwithstanding. The truth would seem to be that the operation was suggested by William Hunter; its practicability, and the mode of performing it, were taught by John Bell; it was first practised and that successfully, by McDowell, a pupil of Bell, in 1809; and it was not until 1823 that an attempt (with fatal issue in each of the four cases) to introduce it into Britain was made by Lizars of Edinburgh. A monument to McDowell on the site of the house where the operation was performed, seemed to be in favor with those discussing the matter, but it is not yet settled.

Use of Alcohol.

After an attempt to table the following resolutions offered by Dr. F. Horner, of Virginia, they were passed *seriatim* by the section on State Medicine and Public Hygiene:

Resolved, That in view of the alarming prevalence and ill-effect of intemperance, with which none are so familiar as members of the medical profession, and which have called forth from eminent English physicians the voice of warning to the people of Great Britain concerning the use of alcoholic beverages, we, as members of the medical profession of the United States, unite in the declaration that we believe that alcohol should be classed with other powerful drugs; that when prescribed medically it should be done with conscientious caution and a sense of great responsibility.

Resolved, That we are of the opinion that the use of alcoholic liquors as a beverage is productive of a large amount of physical and mental disease; that it entails diseased appetites and enfeebled constitutions upon offspring; and that it is the cause of a large percentage of the crime and pauperism of our large cities and country.

Resolved, That we would welcome any change in public sentiment that would confine the use of intoxicating liquors to the use of science, art and medicine.

Electricity in Surgery.

Dr. Geo. M. Beard, of New York, of electrical fame, gave an address which bore out the following conclusions:

First—That certain benign tumors, as goitres, cystic tumors, enlarged glands and nævi, can be made to disappear under electrolysis, the needle being plunged into the tumor.

Second—That fatty tumors and enlarged lymphatic glands are usually very difficult to diminish by electrolysis, and sometimes will not diminish at all.

Thirdly—That malignant tumors will not and rarely, if ever, entirely disappear under electrolysis; but the pains connected with them can be treated most successfully by electrolysis and also by simple external galvanization with sponges.

Fourth—That malignant tumors when sufficiently accessible and not too far advanced, may be treated by electrolysing the base or "working up the base," as he terms it. This method promises more permanent results than have been obtained by the usual treatment.

Fifth—That certain diseases of the skin, notably *herpes frontalis seu ophthalmicus*, chronic *eczema* and *prurigo*, have been treated, and up to the present date with the most gratifying success.

Sixth—That diseases of the skin may be treated by local and central methods of using electricity; but some of the most brilliant results in the treatment of chronic eczema have been obtained by galvanizing the nerve centres in the method of central galvanization *without making any application to the diseased parts*. The results of this treatment seem to show pretty conclusively that chronic eczema is, to a considerable extent dependent on the central nervous system.

New Remedy for Pruritus.

Dr. L. D. Bulkley advocated the use of an ointment containing chloral and camphor, thus adding one more to the host of anti-pruritics.

Chronic Eczema.

Dr. Bulkley also holds that what we now term chronic eczema is not necessarily a constitutional, but is often a local disease. Remedies mostly used: arsenic, glycerine, cod liver oil, tar ointment, mutton suet and lard, carbolic acid and solution of tar and caustic potash. Dr. Woodward, U. S. army, and Dr. C. B. Hall, of Toronto, advocated the local application of arsenic to eczematous patches, alleging experience.

Ammonia.

Dr. Farnsworth, of Iowa, read a paper on "Ammonia and its therapeutical application." He prefers the use of bicarbonate in children. It is formed by exposing the ordinary sesqui-carbonate in powder to the air, until it has lost its pungency.

Specialists.

In the report on revising the code of medical ethics, there occurs the following:—"But how then, can those who wish to pursue a special practice, make known their position to their brethren and the public?" We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the whole or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community, that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated, not by special or qualifying titles, such as *oculist*, *gynæcologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice, appended to the ordinary card of the general practitioner, saying, "Practice limited to diseases of the eye and ear," or "diseases peculiar to women," or "to midwifery exclusively," as the case may be. Such simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner, that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this, would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession."

Uniform Records.

The venerable Dr. E. Seguin, of New York, who, by the way, gave an exposition and illustration of "Mathematical thermometry," (being the translator of Wunderlich,) had been appointed delegate to Europe. From his report it would seem that he urged before the British Medical Association and the French Association for the Advancement of the Sciences, what he has been urging for years, viz., the question of harmonizing our means of observation and record, and of instructing therein mothers and nurses. Our clinical scales and instruments of observation differ from nation to nation and from hospital to hospital. As soon as Seguin's object shall have been accomplished, the observations of physicians will become comparable at a glance, and their record be as positive as those of the operations of the chemist, the physicist, and the dynamist.

Hygiene.

This subject, taking up half a section, had full and free attention. Dr. A. N. Bell, of Brooklyn, N. Y., the genial and indefatigable editor of *The Sanitarian*, is putting new life and fresh vigor into his specialty. Space and time prevent my going into details. Suffice it to say that, from the interest manifested, the number of papers read, and the organization for work next year, it is abundantly evident that the orthodox profession are leaders in this as in every other department of pathological science; and that they need no prophetic Ryder to spur them on with heterodox presumptions uttered and copied from any worshipped and ideal oracle.

Shortening in Fractures.

Dr. Lewis A. Sayre, of New York, presented a report of 115 cases of fracture occurring in his wards in Bellevue. His deductions are remarkable. Excluding three cases where the shortening was from an inch and a half to two inches, but which labored under concomitant pneumonia, abscess, and delirium tremens respectively, it would be found that in the remaining cases some* were longer, some of equal length, and the rest with from one-sixteenth to one-eighth shortening. The measurements had been made by house-surgeon Van Wagner, and had been verified by the hitherto sceptical Frank Hamilton. They were treated by extension and counter-extension until accurate adjustment; then fixation and retention. In case too great extension was made, reflex irritation produced contraction with displacement. In elucidating his principles of treatment, he referred to Dr. Nelson, who, sent for to an injured lumberman in the Saguenay River, found him asleep, although with both femurs broken, he having crawled up the river's bank and seated himself upon a ledge of

*In general, conclusions are intended to apply to femurs throughout the discussion, although they will often apply *a fortiori* to the other long bones.

rock, with his back supported and legs pendent, the width of the ledge being exactly right for his length of femur. Finding his patient so easy, he made a triple-inclined-plane, and got an excellent result, only to be expatriated by a suit for mal-practice in keeping his patient confined for weeks unneces sarily, the plaintiff alleging there was no fracture. The double or triple inclined plane, Buck's extension, long splint, plaster of Paris, gutta percha, starch, silicate of soda,—anything and everything might be used which would secure retention.

An exciting and prolonged discussion ensued, in which the St. Louis men (Hodgins and Gregory especially) held to necessary shortening, the latter in every case of fracture of every bone. It was pointed out that Sayre's measurements were made *too soon after union.* Further shortening occurs after union, while suits for malpractice come at the most unfavorable of all times, when a maximum of shortening has been reached. It was also stated that corresponding bones in the same subject on different sides of the median line were often of different lengths, although the limbs as a whole were equal. Sayre, at his own request, was asked to make the measurement, in so far as possible, at a later date, and to report next year. It was also shown that a case in a fully equipped hospital, was in much more favorable circumstances, than a like case in private practice. The following resolution was adopted :—

WHEREAS, The members of the Surgical Section of the American Medical Association have listened with interest to the report of Prof. Sayre, of New York, on the subject of Fractures; and

WHEREAS, Statistics accompanying said report in the institution (Bellevue Hospital) represented unusual results; therefore,

Resolved, That this Section, after free discussion of the report and its reference to the Publishing Committee, would express their opinion, based upon experience, that the results in relation to shortening following fractures is better than can be looked for in general practice.

It is but fair to add that the Section was almost unanimous in the passing of this resolution. Later, an interesting scene occurred in which a boy of eleven, who had broken a femur six years ago, from the practice of Dr. Farrand, of Detroit, was exhibited by Dr. Sayre, and skeptics who doubted the non-occurrence of shortening, were asked to say which leg had been broken. The challenge was accepted, and several examined the boy, some of whom declined to express an opinion. Of the rest, it is certain that the majority "got on the wrong leg," the fact being that the broken thigh was now rather longer than its fellow.

SYPHILIS.

Prof. SAMUEL D. GROSS, of Philadelphia, the venerable Nestor of American Surgeons, read a lengthy and elaborate paper on Syphilis. He contended that Syphilis is a principal cause of Scrofula so called; maintained the unity of the syphilitic poison; denied its modern origin, and affirmed his belief in its existence in the days (and probably in the persons) of Job and David. He advocated its attempted restriction by legal enactment, so as to prevent wide-spread physical degeneracy through unlicensed brothels. It should, he thought, come under the Contagious Diseases Act, (as in Britain), or some cloaking name, that its object might not be defeated by a popular cry, the offspring of prejudice and ignorance, as it had been in the only place where legal restriction had been tried, viz., St. Louis, with its recent "Social Evil Act."

This paper excited free comment in conversation, and would have been much more freely discussed by the Surgical Section next day, but for Dr. Gross being summoned to Baltimore. So much notice has it excited, that the pathological and socio-legal questions raised in it, must become matter of earnest contention for a year or two. Dr. J. Marion Sims, of New York, considered it *the* question of the day. The day had now come when religion would no longer hold up her hands in holy horror, at the handling and advocacy of the question. Indeed he was proud to know, that the medical profession had now first declared war, and was in the van, seconded or alone it made no matter.

Dr. SAYRE, of New York, strongly expressed his belief in the spontaneous generation of syphilis, and that it arose from promiscuous intercourse.

Dr. MOORE, of Rochester, denied it, instancing the Sandwich Islands, which on discovery by Captain Cook contained no syphilis, although their religion prohibited intercourse only with sisters, and so was sufficiently promiscuous. Similarly syphilis did not exist in Australia on its discovery, although similar conditions existed as to intercourse.

Uræmia.

Dr. F. R. Bucham, of Flint, Michigan, read a paper on "Uræmia." He took issue with the teaching of any authority, however celebrated, when such authority states directly, or by implication, that uræmia is an effect or sequel of albuminuria, as he was convinced, and indicated a course of investigation which demonstrated, he thought, that uræmia can exist, and does exist, independently of albuminuria, without the destruction of a single tubulus uriniferus; without a trace of albuminuria in the urine, and without any evidence of disease of the kidney whatever, and that consequently when the two conditions are found together they simply co-exist, and that a much greater number suffer from uræmia, who have neither morbus Brightii nor uræmic eclampsia, than are to be found who have either or both. He had made nearly 800 quantitative analyses for urea, and satisfied himself that it not only existed in Bright's and the eclampsiæ, but also in many of our every-day diseases, exerting its baneful influence where there was no disease of the kidneys whatever. The question naturally arises here, if it is the function of the kidneys to eliminate urea, and if these organs are healthy, why do they not perform their duty? Because, by the disease or disorder of some other organ or organs, solids in a state of league faction may be so much increased in the blood that the kidneys, in trying to eliminate them, are compelled, so to speak, to neglect a part of their ordinary duty. Consider the amount of sugar eliminated in diabetes, or bile in jaundice. Is it any wonder that urea should be allowed to accumulate, while the sometimes enormous quantities of sugar or bile are being excreted? It may be urged, however, that diabetes and jaundice are of rare occurrence. Granted; but is biliousness—jaundice in miniature—very uncommon? Take into account, also, the triple phosphates in overwrought nerve-centres, pus, etc., and is it wonderful that in performing so large a vicarious labor that the ordinary work of the kidneys should be imperfectly performed? Again, in dyspepsia, where nitrogenized food stops short of complete metamorphosis, there is "destructive assimilation," and then the kidneys have to eliminate not only the urea generated by disorganization of tissue, but also that produced by imperfect digestion. How often do we hear "examine the urine for albumen," while had a quantitative examination been made for urea, how many long learned ingenious theories as to diagnosis and etiology would have been unwritten? He preferred Thudichum's (Davy's?) method, made by accurate apparatus arranged by Flint, Jr. Would it be *a priori* considered strange that with a full, bounding, rapid pulse, increased temperature, skin dry, urine often very scanty, as is common in our fevers; would it be thought strange that uræmia in some degree should be present, and that the fever should be modified by ts presence? He had no doubt that often the low muttering delirium of such fevers is due directly to that agent; and that many cases of so-called muscular rheumatism and neuralgia, ought properly to be designated uræmia, and he had on that theory treated and relieved both the last named maladies that had resisted appropriate remedies for rheumatism and neuralgia, prescribed by eminent physicians. He had also found many cases of epilepsy, and some forms of spinal disorders, due entirely to, or much aggravated by the same cause; and in that terrible disease, cerebro-spinal meningitis, of which we *know* little excepting its fatality, he believed it will yet be found that uræmia exerts a very marked influence, if it is not directly the cause.

Miscellaneous.

Space and time, to say nothing of your patience, alike forbid my more than mentioning the titles of the other subjects and papers presented and discussed. Dr. E. Lloyd Howard, the noted insanity expert, of Baltimore, read a paper on "Emotional Insanity;" Dr. A. N. Talley, of Columbia, S. Carolina, on "The Relation of Psychology to Medicine;" Dr. E. W. Gray, of Bloomington, Ill., on "Physiology and its relation to the Practice of Medicine;" Dr. J. J. Caldwell, of Baltimore, on "Electricity as a Restorative Agent in Narcosis and Asphyxia;" Dr. Theo. Parvin, on "Uterine Hemorrhage;" and Dr. A. N. Bell, of Brooklyn, on "The Waste of Life;" to say nothing of the President's (Dr. Toner, of Washington,) address, and other papers full of suggestive topics.

Suggestion.—Since Pathological Science knows no boundary or nationality, why should not Canada become part and parcel of the *American* Medical Association? Our neighbors have cordially offered us recognition; let us make the further step and secure legitimate union, and thereby give a whole-

souled response to their welcome with mutual benefit. Doing so need not interfere with the working of the Canada Medical Association, which would still exist and prosper just as do the several State Societies. We can *perhaps* teach them how practically to suppress quackery and to legislate for higher education. This union would by its magnetic influence soon wake us out of this behind-the-age everlasting Rip Van Winkle sleep into which has fallen, it must be owned with a blush, our country's pathology.

CASES IN SURGERY.

BY WM. M'CARGOW, ESQ., SURGEON, CALEDONIA, ONT.

CASE I.—UNUNITED FRACTURE OF THE HUMERUS, OF NINE MONTHS' STANDING, SUCCESSFULLY TREATED.

Mrs. F., æt. 32 years, of good constitution, fell on the 14th August, 1872, a distance of eleven feet, from an unfenced side-walk, into a tributary of the Grand River, among timber and stones. I saw her soon after, and found her suffering very great pain from an injury of the pelvis; she also sustained an oblique fracture of the right humerus, at the middle portion. I dressed the fracture, putting on a well-fitting angular splint to the posterior surface of the limb, with the usual smaller splints at the seat of fracture. Little or no swelling followed, nor was the fracture at all disturbed by the subsequent dressings. At the expiration of six weeks, to my great disappointment, no bony union had taken place. I then put up the limb for some weeks with splints and a starch bandage, and these failing, I advised a consultation. Several of my medical friends in Hamilton saw her, and advised friction or rubbing together of the fractured surfaces, and the limb to be dressed with Millboard splints; the outer to overlap the Acromion process, and to extend to the end of the fingers; the inner one, from the axilla to the corresponding part of the hand. On the 22nd of October it was carefully dressed in this manner: The millboard having been cut to the proper shape and size, was softened and applied; after being allowed to dry, it was reapplied, being well padded, and a starch bandage over all.

On the 3d of May, nearly nine months after the accident, assisted by Dr. Kerr of Galt, and Dr. Robert H. Dee, of the Indian Reserve, I made an incision on the outside of the arm down to the bone, the ends of the bone were exposed and the knife introduced for the purpose of freely dividing the cartilaginous-like substance which was between them, after which, a steel director was used, the bones separated and well rubbed with it. The wound was then closed by wire stutures, and dressed, the arm put into a tin splint, such as my friend, Dr. Kerr, uses in all kinds of fractures of the arm.

Considerable swelling and inflammatory action followed, with free suppuration; the wound now very soon healed, and, at the expiration of eight weeks, bony union was affected. She has not, as yet, as good use of her fingers as formerly; they are however improving, and she has done her own housework for the last eight months.

Dr. Kerr suggested the introduction of a tenotomy knife between the bones, so as, to produce sufficient irritation, making a mere punctured wound externally. I however considered that the manner in which the fractured ends were disposed, precluded me from successfully doing so.

CASE II.—A PORTION OF TIMOTHY GRASS, SUPPOSED TO BE LODGED IN THE RIGHT BRONCHIAL TUBE, FOR FOUR AND A-HALF MONTHS, EXPELLED BY NATURE.

On the 4th July, 1873, I was called to visit William John Jackson, a delicate looking boy, aged six years; having acute febrile symptoms, with a short dry cough. On the 8th, on examining his chest I detected the usual symptoms of pneumonia *in the upper* and posterior portion of the right lung; pain being first felt at a point a little below the clavicle.

In a few days the greater part of the posterior and latter part of the right lung became dull upon percussion, and in spite of treatment gradually went on to the formation of an abscess. The sputa were purulent, streaked occasionally with blood, and very offensive. Quick pulse; high temperature, seldom below 102°; dyspnœa; emaciation, &c. A little below the angle of the scapula, gurgling and large moist rales, &c., could be heard, all indicating an unhappy state of things for the patient.

The season of the year, the continuance of inflammatory action in spite of treatment, and the part first attacked, caused me to inquire if he slept with his mouth open; for if so, probably some kind of insect may have got into the air passage.

A week or two after, his mother observed timothy seed in his sputa; a remark then made by the boy

led her to remember his having "swallowed" a straw which nearly strangled him.

I was then told the following :—The boy had beenplaying with a spool into which he had put a large part of a head of timothy, for the purpose of again forcibly ejecting it through the hole in the spool; some of the seeds becoming detached caused him to cough and powerfully inspire, when the head of timothy slipped into his windpipe.

I told the parents that this was the real cause of the boy's illness.

Drs. Malloch and Strange of Hamilton saw the case with me. The day previous to their coming I found in the vessel containing the sputa what they and I took to be the straw without the seed. We therefore concluded that no surgical interference was necessary, and that the boy would not likely live many days.

After the lapse of five weeks, at 4 o'clock, A. M., he had while coughing, a severe hœmoptysis which had nearly proved fatal. His father after this, gave him tincture of iodine in mistake, instead of laudanum,—increasing the dose, seeing that it did not allay his cough or procure him sleep. When I detected this and found that the sputa were diminishing, also the fetor, I ordered the iodine to be continued. The symptoms then changed gradually and slowly for the better, so that he quite recovered flesh, and coughed but little.

On the 14th of November, during a severe fit of coughing, the head of timothy was forcibly expelled. It was brought to me; it was about one inch and a half in length, and as dry and hard as when it first entered.

He has lately recovered from an attack of whooping cough, and is now hale and hearty.

CHOLERA INFANTUM.

BY G. A. WILLIAMS, M.D., BAY CITY, MICH., U.S.

Relaxation of the bowels is one of the most frequent diseases of infancy, and is most common between the ages of six months and two years; that is the period of dentition. The teeth produce considerable constitutional derangement, and as the alimentary canal is becoming rapidly developed there is always a tendency to diarrhœa or dysentery. The exciting causes are various, hot weather being the most common. The digestive organs are extremely delicate at this time, so much so, that milk alone from the breasts of a prudent mother will very often bring on derangement of the stomach. Although great care is required in these cases, and particularly the very blandest kind of food, some mothers wean their babies, and, to use their own expression, they feed them almost everything. In a great many cases the child is allowed to nurse too often and too much, and in this way irritation is set up and there is acidity of the stomach; the bile becomes acid and vitiated, and then we have vomiting and purging. There appears to be a close connection between the action of the intestinal canal and that of the liver, so that any derangement of the one will produce excitement of the other. Besides improper feeding, we have among the exciting causes, *malaria*, bad ventilation, improper clothing, and exposure to the changes of the weather. As long as this irritability of teething remains, the disease is liable to continue in a more or less degree and run a certain course, therefore we must endeavour rather to guide than to check it. In such cases, I believe, astringents of any kind always do harm. In the beginning, clear the bowels of all offensive matter with some gentle purgative; then with simple alteratives, *constant* counter-irritation and strict attention to the diet, the patient will generally recover. The less the child is dosed the better; for I believe the care and attention of the mother to be much more important than any medicine. I have seen a mixture called the neutralizing mixture used with very good results. It possesses the advantage of not doing any harm, as well as amusing the mother and friends, which I consider to be a very important part of the treatment. It is composed of Rhei Pulv., Sodæ Carb., Essence Menth. Pip., and Vini Gal. For a child six months old, order Rhei, Sodæ, aa gr. vj; Menth. Pip,. gtt. ½; Vini. Gal. gtt. v.; to be given every three hours when there is griping and sickness at the stomach. Curb the child's appetite, and instead of allowing him to nurse when he has a desire, give a little barley water or some other simple food and rather let him go hungry than aggravate the disease; for although the nourishment is required in the system the stomach is unable to digest it. When the child begins to grow weak, stimulants will do good as they always do in any similar case of prostration. I have

generally used brandy freely, and the little creatures always seem to take it with great avidity. A bandage around the abdomen, and rubbing with brandy and sweet-oil warmed, will give tone to the parts and sometimes be found very beneficial. When the disease is about to become chronic and the discharges are watery, astringents are recommended, but, I believe, they only do good in occasional cases when the disease depends merely upon the weakness and flaccidity of the parts. In most cases there is more or less enteritis and the secretions are morbid, then by giving astringents we treat the effect instead of the cause. Opium, in any form, I believe to be always injurious to infants, and as we can do without it, I would not be in favour of giving it in any case. It always affects the brain, so much so, that I have seen several cases of idiocy, produced by nothing more than the injudicious use of opium in childhood.

Correspondence.

CASE OF ORANGEISM.

To the Editor of the LANCET.

Last March, Mr. B. called me to see his little girl, who was a year old, and whom I had seen twice the previous week for cerebral symptoms, the result of teething and intestinal irritation. The child was an only one, its parents having previously lost one from some affection of the brain, so far as they could explain the case to me. Before seeing the child, I was told that she had passed by the bowels hundreds of substances like "bots," and the father of course hinted that perhaps these would account for the disease I was treating. On examination of the "bots," I found indeed hundreds of small, inflated, bulbous, semi-transparent bodies, tapering off abruptly into a tail the length of the body and of the diameter of common thread. These bodies, in fact, reminded me of boiled barley with the awns attached, the difference being that they were translucent, and, on being crushed, cracked like a bladder and allowed a clear fluid to escape. I was puzzled, and confessed so to the parents, maintaining at the same time that, from the appearance of the child, the peculiar evacuations did not correspond with the other symptoms. However, I promised to investigate the case and report. My report was to consult a higher authority; but as the child improved and passed no more comets, no other physician was consulted. In about ten weeks, however, the child passed another batch of these curiosities, and this time the parents were more alarmed than before. Mr. B. had, in the interval, been narrating the wonderful case to several parties where he had been visiting, and one of those croning alarmists (of whose presence every coterie can boast) had told him of several cases that had happened in Guelph; that they had proved fatal; that the doctors had 'opened" them; and that the lower part of the intestinal canal was a mass of living "bots." Mr B., who is in the habit of handling a knife when meditating, was one day exercised in the minute dissection of an orange, accidentally, however, found a cure for his fears, and by patiently experimenting, solved the case. He found that it was only when the child ate oranges that the bots made their appearance, and that by withholding the oranges the undigested cells disappeared from the stools, to make their re-appearance on the oranges being allowed. I of course dissected an orange, and found that the structure of the fruit was exactly hundreds of bot-like cells loosely held together, such as I had seen pass undigested through the child; and although I do not feel ashamed to confess that, in diagnosis and original research, I was second to a non-professional gentleman, yet I was glad that I had the manliness to confess my ignorance of the case, and I think I was rewarded. Perhaps I ought to add that the child improved rapidly after the diagnosis was completed.

D. HEGGIE, M.D.

Brampton, 12th July, 1874.

Selected Articles.

THE EMPLOYMENT OF GELSEMINUM, IN ODONTALGIA AND FACIAL NEURALGIA.

I desire to draw attention to the value of gelsminum sempervirens in the treatment of some forms of odontalgia. Since reading Dr. Wickham Legg's paper, published in May last, advocating the employment of the drug in cases of odontalgia, I have frequently used the remedy for the relief of toothache and some allied affections among my outpatients. Gelseminum, commonly called the yellow jasmin, is not very generally known to Eng

lish practitioners, although it has been largely used in medicine for some years in the United States. The drug seems to act mainly upon the nervous system, impairing the sensibility of the sensory nerves. American pharmacists prepare a liquid extract; the dose of the powder root is from one to two gains; I have used a tincture, made from two ounces of coarsely powdered gelseminum root macerated in a pint of rectified spirit. In hospital outpatient practice, we meet with a large number of cases of neuralgic pains in the face and jaws, associated with carious teeth, but unconnected with any evident local inflammatory changes. The patients are frequently badly nourished women. In such cases, I have given the tincture of gelseminum, in doses of fifteen minims every six hours, in an ounce of dill-water. Out of about twenty cases, I do not think the use of the remedy has failed to be followed by decided and lasting relief in more than three or four instances. The pain did not usually disappear till after the third or fourth dose. I have seen enough of the employment of gelseminum, to feel sure that more extended experience and careful investigation of its action will establish the drug as a valuable addition to our materia medica.

CASE I.—S. W., aged 30, confined eight months ago, not suckling, anæmic, for twelve months had been suffering with grinding, shooting pain in the teeth, jaws, and temples. The pain was generally worse from 9 to 10 a.m., sometimes at night. Eating brought it on. She had several stumps, but the dentist said that nothing was to be done. She had tried many medicines. She was ordered tincture of gelseminum, ten drops in water thrice daily. She was relieved by the first dose, and the improvement continued whilst she was under observation and taking the medicine—two or three weeks.

CASE II.—T. B., aged 39, complained of violent stabbing pain from the mastoid process, over the side and front of the head, coming on from 3 to 6 a.m. This had continued for three weeks. There was no known cause, except a fall on the part seven months ago. His general health was good. He was ordered five grains of quinine before the paroxysm, fifteen grains of ammonium chloride thrice daily, and liniment of chloroform. He got no definite relief, except from the last mentioned, and, at his next visit, was ordered three drops of tincture of aconite. From this he had much relief for a few days, when he relapsed. Pain was now felt more in the jaws and left side of the face. He was ordered ten drops of tincture of gelseminum, and got distinct and decided relief which continued whilst under observation.

My note-book contains now many similar cases, which warrant me in adding my testimony to that of Dr. Legg, and to that of my friend and colleague Dr. Sawyer. I have ample evidence of the power of gelseminum to relieve pain, especially—I do not say only—in branches of the fifth nerve; and medicines that relieve pain are the most valuable we can have. In toothache from caries or irritated nerve, I do not know that we often think of any but local treatment, unless sometimes aconite or large doses of quinine; yet in very many cases, gelseminum will relieve markedly. Its use, as may be said of most neurotics, is not free from some danger; but I have only seen unpleasant symptoms once, and then from an American liquid extract in doses of five to ten drops (the dose marked on the label). These symptoms were dimness of vision and extreme prostration. They soon passed, but may serve to remind that the evidences of the physiological action of the drug are, loss of sight, double vision, headache, paralysis. Several cases of accidental poisoning have exhibited these; the few recorded fatal ones were all of children to whom extravagant doses had been given. The preparation I now use is a tincture made according to the usual pharmacopœial mode (*e.g.*, as tincture of aconite), but with two ounces of root to the pint of spirit. It was first prepared here by the hospital dispenser, Mr Dewson, and is now kept by Messrs. Southall. The dose ordered was from five to twenty drops, and with this, among a large number of out-patients, I have had no cause for anxiety. As the "Therapeutic" corner of our JOURNAL is now, and usefully, occupied concerning tetanus, I will point out that gelseminam, from its paralysing power, ought, *à priori*, to be of use in that malady.—*Brit. Med. Journal.*

DARWINISM TESTED BY RECENT RESEARCHES IN LANGUAGE.—On Monday, May 11th, Dr. Bateman of Norwich delivered a very interesting lecture on this subject in Paris to a large Anglo-American and French audience. Sir John Cormack, who was in the chair, in a few remarks at the close of the lecture, amid the assenting applause of the meeting, said that he thought the lecturer had made good his anti-Darwinian position. Dr. Bateman chiefly insisted on the three following points. 1. Articulate speech is an *universal attribute* of man; all races having language and the capacity of acquiring it. In support of this proposition were cited the writing of Taylor, Lubbock, and Moffat the African traveller. 2. Language is a *distinctive attribute* of man; it consequently establishes the difference of kind between man and the lower animals, which Mr. Darwin is in search of. 3. Although physiologists—Gall, Broca, and others—have been for a long period trying to connect speech with some definite portion of the brain, they have hitherto failed; and, as science has failed to trace speech to a material centre—has failed to connect mind with matter—*speech constitutes a difference of kind between man and the lower animals.*

CASE OF OVARIOTOMY.

CARE OF MR. WAGSTAFFE, ST. THOMAS'S HOSPITAL.

E. B., single, aged 23, but looking very much older, was admitted into the St. Thomas's Hospital, under the care of Mr. Wagstaffe, on April 23 of the present year. For four or five years she had been out of health, with biliousness, loss of appetite and of flesh, and frequent sick-headaches. Fifteen months ago, after a fit of indigestion, she noticed her abdomen to be larger, but the swelling was not lateral. The swelling had gradually increased since, with pain in the back and stomach. She was tapped in January of the present year, and sixteen pints of dark fluid drawn off. At the time of her admission the abdomen was much distended, its circumference two inches below the umbilicus being rather more than thirty-six inches; and the cyst appeared to be single. Tongue rather white in the centre; catamenia regular.

May 21.—The usual precautions for thorough disinfection having been taken, chloroform was administered after a subcutaneous injection of morphia. Incision made in middle line about three inches long. Peritoneum gradually exposed and readily distinguished, and tumour seen through it; no fluid in peritoneum, no adhesions. Trocar and canula drew off sixteen pints of dark thiek fluid. Cyst emptied and withdrawn; a mass of small cysts in the tumour near to pedicle. Fallopian tube elongated, but not enlarged. Pedicle rather long, and springing from left side, from which side the tumour had arisen. Clamp included Fallopian tube. Cut surface touched with solid perchloride of iron. No escape of fluid into peritoneum; no exposure of patient. Six silver sutures inserted, five including the peritoneum. Wound dressed with carbolised oil; cotton-wool and flannel belt adjusted. After operation, morphia was injected subcutaneously about every four hours, in consequence of the pain due apparently to compression of the Fallopian tube. The morphia was subsequently diminished.

22nd.—Wound healthy. No distension or tenderness; no sickness.

23rd. — After a very close night she was not so well. There was some slight abdominal distension, and she was sick once, and complained of pain in the right side. The temperature rose to 103·7° during last evening. Carbolic acid was injected subcutaneously every four hours, and ice-bags applied to the abdomen.

24th.—Better. Temperature varying between 99·5° and 101°. In the morning she was free from pain, was looking well, had no sickness, and was taking liquid nourishment well. In the evening she was worse; had one or two rather violent attacks of retching, but the abdomen was not much distended.

25th.—Being decidedly worse this morning, the enema-tube was passed into rectum to relieve flatulence, and later on the recto-vaginal pouch was punctured by a fine trocar, which did not, however, draw off any pus; the pouch was not sensibly distended with fluid. In the evening another puncture was made by a large trocar, and a mixture of pus and blood came away, but it was not offensive. The temperature during the day varied between 99° and 101°.

26th.—She sank at about 4 a.m., five days after the operation.

At the post-mortem examination it was found that there was general peritonitis, the small intestines being injected and distended, but the amount of lymph superficially was small. In the right flank was a quantity of offensive, sickly-smelling, decomposing lymph and pus; in the left flank there was a smaller quantity of the same; while in the pelvis there were about two or three ounces in the recto-vaginal pouch, into which the trocar had been inserted. There was little or no inflammation along the pedicle, and the wound in the abdominal wall was healthily closed, except where it had been opened shortly before death.

Clinical Remarks (by Mr. Wagstaffe).—This case was apparently simple, and it is difficult to assign a cause to the fatal complication. The character of the pedicle and wound after death shows that these parts were not in an unhealthy state. It must be noticed, however, that the first indication of peritonitis coincided with a condition of atmosphere prone to excite active decomposition; that until the night of the 22nd she was doing well; and that after this peritonitis had apparently been checked, symptoms of greater advance of the peritonitis manifested themselves at a time when the atmosphere was again in a very unhealthy state. At both times of activity in the inflammatory symptoms the air was excessively close and oppressive, highly charged with electricity; and at the time of the last exacerbation a violent thunder storm was impending. It is well known that at such times animal substances are peculiarly prone to fermentation and decomposition; and what is more probable than that the inflammatory products which are necessarily poured out after a large operation such as ovariotomy, and which are so liable to septic changes, should be affected by that electric or other dynamic condition of atmosphere which promotes decomposition in such a marked manner? These products of inflammation should go on to organization, or be reabsorbed under healthy conditions, but under the peculiar conditions of atmosphere referred to, they must be very liable to decompose, and by their decomposition to produce active and fatal peritonitis. This case is not one of those in which retained fluid in the pelvis is the start-point of peritonitis, and where the removal of the cause by tapping the recto-vaginal pouch would have been probably

followed by a removal of the peritonitis. There had been no draining of blood or cyst-contents into the pelvis, and, moreover, the amount of pus in the flanks was as much as that in the pelvis. In the presence of these facts it seems impossible to attribute the complication to other causes than those of atmospheric origin.

It is worthy of notice that the first indication of peritonitis seemed to be entirely checked by the treatment adopted, and this was directed to two ends. One of these was to allay the local mischief by the free application of ice to the surface; and that this was for the time successful was evident, for the surface remained cool, and, until the next thunderstorm, the patient was almost entirely free from pain. The other main object was to neutralise the influence which the circulation of septic products was likely to produce upon the circulation generally. This was attempted by introducing carbolic acid subcutaneously. This case will, it is evident, prove nothing conclusively as to the action of carbolic acid thus administered, for the results obtained may be attributed with equal reason to the ice; but in three or four cases in which the subcutaneous injection of carbolic acid has been made use of in this hospital in cases of septic poisoning, its effect in checking the rise of temperature and the occurrence of rigors has been most marked. The use of morphia in this case was limited as much as possible, and confined to allaying pain when it occurred.—*Med. Times and Gazette.*

SECONDARY ABSCESS FOLLOWING A STRANGULATED OMENTAL HERNIA.

BY ROBERT CORY, M.B., B.A., CANTAB.

John A——, a farmer, aged thirty-two has suffered for ten or twelve years from occasional severe pains in the abdomen, preceeded by a swelling in the right groin. The swelling used to disappear spontaneously on lying down. He never consulted anyone about these attacks, and never himself attributed them to hernia.

On the 6th of September, 1873, he had an attack similar to those he had had before, but more severe, accompanied this time by vomiting. He therefore sought advice, and was seen by the gentleman then acting as my *locum tenens*. On the following day the vomiting ceased, but as his bowels had not acted since the attack he was ordered a purgative. On the 8th his bowels acted freely, but the swelling in the groin still continued. On the 9th the pain became more localised in the region of the swelling. From this date to the 16th the swelling gradually increased in size, extending into the scrotum and along the inguinal canal, while a red flush appeared on the skin covering it. On the 16th the swelling burst just over the external abdominal ring, and a quantity of offensive pus escaped having a strongly marked fæcal odour.

Sept. 17th.—I first saw him to-day. The scrotum is full of pus, which freely escapes by the opening when it is raised.

18th.—The scrotum is again full. A counter opening was made in the most dependent part to let the pus drain away.

23rd.—A piece of sloughing omentum, the size of a penny came away to-day through the anterior opening.

24th.—The redness in the groin is rapidly disappearing, and the constitutional symptoms, which have been severe, are abating.

From this time to Oct. 14th he rapidly improved, both openings having closed. On the 15th he had a truss adapted, and got up for the first time on the 16th. A week after this he was doing light work on his farm, and continued to improve until the 10th of November, when he was seized with rigors and pain in his left side. On examination of the chest, there appeared to be slight dulness at the left base, but nothing marked. From this date he never felt well; he remained in bed for ten days, and then got up, but was again obliged to take to his bed on Nov. 29th. He now had a troublesome cough with slight expectoration, and complained of pains on both sides; his left arm felt numb, and he said he could not keep it warm; there was, however, no loss of power.

Dec. 4th.—He was taken to-day with a severe pain in the cardiac region, which was aggravated by deep respiration. He seemed very depressed, and vomited occasionally. On examining the chest, there was dulness at both bases, with very indistinct vesicular murmur. The dulness decreased upwards until about midway, where it ceased. At the apices expiration was prolonged, but the sounds were otherwise normal. Just below the nipple on the left side there was a small localised area, in which distinct fine crepitation could be heard. This portion corresponded with the seat of pain. The area of cardiac dulness was increased, but not to any great extent. Heart sounds were weak, but there was no murmur.

5th.—He died suddenly this morning at 6.30 a.m. His wife stated that the vomiting continued until his death, and that the left arm became quite cold.

Autopsy, thirty-four hours after death.—On removing the sternum, an abscess, the size of a hen's egg, was opened, which had for its anterior wall the conjoint cartilages of the seventh, eighth, and ninth ribs of the left side. The floor of the abscess was formed by the upper surface of the left lobe of the liver; while the diaphragm, covered by the pericardium, formed the upper wall. The pericardium was greatly distended with fluid, measuring 6½ in. in length and 4½ in. in its greatest breadth.

On opening the pericardium, it was found to be full of a thin, opaque, milky fluid; the whole internal surface, together with that covering the heart, was incrusted with a layer of flocculent, recently deposited fibrin. At the posterior part of the pericardium, which rested on the diaphragm, there was a small aperture, which communicated with the abscess cavity, through which pus had escaped into the pericardium. The pus in the abscess was thick and creamy. There was very little fluid in the pleura. The left lung was slightly adherent. The lungs were healthy, except being congested at their bases; they were more or less crepitant throughout. The endocardium and valves of the heart were healthy. The liver was healthy, except immediately beneath the abscess, where there was a firm cheesy mass, the size of a pea, triangular in shape, with its base towards the surface; this was situated in the substance of the liver. The omentum formed a band, which extended from the left side across the abdomen, and descended through the right abdominal ring into the scrotum, where it was adherent to the cicatrix of the old wound. There was no peritonitis, but the band of omentum was matted together, so that it could not be spread out at its lower part.—*British Medical Journal.*

NITRATE OF URANIUM IN DIABETES MELLITUS.

UNDER THE CARE OF MR. KENNEDY.

For the following notes we are indebted to Mr. R. J. Carey, house-surgeon, South Sussex Dispensary.

Mary G., of Plasket, æt. 17, who has never menstruated, came to the dispensary on Jan. 14th, 1874. Though previously healthy, for the last six weeks she had gradually become weak and inert. Her skin was harsh and dry, and her appetite voracious. There was great constipation, thirst, and polyuria. She is a nervous subject, but there was no history of a fright or change of diet. The urine (sent that day week) showed much sugar by Trommer's test. She was given fifteen drops of tincture of perchloride of iron three times a day, and skim-milk ordered.

For the next fortnight she steadily grew worse, and then the treatment was changed to ten drops of tincture of opium, and a week later fifteen drops, three times a day, with croton-oil pills. By this time she was so weak that she could not come to the dispensary herself. On Feb. 18th a sixth of a grain of nitrate of uranium, in water, was given three times a day, and gradually raised to the third of a grain. A week later she was much better. The week following, the bowels were regular, and the appetite and the quantity of urine no longer excessive; while on March 4th, and for a fortnight after, she had gone back to her usual diet, and felt nothing wrong with herself save some muscular weakness.

From March 21st to April 8th she was not seen, but then she returned with a bad cold and out of sorts again. However, though she was weak and needed change of air, the bowels were regular, the appetite defective, polyuria not noticeable, and the urine showed no sugar by Trommer's test, or by the fermentation and specific gravity test.

The following table shows the condition of the urine from March 11th:—

March	11th ...	sp. gr. 1038 ...	much sugar.
"	21st ...	" 1021 ...	sugar—a trace.
April	8th ...	" 1025 ...	no sugar.
"	15th ...	" 1024 ...	no sugar.
"	25th ...	" 1025 ...	no sugar.

Many may doubt if the nitrate of uranium had anything to do with the patient's recovery, but, as some cases of rapid cure and many of permanent palliation of this disease by the use of this drug have been recorded, it is to be hoped that practitioners of large experience will properly test its value in cases of diabetes mellitus.—*Lancet.*

CHLORAL AS AN ANÆSTHETIC DURING LABOR (*The Lancet*, February 21, 1874).—Dr. W. Playfair has found that chloral has the immense advantage over chloroform, when administered during labor, of not lessening the strength or intensity of the pains, while at the same time remarkedly diminishing the suffering resulting from them. It is chiefly applicable at a period when we would not think of administering chloroform,—towards the termination of the first stage of labor, before the complete dilatation of the os and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a latter stage.

He gives the drug at first in fifteen-grain doses, and then in smaller quantity, increasing the intervals between its administration, and this usually keeps up a full and sufficient effect for hours. It need not at all interfere with the exhibition of chloroform.—(*Med. Times Phda.*)

CHLORHYDRATE OF TRIMETHYLAMIN IN RHEUMATIC FEVER.—A new successful instance of the above has been communicated to the Therapeutical Society of Paris, by Dr. Martineau. When called to the patient he found that the elbow had, since the morning, become red, enlarged, and painful; skin hot; pulse 90. Ten grains of the drug were administered. The next day a great improvement was noted. The pain in the elbow had entirely disappeared, and the pulse had fallen from 90 to 65. No crisis or cardiac complication had occurred. The same treatment had been equally successful in a similar attack a year previously.

PARACENTESIS THORACIS.

BY G. H. PHILIPSON, M.A., M.D. CANTAB.

Patrick O'Neil, æt. 22, single, laborer, was admitted into the Newcastle-upon-Tyne Infirmary, under my care, March 5th, 1874. He stated that he had been unable to follow his employment for two weeks, but that he had not been well for three months, having suffered from cough; and that, at the commencement of his illness, he had experienced a severe sharp pain in the left side of his chest, which was made worse by breathing.

At the time of his admission, he complained greatly of difficulty in breathing, of thirst, and of general weakness. On inspection of the chest, it was seen that the left side was stationary during forced respiration, and appeared larger than the right; and that the intercostal spaces were widened, the depressions being effaced. On percussion, the left side was found to be wholly dull, in front from the clavicle to the lower boundary of the chest-wall, and behind as high as the spine of the scapula. Respiration, vocal resonance and fremitus, and tussive resonance, were absent. On the right side, the respiratory sounds were puerile in character, accompanied with sonorous rhonchus; while the voice-resonance and fremitus were very distinct. The right side of the chest at the nipple-line measured 16⅞ inches, and the left side 17⅛ inches; the left being a quarter of an inch larger than the right. The heart's impulse was visible and perceptible two and a half inches to the right of the sternum. The sounds were distinct and without murmur. The pulse was 120, hard and small; the temperature was 103 deg. Fahr. He was much emaciated, the biceps readily starting into ridges upon being percussed. He was of the lymphatic temperament, having dark brown hair, long eyelashes, dark grey eyes, and thick upper lip. He was ordered quinine, and to have the chest well rubbed every night and morning with liniment of turpentine and acetic acid.

March 11th. The urgency of the symptoms had so increased as to denote serious interference with the functions of life, and it was determined to afford relief by paracentesis. The operation was performed by Mr. George Rowell, junior house-surgeon, with the aspirator, when five and a half pints of a yellowish-colored clear liquid was withdrawn, which became semi-solid after a short interval. The liquid continued to flow for one hour and a quarter, and during the time the patient was frequently required to inspire deeply. During the passage of the liquid, the heart was observed gradually to resume its normal position, and finally was seen beating in the fifth intercostal space on the left side, about one inch below, and half an inch within, the left nipple. After the operation, the patient appeared much relieved, and voluntarily expressed his comfort. Respiration was then clearly heard in the left infraclavicular region, as also the vocal resonance. He was ordered ten grains of the compound powder of ipecacuanha at bedtime.

March 18th. For the last three days, he had been able to be out of bed, and to walk about the ward. He expressed himself as able to breathe with ease, but still complained of thirst and weakness. His pulse was 120, and temperature 103 deg. Fahr. Vocal fremitus was distinctly perceptible over the left back as low as the eighth rib. Respiration and vocal resonance were also distinctly heard. The percussion-note was clear from the eighth rib upwards. The respiration on the right side was much less puerile, and unaccompanied with ronchus. The measurement of the right side of the chest at the nipple-line was 17 inches, and the left 17 inches. He was ordered cod-liver oil in combination with the syrup of the iodide of iron, three ounces of port wine, and the full meat-diet.

March 25th. He appeared stronger, and complained less of thirst. His pulse was 110, and temperature 102 Fahr. Respiration was clearly heard at the left base; also vocal resonance.

April 8th. His weight was 8 st. 3½ lbs. Pulse 100, and temperature 100 deg. Fahr.

April 22nd. His weight was 8 st. 3½ lbs. Pulse 100, and temperature 98 deg. Fahr. He was able to be out in the garden every fine day, and was taking his food with relish. It was noted that his shoulders were equal in height, and that there was no curvature of the spine.

REMARKS.—This case has been recounted with the view of directing attention to the value of the operation of paracentesis in cases of extensive pleuritic effusion, not only in preventing a fatal result from impending suffocation, but also in expediting the restoration of the patient; the simplicity, painlessness, and freedom from danger of the operation by the aspirator being well exemplified. It also illustrates the necessity of not delaying the operation until the lung has become totally unfitted for free expansion, and displaced organs have become permanently fixed by pleuritic adhesions. The interest of the case is further increased by the considerable and long continued elevation of the temperature, and the prolonged quickness of the pulse. In the chart, extended over a period of five weeks, a range of temperature is indicated between 103.6 and 98 deg. Fahr., and a pulse between 120 and 100. When the temperature and pulse are reviewed together, and with the emaciation and temperament superadded, the deposition of tubercle is indicated, and the fear that the pleurisy was diathetic, and not purely inflammatory, predicated.—*Brit. Med. Jour.*

THE EMPLOYMENT OF WARM WATER IN SURGERY.

In continuation of a former paper on the subject, Professor Hamilton, of New York, reports in the *Medical Record* of May 15 several additional cases in proof of the great utility of warm-water submersion in the treatment of wounded or gangrenous surfaces. First introduced by the German surgeons of the St. Francis Hospital, it has commanded attention by the success which it has since attained.

For the arm and hand, a zinc bath is employed, twenty-three inches in length, eight in breadth, and eight in depth. This has a cock inserted at its lower part for drawing off the water, and around its upper and outer margin are small wire-pins to facilitate the suspension of the limb, which should not itself be allowed to rest on the edge of the bath. There is a movable cover, leaving an opening for the arm. For the lower extremity the bath is of a triangular form, with its apex placed below. The water has not been kept at an absolutely uniform temperature, much being left to the feeling of the patient. About 95° is the temperature usually adopted, and renewal thrice daily is generally sufficient When secondary hæmorrhage is feared, the limb is dressed for a few hours with either warm or cold fomentations, and left at rest on the bed for some hours, neither sutures, strapping, nor bandages being applied. The bath or fomentations are then systematically employed. For fomentation, the limb is enveloped in several folds of lint or soft old muslin saturated with warm water, the whole being surrounded by oiled silk or vulcanized caoutchouc. This is changed about every four or six hours.

As the general conclusion of his trial of the plan, Professor Hamilton states that by no other treatment has he ever obtained equally favourable results. It limits the area of acute inflammation remarkably, erysipelas or gangrene being arrested in their progress, the temperature in this last being raised to from 100° to 110°. Septicæmia and pyæmia have been met with in no case in which submersion has been practised from the first day of the accident, etc., while purulent infiltrations and consecutive abscesses have been very infrequent and limited. Traumatic fever has rarely been present, and in no case intense. On the second or third day after the submersion of recent lacerated or incised wounds the adjacent parts are found swollen but not much reddened, the integument generally assuming a white and sodden appearance, with only slight tenderness. On the fifth, sixth, and seventh day, the swelling is greater than usually accompanies other treatment, but there is no increased tenderness, while it pits on pressure, showing its œdematous character. At this time the granulations are generally covered with lymph or some exudation of a whitish colour, which might easily be mistaken for a diphtheritic deposit. At the end of fourteen days or thereabouts (the period at which in most cases fomentations are substituted for submersion), the limb is still œdematous, and the granulations are abundant, sometimes presenting a fresh, red appearance, and at others being covered with the white exudation.

After fomentations have been substituted, the œdema gradually lessens, although its final disappearance may be delayed until after cicatrisation, the cicatrix sometimes remaining for months depressed below the level of the sound parts. Granulation and cicatrisation, however, progress as rapidly, or even more so, as under any other mode of treatment. Professor Hamilton has had few opportunities of testing the power of hot water in arresting the march of erysipelas, as this affection is generally prevented. Its power in arresting the progress of traumatic gangrene is very remarkable. It is in cases of laceration or contusion of the hand or foot, when the integument and flesh are extensively torn, that the superiority of submersion is especially seen—that is, if the limb be submerged without closing the wound by sutures or bandages. The œdema which ensues, indeed, renders the employment of sutures quite unsuitable. For mere contusions, without laceration, the results of the treatment have proved highly satisfactory. In incised wounds and amputation wounds, when union by first intention is desired, fomentations are substituted for immersion, as they are also in lacerated wounds so placed as not to be conveniently submitted to submersion, in old ulcers, in many cancerous and syphilitic sores, and in some simple contusions and sprains. "In short (to repeat what has been already intimated), with warm water, either in the form of bath or fomentation, we treat nearly all surgical accidents; carbolic acid, chlorides of soda or lime, and other antiseptics being reserved for very rare and exceptional cases. Unguents and poultices are almost unknown at the Hospital of St. Francis.—*Medical Times and Gazette.*

CHANCROIDS—In the Charity Hospital, New York, according to the New York *Medical Journal*, iodoform is used as a dressing for chancroids, in the proportion of one part glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

It is found that chancroids can be cauterized with nitric acid, without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain, which is not easily borne, by the patient.—*Med. and Sur. Reporter, Phila.*

Reports of Societies.

LEEDS AND GRENVILLE MEDICAL ASSOCIATION.

A Quarterly Meeting of the Medical Association for the counties of Leeds and Grenville was held in Brockville, on Friday, 3rd July, 1874. There was a fair attendance of members, but many who had promised to attend were unable to do so, and several letters and telegrams were received at the last hour, regretting their unavoidable absence. The President, Dr. Morden, delivered an address, of which the following is an extract:

GENTLEMEN,—Since this Association was organized, a law has been enacted to protect the public from the increase of uneducated medical practitioners on the one hand, and to mete out justice to our profession on the other. That such a Bill passed is a cause of no little congratulation, when we remember the opposition it met, from those who should only have seen in it the necessity for skilled workmen. No one objects to the system of trained pilots to guide the vessels of the public down the river, between the rocky islands, past the hidden shoals, and through the roaring rapids. Is ignorant presumption all these men require? It certainly is quite as difficult to guide the bodies and lives of those entrusted to our care, through the dangers of childbirth, over the period of childhood, past the critical age of puberty, guarding from contagion and hidden diseases, repairing the various injuries, sometimes saving valuable lives by that cool intrepid courage which the power of knowledge alone gives. Yet to have seen the arguments resorted to, by the opponents of this much needed law, it seemed they thought the only qualification necessary was presumption, apparently quite forgetting "that fools rush in where angels fear to tread." Let us be thankful a more enlightened majority existed in the Ontario Legislature, and particularly grateful to those who personally exerted themselves to obtain it.

With the public we may rejoice that no more uneducated members will be admitted to practise here in the noble profession of medicine. This must have the effect of increasing our usefulness and raising our social influence. How soon we benefit in this way must depend on ourselves. As we conduct ourselves, so will the public treat and respect us. If we are to pursue that suicidal policy of injuring each other by insinuation, by word and deed, we act like fools and knaves; so we will be known and so we deserve to be treated. Let me illustrate a case: One doctor is called to see a patient in the absence of another; he is immediately regaled by a lot of abuse of the other medical man or men, as the greatest treat the people have to offer the one present. The doctor is asked to look at the medicine left by another doctor he says it is not the right medicine to be given in this case; perhaps throws it in the stove, or says he will take it home for safe keeping, while it may be he takes it to another patient; or in case of consultation, changing the color or form of the medicine, and not its character. What is it, gentlemen? Is it robbing him of his livelihood; robbing him of his good name? Yes, it is more. It is stabbing a brother under his fifth rib, with a pleasant smile of triumph to those around. Out upon such conduct; it is murder, and treat it as the vile thing it is. To show how intelligent people see these acts: I knew a medical man pay a visit of courtesy in the absence of the regular attendant, and prescribe the simplest remedy, to answer until his return; on the return of the regular attendant, his condemnation of what the other had done was so strong that, on its being reported to a friend of the patient by a person present during both visits, the friend said, "It is fortunate I was not there, or I should have put him out in a hurry." Let us hope these things are among the past, and turn to a more pleasant view for a little, and see how we can make our arduous duties a labor of love. Let us respect ourselves and treat each other as brothers in a noble work; for what is more noble than the work of the skilled physician, sacrificing himself for the good of others? It is a work fit for the gods. He often burns the midnight oil, when weary and tired, in order better to fit himself for the duties of to-morrow, by reading the writings of those whose chances for observation are better than his; or he exposes his life in investigating the causes of disease; or drags his own fatigued body out of bed, out of doors, to this one and that one, in order to relieve pain, often at the risk of his own life, as in seasons of contagious diseases and epidemics. There can be little doubt, if these Associations are properly carried on, that

they must be the means of doing much good to us all, and in this way to the public. As we come to know each other better, it will be strange if there is not something to like in each, as well as much to learn of one another. We cannot all be a Jenner, a Simpson, a Holland or a Howard; but we can all be honest, good workers in our own sphere of usefulness. We may all do our part in teaching the public how to become wealthy and wise in matters of health; and often by a kind and encouraging word to those we so often meet, with burdens too great for them to bear, bring down unknowingly blessings on our own heads through their grateful prayers. In a mercenary point of view, for I believe "the laborer is worthy of his hire," we should be well paid. If we pursue a course that commands respect, showing skill and learning, the public will not be long in discerning that there are wise men, for whose services they must pay according to their ability; and when once the habit is formed, they will do it cheerfully. If we stand shoulder to shoulder in fitting ourselves (for we must always be students) and in working together, we shall all soon be wealthier in the matter of money. The question to day is, shall we let bygones be bygones, and begin a rational policy towards the public, and each other, or are we to wait and die off as we are? If the latter, the sooner we die off the better, and give place to our successors, who, I am sure, will be wiser in their day and generation. I trust this day may beget a new leaven, that will leaven the whole body of medical practitioners in this part of Ontario. If it is to prove so, gentlemen, let us each assist and do our part like true men, and we can accomplish all we desire.

The Treasurer's report was read and adopted.

It was resolved that the next meeting of the Association be held at Prescott, on the first Friday of October. Dr. Wallace, Vice-President, and Dr. Gascoigne each promised to read a paper at the next meeting.

Dr. J. E. Brouse presented a liquid preparation, consisting of equal parts of chloral and camphor, which he has found useful as a local application in neuralgia.

The President presented a preparation of fibroid polypus of the uterus, which he had removed. He also introduced a little boy, to show the very favorable results of an operation for club-foot, and the advantages of Sayre's boot. He afterwards read a paper on Inflammation of the Lungs.

After the business of the meeting, the members were invited by the President to take a luncheon at the Revere House, and then to take a trip up the river and amongst the Thousand Islands, thus ending the day most agreeably.

FRANCIS ELKINGTON, M.D.,
Secretary.

ONTARIO AT THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

[We last month gave a brief synopsis of the doings at the late meeting of the American Medical Association at Detroit in the first week in June. It seems to us that the *role* played by our own Province at that meeting was of sufficient interest to deserve a more elaborate record than we had room for, and we accordingly give place to the following communication.]—ED. LANCET.

On the morning of assembling, it was announced that several professional gentlemen were present from Ontario, whose names have been already given; and Dr. Wm. Brodie, of Detroit, moved that they be made members by invitation. After passing the resolution PROF. RICHARDSON, of Toronto, was called upon to reply. He said: "Mr. President and Gentlemen of the Association, unexpectedly I have been selected by my colleagues from Ontario to represent them before this august assembly. I do so with great diffidence, because I feel there are others far more capable than myself of expressing our sentiments towards our medical brethren of the United States; and I feel a difficulty because there are others invited who have not yet arrived. Hence I am inclined to deny myself the gratification and honor which I feel has been conferred upon me in being permitted to address you—an honor greater than I had ever anticipated. However, as a member of the medical profession I have just ground for being proud—a manly and honest pride—that I am a member of a profession which, for untiring zeal, unflinching fortitude, unselfishness unparalleled, and for devotion to the cause of humanity, cannot be equaled. I was present in this city in 1856, and felt that I was received with great kindness; so that, when the proposal was made that I should be again

present, I responded with avidity. There is so much of life and animation in your meetings that we Canadians are profited very much. I can but wish that others were here who are yet to arrive, especially Dr. Hodder, of Toronto, a man venerable in years and of higher professional standing than I. However, I shall be pleased to contribute in any way that I can to the well-being of the American Medical Association." (Applause.)

In the section on Obstetrics and Gynæcology, Dr. Lucas, on behalf of the inventor, exhibited an improved pessary for retroflexion and retroversion of the uterus, which had been invented by Dr. Scott, of Woodstock, Ontario; and Dr. Scott himself subsequently explained its uses and advantages. After discussion of its merits by Warner, of Boston; Miner and White, of Buffalo; Pallen, of St. Louis; Byford, of Chicago; Ditherby, of Syracuse; Stockwell, of Port Huron; and Morris, of Baltimore; a vote of thanks was tendered to Dr. Scott.

At the meeting of the General Association on Friday,

Dr. C. B. HALL, of Toronto, offered a resolution expressing the thanks of the Canadian delegates for the hearty reception of them by the Association. He felt that his associates and himself had been greatly benefited by the meeting, and expressed himself as highly pleased with the advanced state of pathology evident in the United States. He gave expression to the hearty good will which prevailed between members of the profession in the United States and Canada, and excited humor by contrasting their political institutions with ours, referring to our good-looking Queen as a more suitable object for loyalty and devotion, than their rough Soldier-President.

PROF. RICHARDSON, of Toronto, in seconding the resolution, said that he could not allow the opportunity to pass without expressing his thanks for the honors and courtesies he and his friends from Canada had received. He had not felt that he was a Canadian or a stranger. Both by members of the Association and citizens of Detroit they had been received with such friendliness that they felt that no words of appreciation would be extravagant.

PROF. N. S. DAVIS, of Chicago, in response to a call for reply, said that it was certainly with pleasure he responded to the kind sentiments which the gentlemen have expressed who were their visitors, and who by their presence had contributed much to their enjoyment. One of the best benefits received at meetings like this is the feeling of cheerfulness and pride in our profession inspired, and a renewed determination to make it honorable; and meetings of this kind furnished us each with that magnetism which has more to do with curing our patients than our pills and powders, (Applause.) as well as to get hold of some new remedy or new idea. It makes the enjoyment higher and more impressive if we can shake hands with a delegation from over the lines in sympathy with us. He wished for a delegation from every civilized country on the globe. The spirit of humanity demands toleration and universal science; and so we shall heartily welcome our brethren from over the lines every year. He had been received with great kindness when in Toronto some years ago at a meeting of the Canadian Association. So the members proper of the Association were gratified by their presence this year, and every year would work with them and hail them with the hand of friendship. Our idea is to gather out of all the sciences the means of alleviating suffering, prolonging human life, and depriving death of some of its terrors, and so benefiting the human race. This object knows no divisions or boundaries other than the limits of the human family. (Applause.)

Ontario has now, too, quite a number of her sons beyond her frontier who were present. We noticed Dr. Sinclair, formerly of London, Ont., and the Eye and Ear Infirmary, N.Y., now in practice in Detroit as a specialist; Dr. Stimson, formerly of St. George, Ont., and Dr. Book, of Windsor, are also there in practice. Dr. Reynolds, of Orion, Mich., and Dr. D. F. Stone, of Metamora, Mich., alumni of the University of Toronto, were also present. The latter is well known and esteemed from his former connection with the General Hospital staff in Toronto. He is, ere this, off for a summer's tour in the pathological centres of Europe.

Dr. A. Hamilton, of Millbrook, was official phonographic reporter for the Association, it being deemed advisable to have all discussions of interest placed on record by expert reporters, with a professional education.

Dr. Richardson, of Louisville, Kentucky, extended a hearty invitation to all members of the American Association to attend the next meeting of the Association at Louisville on the first Tuesday in May, 1875, where they would be greeted with a genuine Kentucky welcome.

Space prevents more than a mere notice of the social element. An excursion down Detroit River in the Steamer *Dove*, lawn parties, evening reunions, visit to House of Correction, display of fire-men, etc., were poured upon Canadian visitors with that genuine oft-handedness which characterizes our neighbors.

COUNTY OF SIMCOE MEDICAL ASSOCIATION.

SECOND ANNUAL MEETING.

The second annual meeting of this Association was held at Arnall's Hotel, in Barrie, on Tuesday, the 21st July. The attendance was not so large as that of last year. Simcoe is a large county, having within its limits upwards of seventy qualified medical men, and it is a matter of regret that the profession is not better represented at these annual gatherings, which are so useful in promoting union and good feeling among the "doctors." However, busy practitioners engaged in the all-absorbing toils of their profession, cannot always call themselves masters of their own time, and, viewed from this standpoint, the small attendance at Tuesday's meeting is perhaps excusable. It is to be hoped that next year's meeting will be better attended. The minutes are appended:

There were present—Drs. Sanderson, Orillia; Morton, Barrie; Nicol, Cookstown; Hamilton, Barrie; Boyle, Midland; Wells, Barrie; Beaton, Stayner; Lund, Churchill; Blackstock, Hillsdale; Hanly, Wabashene; Callighan, Thornton, and McConkey, Barrie.

The meeting being called to order, the Secretary read the minutes of the last annual meeting, which were adopted.

Moved by Dr. Hamilton, seconded by Dr. Morton,—That Dr. Sanderson, in the absence of the President, take the chair.—*Carried.*

The Chairman made a few opening remarks, deploring the lack of interest taken in the proceedings of the Association, as evidenced by the small attendance, and briefly but lucidly mentioned the several topics which would engage the attention of those present, particularly dwelling upon the advisability of forming territorial associations.

Dr. Hamilton followed, urging the importance of unanimity amongst medical men.

The Secretary made a few remarks, in which he considered a Provincial Association, made up of delegates from each County Association, would prove highly beneficial, particularly in bringing measures to bear upon members of Parliament in the different constituencies.

After a great deal of discussion, it was moved by Dr. Beaton, seconded by Dr. Morton,—That this Association appoint delegates to attend a meeting proposed to be held at Orangeville, for the purpose of organizing a Territorial Association for the territory of Saugeen and Brock, said delegates to be instructed to advocate the formation of a Provincial Association.—*Carried.*

Moved by Dr. Lund, seconded by Dr. Nicol,—That this meeting approve of the formation of a Provincial Association, to be formed by delegates sent from each County Association, to assemble at Toronto for the purpose of organization, and that Associations be at once formed in all counties where not already organized.—*Carried.*

Moved by Dr. Blackstock, seconded by Dr. Lund,—That each County Association be empowered to send as many delegates to the proposed Provincial Association as there are Parliamentary Ridings in such county.—*Carried.*

Moved by Dr. Hamilton, seconded by Dr. Beaton,—That the delegate to the meeting at Orangeville, to form the Territorial Association, receive the sum of $12 to defray expenses.—*Carried,*

Moved by Dr. McConkey, seconded by Dr. Callaghan,—That the Secretary be instructed to send circulars to each duly qualified practitioner, containing a copy of the minutes of this meeting, and to request each member to forward to the Treasurer his annual subscription fee of $1; and also that a report of minutes be sent to the CANADA LANCET for insertion.—*Carried.*

Moved by Dr. Boyle, seconded by Dr. Hanly,—That Dr. Beaton, of Stayner, be the delegate appointed to attend the ensuing meeting at Orangeville, to aid in forming the Territorial Association of Saugeen and Brock.—*Carried.*

Moved by Dr Hanly, seconded by Dr. McConkey,—That Drs. Lund and Blackstock be the delegates appointed to represent the Association at the proposed Provincial Association, expenses of said delegates to be paid by the Association—the sum to be $12 each.—*Carried.*

The officers for the ensuing year were then elected as follows:

President—Dr. Sanderson. 1st Vice-President—Dr. Hamilton. 2nd Vice-President—Dr. Norris. Treasurer—Dr. E. D. Morton. Secretary—Dr. McConkey. Executive Committee—Drs. Callaghan, Crookshank, McCarthy, Nicol, Wells, Blackstock, and *ex-officio* the officers of the Society.

Before closing, a general discussion took place, in which the necessity of medical men receiving fees for attending Crown cases, at Court, received ample approval.

It was then moved by Dr. Hamilton, seconded by Dr. Lund, and carried unanimously,—That the thanks of this meeting are due and are hereby tendered to Dr. Sanderson, for the able manner in which he has discharged his duties as Chairman.

A vote of thanks was moved by Dr. Beaton, seconded by Dr. Callaghan, to the Treasurer and Secretary—Drs. Hamilton and Blackstock—respectively; all the gentlemen making suitable replies.

The Association is to meet once a year. *All* legally qualified medical practitioners in the county are members of the Society, on payment of $1 to the Treasurer, Dr. Morton, Barrie, to defray printing and other expenses.

T. D. McCONKEY,
Secretary.

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

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TORONTO, AUGUST 1, 1874.

THE POSITION OF SPECIALISTS.

In all the large cities of the United States the multiplication of Specialists has been quite decided of late years. The tendency to an almost extreme division and limitation of practice, indeed, has been noticed as a characteristic of the day. It may be supposed, that a desire to escape the drudgery of general practice, has not a little to do with many practitioners in actuating them to adopt special lines in medicine or surgery. Such a motive deserves no consideration. But out of the many, there are sure to be some who honestly take up a special line of practice. It happens that their peculiar talents, training, and opportunities have peculiarly fitted them for taking up special departments, and cultivating these branches to the exclusion of other work. When such persons devote themselves, say to the surgery of the eye, or to any class of operations demanding peculiar delicacy, they ought naturally to attain greater proficiency, and be deservedly in greater request for the performance of their special kind of work. This proposition receives such universal assent that we find specialists quite eager to let the public know of their specialty, in the full confidence that work will follow. But the preservation of professional character demands, that there shall be no resort to advertising; and the specialist must either break from this ethical rule, or be content to have his patients come to him in the ordinary course, or be sent to him by general practitioners. There is thus an incentive to advertising on the one hand, and a check to it on the other. Within the past few months we have noticed in the American medical journals, letters urging a greater freedom, as respects advertising, in the case of specialists, followed by a correspondence denying them the privilege of any such inroad upon the ethical system. And now there is to be noted a decision given, as it were, from a court of appeal The Judicial Council of the American Medical Association brought up the matter, in a report presented at the late meeting. The deliverance of the Council on this question is so complete and so interesting to the profession at large that we are induced to quote from the report as follows:—

"The code of ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked, how, then can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the *whole* or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated not by special or gratifying titles, such as *oculist*, *gynæcologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the general practitioner, saying: 'Practice limited to diseases of the eye and ear,' or 'to diseases peculiar to women,' or 'to midwifery exclusively,' as the case may be. Such a simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this, would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession. We see no reason, therefore, for recommending any change in the present code of ethics in reference to this subject."

Thus is fairly disposed of, for the time being, a question which has arisen out of the division of labour in medicine, and the tendency thereto in

practice. That it will act as a wholesome check to the undue following of special branches must be conceded, for if once the barrier against advertising were let down, the tendency now observable would be unhampered by the restraints which are placed upon it.

MEDICAL SOCIETIES.

The time has come, when County and other sectional, as well as provincial Medical Associations, should be organised throughout the Dominion. To the many advantages which would necessarily flow from such a course, we need scarcely advert. We see too little of one another; we seldom, almost never, "compare notes" the one with the other; we plod on, each one in his own path, rarely meeting another whose hopes, aspirations and sympathies flow in the same channel as our own. Contact inspires new determination. But we have no means of coming in frequent and regular contact, for we cannot dignify as meetings those hurried street corner greetings, which form about the sum and substance of our inter-communication at present. We have beside us a most admirable and profitable Association, in the New York State Society. Why cannot as living and representative an Association be maintained in Ontario, which by its warmth and light may stimulate, invigorate and renew those who have the ability and the inclination to be earnest workers in the field, and who desire to see medicine and surgery placed upon such a scientific basis as is afforded by the more or less exact Natural Sciences? To excite magnetic and enthusiastic interest we must have personal contact, discussion and comparison. At present the Canadian practitioner derives nearly all his light and warmth either from Europe or the United States, playing the part of the parasite, rather than of the original observer, tester, and recorder. We cannot think so meanly of those to whom our citizens trust their lives, as not to resent the implication that this state of things is inevitable. We can, if we will, furnish our quota to the general stock, and thereby be more thoroughly awakened to vigorous activity in professional medicine. To secure this, professional organization is necessary, and well-established societies supply the best means. Legislative changes can therein be discussed, and thereby be prevented the necessity of medical men adopting the questionable course (of which we have already spoken disparagingly) of discussing such changes before the public gaze, in columns all of which lack sympathy with us, and some add thereto the demerit of positive and vindictive hostility. We trust that our remarks may incite to such action, that at the almost immediately ensuing meeting of the Canada Medical Association a first step may be taken in the direction indicated. Of the desirability and necessity of such a step we think there can be no question.

ALLOPATHY *v.* HOMŒOPATHY.

Dr. Cameron in a pamphlet entitled "Allopathy and Homœopathy," at page 14, thus speaks: "In contradistinction to the dominant section of the profession, which practises a purely empirical system, the Homœopath puts in practice what is strictly and technically speaking, science." After the recent struggle in the Legislature for the passage of the Medical Bill, it may, perhaps, be considered an opportune moment for taking up the more striking fallacies that are urged by these new school men in favour of themselves, and in disparagement of us. In so doing we propose confining ourselves to extracts from their own writers. No one has raised himself with more force and perseverance against all physiological and pathological systems, than Hahneman the author of the Homœopathic doctrine. He wars against them from the beginning in all his writings, particularly in a pamphlet entitled, "Value of Medical Systems" and, in a paragraph of his Materia Medica, entitled, "A Souvenier," he declares emphatically that medicine is, and only can be, but an empirical science, the same as physics and chemistry. He charges the pathologist, sometimes with creating imaginary morbid entities, purely nominal, by means of symptoms grouped arbitrarily; and sometimes with seeking the cause of the ills which afflict man, in the depths of physiological abstractions, such as the diverse degrees of lesions which sensibility, irritability and nutrition may undergo. He attacks them with the weapons of reason and ridicule. He adjures them in the name of conscience and religion, to renounce such errors. Who would not expect, after so many declamations, that the founder of Homœopathy, the inventor of infinitesimal doses,

would abstain entirely from all physiological explanation ?—that he would invoke in favour of his own doctrine experience only—pure experience, as he incessantly repeats. No such thing. The whole explanation of his system is from beginning to end, but a physio-pathological theory, a long dissertation on the essence of disease, psora, and the intimate action of medicines. He says, for example, that diseases are but the immaterial alterations of an impalpable vital principle; hence he concludes that we must attack them by forces of the same kind, that is to say, by spiritual virtues of medicines. It is very commonly urged by the public that medical men are often incompetent to the task assigned them; that doctors are perpetually differing among themselves; and that no fixed and invariable rules of practice have been decided upon. Now, admitting to their fullest extent, these pleas, they prove nothing more than the intrinsic difficulties of the right application of medical science, and the additional necessity of securing the highest possible amount of information and experience, for those who have so complex a problem to solve. Let us now enquire how far Hahneman has avoided falling into the same faults with which he reproaches others? This advocate for pure experience or rational empiricism, thus speaks, (Organon, De l'art de Guerir, p. 40):—"That which unites the living parts of the human body in such a manner as to make it an admirable organism; that which determines them to harmonize in a manner so directly contrary to their primitive nature, physical or chemical; that which animates and impels them to such surprising automatic actions; that fundamental force, in fine, cannot be represented as a distinct being; it can only be understood imperfectly; it escapes all our investigations, and all our perceptions. No mortal can know the substratum of vitality, or the disposition *a priori* of the living organism. No mortal can sound the depths of such a subject, nor even describe its shadow." Hahneman affirms that there are but three ways of employing remedies specifically, viz., 1st. The Allopathic which uses remedies whose effects are different from the symptoms of the disease. 2nd. The Homœopathic which employs remedies whose effects have the closest possible resemblance with the symptoms of the disease. 3rd. The Antipathic method which employs remedies contrary to the disease. Here we would inquire, what is in fact the true aim of therapeutics? Is it not to cure? What then is essentially important to know in regard to any remedy or treatment? Is it not first, if it cures; *then* if it cures promptly and surely? Finally, in what doses and in what morbid circumstances, it shows itself most efficacious? Then, in what way can one be assured incontestably of all these things, asks Mr. Renaud? Is it not by means of therapeutic proof? When therapeutic proof has spoken, what is the use of enquiring whether the remedy has acted by homogeneousness or by antagonism, by similitude or difference?

Most writers on medicine resemble the attorneys in the comedy of the "Plaideurs," who speak interminably on matters foreign to the case, and say nothing, or next to nothing, on what concerns the litigation. We will conclude with an extract from Rapou's *Histoire de la Doctrine Homœopathic*, vol. ii. chap. 15: "The law of similars is positive, but it does not constitute the general law of therapeutics. Medicamental substances may operate by the law of contraries; enantiopathy is as often in play as homœopathy; both are secondary and accessory modes. The great principle is the specificity, and the most important problem is not to seek the similarity between the remedy and the disease, but to find, directly the specific appropriate to each morbid state. Dynamization does not exist even where by many its importance has been greatly exaggerated. Dilution is incapable of developing a medicamental efficaciousness in most substances which are inert in their natural state, and which Hahneman has put among the number of active remedies. Infinitesimal doses have no marked action; it is necessary ordinarily, to employ tinctures and powders, and never to extend them beyond the third or fourth divisions. Our medicines may be administered without inconvenience, in the ordinary pharmaceutical preparations, and the various allopathic remedies may be employed conveniently with them. Clinics must become the principal source of indications, and concur, in the largest degree, to the formation of our pure materia medica. This last part of science is to be reconstructed; an anatomical and physiological classification of symptoms must be introduced into it. The theory of psora, and its pretended consequences, are false in all respects.

We can, and we *must* seek to combine the specific procedure with the usual indications. It is proper to fall back to the use of pharmaceutical mixtures." With these admissions we would simply enquire what remains of Homœopathy? verily the play of *Hamlet* with the Ghost left out.

STARCH DIGESTION IN INFANTS.—The progress of experimental medicine seems to involve not a few apparent contradictions, owing doubtless to the great fact, that in animal chemistry, the conditions of an experiment cannot always be constant or uniform. We have had reason to be impressed with the conclusion, that starch is digested with great difficulty by infants, and that as an article of diet it is quite unsuitable for infants under the age of three months. Experiments have proved that starchy food in those little ones, is almost wholly excreted with the fæces, producing during its ingestion, flatulence, colic, restlessness, and other consequences of the presence of indigestible food in the bowels. Further investigations into this matter lead to the conclusion, that the indigestion is owing rather to the scanty secretion of saliva and starch-digesting fluids in the intestines, than to the want of starch-changing power in the saliva of the mouth. For instance, the physiologist—Scheffer, by placing in the mouths of new-born infants and sucklings, starch contained in little bags of tulle, has found that the fluid of the child's mouth resolves starch into sugar. On applying Trommer's test to the contents of the bags, the copper was reduced, showing the presence of sugar. It is a well known clinical fact that as soon as saliva begins to be plentifully secreted by infants, (which happens at the third or fourth month) the ability to digest starchy food is much more decided than at an earlier period of infancy.

HAVE WE TWO BRAINS?—Dr. Brown-Sequard, in the "Toner lecture," delivered by him in Washington, on the 22nd of April, advanced the idea which is not altogether new, that we really have two brains. He gave instances in support of the theory, where patients used one half the brain independently of the other. He also stated his belief that the left brain was principally the organ of intelligence and exterior relation; the right, of organic functions and nutrition.

EXAMINATION COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—A professional examination will be held in the Convocation Hall, Toronto University, by the Board of Examiners appointed at last meeting of the Council. We have been requested to state that the examination will commence on the 21st of September next, *at 9 a.m.* instead of 2 p.m. as previously announced in the *Globe* and *Mail*. The above examination will be open to all candidates who have completed the curriculum of medical studies laid down by the rules and regulations of the Council. It is not at all probable, however, that Canadian graduates possessing additional British qualifications will present themselves before the Board. There is a clause in the act that provides for the admission, at the option of the Council, of persons qualified to practise medicine in Great Britian, to registration in Ontario, and we trust this option will be put in force, and that all *Canadian graduates possessing British qualification shall be exempt* from the expense and loss of time attendant upon an examination before the Board.

OXIDE OF ZINC IN THE SUMMER COMPLAINTS OF CHILDREN.—There can be little question of the positive advance which has been made in medicine, by the introduction of oxide of zinc as a remedy for the summer diarrhœa of children, and the disordered state of the bowels accompanying the first dentition. It is now upwards of a year since the practice was first publicly recommended in the journals, and experience has amply proved the serviceability of this remedy. In suitable cases the oxide of zinc is eminently successful, checking nervous irritability, controlling spasm, and by its tonic effects paving the way of recovery by strengthening the system. In fine, the oxide of zinc proves an admirable remedy in children's diseases.

WAS IT CHLOROFORM OR SHOCK?—A statement has been going the rounds of the press of the death from chloroform of a Mrs. Thompson, of the township of Ops, who was operated on for the removal of a schirrus tumor in the axilla. The operation was performed by Dr. Degrassi, of Lindsay, and Dr. Dewar, of Port Hope. The patient rallied from the effects of the chloroform, and appeared to be doing well, but in an hour afterwards she commenced sinking, and syncope coming on, she died in a short time.

APPOINTMENTS OF CORONERS.—Marshal Bidwell McCausland, of the Town of Ingersoll, Esquire, M.D., to be an Associate Coroner within and for the County of Oxford. John Davis Rose Williams, of the Village of Marmora, Esquire, M.D., to be an Associate Coroner within and for the County of Hastings. Adam Henry Wright, of the Village of Colborne, Esquire, M.D., to be an Associate Coroner within and for the United Counties of Northumberland and Durham. Adolphus Farewell, of the Village of Brooklin, Esquire, M.D., to be an Associate Coroner within and for the County of Ontario. Henry Sutton, of the Village of Madoc, Esquire, M.D., to be an Associate Coroner within and for the County of Hastings. William John Brereton, of the Village of Schomberg, M.D., to be an Associate Coroner within and for the County of York. Alexander McLaren, of the Village of Delaware, Esquire, M.D., to be an Associate Coroner within and for the County of Middlesex.

ANÆSTHETIZATION DURING SLEEP.—In a recent number of the *Pacific Medical and Surgical Journal* (June, 1874), Dr. W. R. Cluness, (who, by the way, is a Canadian graduate), reports two cases in which the patients were chloroformed during sleep, prior to the performance of surgical operations. As it has been many times doubted whether this could be done, the fact forms an answer to what is really an important question in medical jurisprudence. In both cases, the subjects were children of respectively two and a half, and eight years of age.

MR. ERICHSEN.—The distinguished surgeon Mr. Erichsen, of University College, leaves England for Canada on the 30th of July. After spending a few weeks among his friends and connections in this country he will visit the United States. We are sure that the profession in this country will be glad to honor one who has done so much to exemplify in his practice the progress of scientific and practical surgery, and who has aided so much in the diffusion of surgical knowledge by his writings.

ACETIC ACID SPRAY IN DIPHTHERIA.—According to the *N. Y. Medical Record* very satisfactory results have been obtained at the Charity Hospital, in the local treament of diphtheria by the use of acetic acid, in solutions of varying strength, in the form of spray produced by the atomizer.

MEDICAL PIONEERS.—It is always a recurring wonder to know what becomes of the annual overflow of medical graduates, which proceeds in spring time from our various colleges. Of course the disposition is most varied; but we hear this year of young medical pioneers, so to speak, pushing their way into the backwoods along the lines of railways projected and under construction, thus enlarging the area supplied by medical skill, and carrying an essential element of civilization into what, but a very few months ago, was truly a wilderness of forest and wild lands.

UREA IN HYDROPHOBIA.—We have noticed lately, both in the medical and secular press, urea repeatedly spoken of as an internal remedy in hydrophobia; but we have not heard of any cases in which it has been successfully used. We are very much inclined to doubt its efficacy. It is, however, a substance that can be easily obtained, either from urine, or by artificial means, and there can, therefore, be no difficulty in the way of a fair and impartial trial. Begin with the dogs.

CANADIAN MEDICAL ASSOCIATION.—The regular annual meeting of this Association will take place at the Clifton House, Niagara Falls, on Wednesday the 5th of August. The Committee of arrangements have the gratification to announce that the proprietors of the Clifton House have kindly placed their fine hall at the services of the Association, and have also offered to entertain members and friends accompanying them at reduced rates.

MICROSCOPY.—In another place will be found the card of Dr. A. J. Johnston, who, it will be seen, is devoting himself to this subject. He is prepared to make microscopical examinations, for those who have not the leisure, appliances nor experience to do so for themselves. Any specimens entrusted to his care, will receive his immediate and careful attention.

DEATH OF A DISTINGUISHED PHYSICIAN.—Dr. James McNaughton, President of the Albany Medical College, and the oldest practioner in this section, (Albany, N.Y.) died suddenly in Paris, France, June 12th, at the age of 77 years.

HONORS.—Dr. Daniel Clark, of Princeton, Ont., member of the Ontario Medical Council, has lately received the Diploma of the Ontario College of Pharmacy.

DIED.

In the Province of Quebec, Dr. Ferguson, of Buckingham, suddenly.

On the 4th June, Dr. E. Vail, son of Dr. E. A. Vail, M.P.P., Sussex Co., N. B., by the accidental discharge of a rifle.

At New Dundee, on the evening of July 1st, the infant daughter of Dr. J. H. Webb.

At St Mary's, Ont., on 26th June, of consumption, the wife of Dr. Wilson, aged 44 years.

At the residence of Mr. Archd. Campbell, Colborne, on the 6th ult., A. N. Bethune, M. D. brother of Dr. Bethune of this city.

On the 13th ult., from disease of the liver, Dr. Chadwick of Port Rowan, in the 51st year of his age. The Dr. was 22 years in practice and was highly respected.

Book Notices.

A PRACTICAL TREATISE ON THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS.—Designed as a Manual for Students and Practitioners. With Engravings and Cases. By W. H. Van Buren, A.M., M.D. and E. L. Keyes, A.M., M.D. 8vo. Pp. 666. 1874. New York: D. Appleton & Co. Toronto: Willing & Williamson.

The above work is a complete digest of the the nature and treatment of diseases incident to the genito-urinary organs as they are encountered in private and hospital practice. It is divided into *two* parts. Part I. is devoted to the treatment of the "Genito-Urinary Organs," such as diseases of the kidney, bladder, prostate, scrotum, testicle, strricure of the urethra, etc., etc. Part II. embraces the consideration of chancroids and syphilis and their appropriate treatment. The illustrations are numerous and well executed, and the work is destined to take a prominent place as a standard work. It is complete in detail, and exhaustive as to the subject it treats of.

THE SANITARY JOURNAL OF PUBLIC HEALTH. By Edward Playter, M.D. Toronto: Dudley & Burns.

This is the first number of a new aspirant for public favor. It is very well got up, and contains good articles on public health. We wish our cotemporary every success.

A TREATISE ON PHARMACY, designed as a text book for the Student, and guide for the Physician and Pharmacist. By Edward Parrish, late Professor of Pharmacy in the Philadelphia Col. of Pharmacy. Fourth Edition, revised and enlarged, with 280 illustrations. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

This work stands next to the U. S. Dispensatory as a work of reference for the practical pharmacist. The present edition has undergone a careful revision, and many changes and additions have been made, which still more fully increase its usefulness. It is also of great value to the physician. We gladly welcome it to our shelves.

PHYSICAL MEASUREMENTS by Dr. F. Kohlransch, Prof., Polytechnic School, Darmstadt, translated from the second German edition by T. H. Waller, B. A., and H. R. Procton, F. C. S., New York; D. Appleton, & Co., Toronto: Willing & Williamson.

This work treats of the following subjects:—"Weighing and determination of density; heat effects of, measurement; elasticity, determination of; light, measurement of wave length; spectrum analysis; magnetism and electricity. It also contains an appendix, tables, &c., by the translators. The greater part of the work is devoted to measurements of physical quantities. It will be found very interesting to the scientific student

A TREATISE ON THERAPEUTICS, COMPRISING MATERIA MEDICA AND TOXICOLOGY. By H. C. Wood, Jr., M.D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

This is also a new aspirant for public favor. It has been written with especial reference to the application of the physiological action of drugs to clinical medicine. It is a very useful practical work, and will be welcomed by physicians generally. We commend it to their notice.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. New York: W. A. Townsend. The July number, 1874, just to hand. Price, post-free, $1.25. Orders sent to Messrs. Willing & Williamson will be promptly attended to.

THE TREATMENT OF UTERINE FLEXIONS, by Ely Van de Worker, M.D., Syracuse, N. Y.

RARE CASES OF CONGENITAL SYPHILIS, by L. D. Bulkley, A.M., M.D., New York.

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