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THE CANADA MEDICAL RECORD.

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CONTENTS.

Original Communications.

RETIRING ADDRESS DELIVERED AT THE MEETING OF THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

BY

The President, WM. H. HINGSTON, M.D., L.R.C.S.E., Professor of Clinical Surgery, Victoria Medical Faculty, Montreal, October 14th, 1881.

The Constitution and custom of this Society make it incumbent on the retiring President to take a retrospective glance at the work done by its members during the year. The clause in the Constitution which imposes this condition was written at a time when papers were less numerous and less varied in their scope than at present, and when the meetings of the Society were less frequent.

There are, moreover, features of interest now, which are to a great extent novel, yet, withal, so varied that it would be impossible to detail without confusing them and destroying their distinctness. For the work of the Society is not now limited to reading and discussing papers. Questions of general medical interest—of medical politics—now and then come before it. Cases met with in practice are related; have their features discussed, and their difficulties sometimes perhaps increased, sometimes solved; and, with an occasional exception, pathological specimens are placed before us at every meeting, evidencing, at the same time, the most varied alteration in structure which morbid conditions create, or by which they are created, and the unwearying industry with which those departures from the norm are made obvious to our senses. In this special work I must record my own and the Society's indebtedness to our gifted friend, Dr. Osler.

During the past year the following papers among others were read before the Society:

Sub-diaphragmatic Abscess, by Dr. Gardner.

Case of Obstruction of Bowels, recovery after 67 days, by Dr. Edwards.

Remarks on Club Foot, by Dr. Roddick.

Vaccination in Skin Diseases, by Dr. Bessey.

Dilatation of Stomach, by Dr. A. L. Smith.

Delayed Resolution in Pneumonia, Dr. Osler.

Chronic Cystitis, treated by rapid dilatation of Urethra, by Dr. Gardner.

Puerperal Rheumatism, by Dr. Molson.

Varicose Veins antiseptically excised, by Dr. Roddick.

Evolution of Man with Haeckel's Views, by Dr. H. Howard.

Concussion of Spinal Cord, by Dr. Ross.

Case of Railway Accident, by Dr. Roddick.

Empyema, by Dr. Burland.

Stricture of Male Urethra, by Dr. Hingston.

Bigelow's Operation for Lithotrity, by Dr. Roddick.

Cases of Amenorrhœa, by Dr. Baynes.

Placenta Prævia, by Dr. Loverin.

Treatment of Dropsy by Nitro-glycerine, by Dr. Cameron.

A Peculiar Case of Paralysis, by Dr. Gurd.

Chorea, by Dr. Molson.

Empyema, with special treatment, by Dr. Phelps, Chateauguay, N.V.

Disease of Cerebellum with Ferrier's views, by Dr. Wilkins.

Perityphlitis, by Dr. Armstrong.

Naso-pharyngeal Polypus, by Dr. Fenwick.

Report of International Medical Congress, by Drs. Howard and Osler.

Rupture of Ovarian Tumor, with recovery, by Dr. McConnell.

With other papers, making 31 in all, many of them possessing claims to excellence, while the comments on some gave evidence of extensive reading and intimate knowledge of the subjects discussed. The practical work of the Society did not stop here. Pathological demonstrations were given at every meeting, and over 50 specimens were presented. Patients suffering from peculiar morbid conditions were exhibited and results of treatment shown, by various members. Cases occurring in practice were related at each meeting, giving occasion to valuable observations.*

Apart from these, attention has been given to questions relating to public health, and to the well-being of the profession. Matters pertaining to medical ethics have received consideration and perhaps solution; and action has been taken to guard the interests of the profession before our Provincial Legislature.

But apart from, and beyond all these, work of a useful character has been silently done by this society, and perhaps without its knowledge: I allude to the advantage it affords of meeting together at stated times; asking counsel of each other; sweetening the acerbities and rubbing off the asperities and angularities of each other. In these respects the Society has done good in being the cause of an opportunity to act kindly and charitably the one towards the other.

Almost the last mentioned amongst the papers read were those by Drs. R. P. Howard and Osler on their recent visit to Europe to attend the Medical Congress held in London in the early part of August. It is fortunate for the Society that these two gentlemen were its representatives, and representatives also for this Province. One of these gentlemen (the latter) has his name amongst the list of contributors to the work of the Congress.

I shall avail myself of the occasion, gentlemen, to say a few words on matters of general medical interest, if not connected with, at least suggested by, that Congress.

It was a gathering greater in importance, if not in numbers, than has probably ever yet taken place. It requires no small effort, no ordinary adjunct to a mere massing together, to draw out from the seclusion of their laboratories or from the theatre of their triumphs so many men of character and name, whose appearance—whether from Germany, or France, or elsewhere—was the immediate signal for an appreciative reception. Nothing could have more clearly manifested the catholic and liberal nature of science when men from various climes, and whose vehicles of thought were as varied as the regions which their "sun's bright circle warms," met together not to advance, perhaps, but to extend and to diffuse the results of their labors, and that we may have a few hypotheses less, to have a clearer and more comprehensive knowledge of those laws of nature and of their disturbance so far as they relate to the health and physical well-being of the human family. Some idea of the extent of the work accomplished may be gathered from the circumstance that upwards of three thousand persons assisted at the Congress. It was divided into fifteen sections and numerous subsections; the eye, ear, throat, skin, brain, receiving each their separate consideration; and even the teeth, and the diseases of children having their separate sections; that about submitted papers, some of which were more or less discussed; that the number of contributors was upwards of.

The subdivision into so many sections and subsections,—a greater number than at any former Con-

*The portion of the address in which the papers are enumerated, with details of the work performed, has been curtailed, having been already published in the reports of the meetings of the Society.

gress,—shows unmistakably the ever-increasing tendency to drift off into smaller and smaller channels of medical thought and research. In the infancy of medicine ailments of all parts of the body were attempted to be brought within the scope and intellectual view of the professor or practiser of the healing art; and in Great Britain, until some years ago, the duties of even physician and surgeon were commonly united in the same person. But when they became separate, the physician alone took the title of doctor; while the latter declined any other appellation than that of Mr. In this country, notwithstanding the attempt in some places at division and separation, the generic is common to all. And so pleased are some by slight gratifications, and the title of doctor so relished, that it, with the uberous M.D. are found, the former heading the more formal documents; the latter constantly met with at the foot of letters, private and friendly notes, legal documents, notes of hand, and perhaps, for aught I know, clothed with the appellation of honor and dignity making love to Nedar's daughter Helena: and if Demetrius why not John Smith, M.D.?

But this distinctive appellation—this sign of difference, if not always of eminence or even of dignity, will not long be equal to the purpose for which it was created. If English surgeons denied themselves, or were denied, the distinguishing mark of their calling, thinking it belonged more by right to the *medicinæ doctor*, why should it be appropriated by scientists deeply learned, forsooth, in the knowledge of a bicuspid? How will it be with him who deals but with the, let us say, the epiglottis, the epidermis, or the epididymis? Were it as it might be, and as it should be, the *educated* man possessed of a sufficient stock of general information, following the bent and inclination of his mind into some channel, however shallow, however narrow, however intricate; tracing it step by step to a higher and a higher elevation till it seemed to resolve itself into the mist which was its source, we could only approve and admire. But it would appear as if every portage or resting place in every current that could afford a foothold was seized upon as vantage ground where gain and profit could be best secured. And like another Miltonic character:

> As in a cloudy chair ascending rides Audacious.

For, as Sir James Paget well observes, "the fault of specialism was not in narrowness but in the shallowness and the belief in self-sufficiency with which it was apt to be associated."

It is greatly to be deplored that the *materia medica*, that commissariat of the physician, was not so organized and complete as to permit a special applicability to a special organ, or to a special part of an organ, without passing through the general system, every part of which had already been parcelled out and ceded to others—and it might be in legal phraseology added, "with the limits of which he was content, having seen and viewed the same." But when it is borne in mind that no one part can be reached without traversing another, and to the especialist perhaps a foreign and an unknown part, the difficulties in the way of the specialist are greatly increased. Holman the great endeavored to take a short cut to one of the organs, and with his pad to disperse and dissipate the "blood, choler, phlegm and melancholy" that hovered round the liver. But he forgot the muscles which belonged to one; and the ribs which had been ceded to a second; and the skin and its contained nerves and blood-vessels which belonged to many a dozen more. But the rape was made nevertheless, and with pecuniary advantage. A Scotch judge many years ago, it is related, had before him a malefactor who had stabbed a soldier. The judge, brimful of goodness, could find an excuse for what to us would appear the chief act in the drama, the stabbing of the *person* of the soldier; not so, however, with our Dogberry, who was prepared to receive excuses for that, to him, the minor offence, the mere stabbing of the person; but what he could not, and would not, admit excuse for, was the culprit's having propelled the "lethal weapon through the belt which the soldier wore which was His Majesty's." It must not be supposed that in my divergence I am convergent towards especialists (if I may be permitted for the nonce to coin a word), who, whether from choice or from aptitude, choose to confine themselves within one of the more limited divisions of medical science, while having a *fair general* knowledge of what is collateral and interdependent. Indeed it must be evident to us all that a division of labor has become necessary; and that it is impossible for one engaged in the general work of his profession to materially advance any section of it. But methinks the interests of the public generally would be better served by the intelligent general practitioner, who had familiarized himself with the general working of the economy, than by the specialists who

ever find in the case before them indication of disturbance of the organ which owns him master. And yet the necessity for the synthetical and constitutional treatment of so-called local diseases is as urgent now as it was in the time of Abernethy, when the practical surgeon could discourse most eloquently and sensibly of medicine and hygiene, and their applicability to so-called surgical diseases.

Gentlemen, believe me, this violent divorcement of medicine and surgery, and this parceling out of the minor departments of either, while they have their advantage in increasing our knowledge of realities and our appreciation of partial facts, have drawbacks, which sometimes the cupidity of man turns to advantage. I shall not speak of medicine. But in another department let me say, this is the age of meddlesome surgery. Whether it be an ulcer (and ulcers belong to surgery—in the os oris or uteri is all the same) which so often receives the unnecessary caustic; or the hœmorrhoid which so often receives the unnecessary ecraseur or ligature; or the stricture which receives the rarely, if ever, necessary urethro tome, there is no denying that the multiplying of instruments which render apparently the performance of an operation easier ministers to the desire to use them. He who carries a revolver trusts to it and may find use for it; while he who discards its use gets on safely without it.

This meddlesomeness, however, is most apparent in regions least visible. To what fingering and inspection are subjected those organs hidden deeply in the person of the female? How many men live and thrive on the sometimes real, but often fancied, ailments of those organs. It appears to me as if what was intended by nature to be most hidden has been brought into more prominent relief than any of, nay than all of, the organs of the body. Are we always honest? Are *ulcers* or other affections of the womb as frequent as women are led to believe. They are I think not so numerous in the same person as *some* are made to believe. A lady on her way through the city recently had occasion to consult me for some trifling ailment. When handing me a fee she told me of her attachment to her physician, and no wonder, for, as she added, "he has saved my life eighteen times!!" I thought this an extraordinary number of times for her Æsculapius to have driven back the fell destroyer, but she at once explained in these words: "My doctor has cured me of eighteen ulcers all over the womb,—awful bad ones too, I tell you,—some of them were very large. It cost me a pile of money, I assure you. I have just come back from Murray Bay, and I am anxious for my doctor to see how I am getting on." "But madam," I ventured to suggest, "you have every appearance of health, and there can be no serious mischief now going on, with a general condition so satisfactory." "Oh! but these ulcers are awful bad things, and one might be eating away at the womb without one's perceiving it." I was quite relieved at not being asked to ascertain the condition of the womb, as I probably should have failed to detect what (I was charitable enough to think) her own physician would easily discover, a nineteenth and possibly not the last ulcer! Gentlemen, I believe we are not tainted in this city with that inordinate love of money, and all that it procures, to do that which is inconsistent with the elevated character of high-mindedness of the physician, or with the obligation imposed upon him when he stepped within the precincts of his present calling. But with the inducements that are held out, it requires no small amount of integrity and rectitude to enable the practitioner to follow out a course dictated by self-negation rather than interest; by magnanimity rather than by undue regard to private profit or advantage. It must not be supposed that I take exception to the existence of the special departments into which medicine and surgery, and chiefly the latter, are divided. The oculist and the aurist and the well-informed gynœcologist has each his place in the brotherhood of medicine. But he has not, he should not have, a place in that brotherhood unless he possessed a fair knowledge of *general* medicine and surgery. I can imagine no greater pest in society than the specialist who knows only the organ with the diseases of which his interests are bound up. He is apt to regard every ailment as connected in some way with the organ which has been treated by him in a pamphlet or periodical. It is now as it was in the time of Molière, and with less excuse.

What, perhaps, has contributed more than any thing else to this state of things is the circumstance that men before entering upon the study of medicine do not now receive the liberal education they once received. In the time of Samuel Johnson the physician was admittedly the best informed and best educated person to be met with in society. He was as familiar with Latin, and often with Greek, as with his native tongue. How is it now? Let the abstracts of the communications made in the

various sections in the recent International Medical Congress answer. There, at that babel of tongues, it was deemed necessary to prepare a synopsis in *three* modern languages, so that the great bulk of the members could perceive in his own language that wherewith he wished to familiarize himself, as if there was no common vehicle of intercourse in that language which has long been the language of the learned. It may be stated, as it is partially believed, that the time spent in acquiring this liberal education is wasted in the presence of work more useful and more profitable. But this is an error. If one country has contributed more than another, in recent times, to the advancement of every department of medical science, it is Germany. We have the recent testimony of Dr. John Struthers and others in favor of the greater completeness of their anatomical institutes; to the completeness of their teaching, and to the result in the large contributions which the anatomists of Germany have made in modern times to the progress of anatomical science in all its branches. Yet are the Germans at the same time the best educated nation in the world. If matters are now as when I was in Germany, I presume there was not a German at the Congress who could not read English or French or Latin as easily as his own deutsche sprache. How many Frenchmen could read (or would wish to read) German. How many English or Americans (out of the higher walks) could read either French or German? The fact that there was a widespread ignorance of classics may be gathered from the circumstance that it was not deemed advisable to put the abstracts in a language which might not be understood. One word more relating to the Congress.

You have all read in the different periodicals the remarkable statement of Dr. Keith as to the employment of carbolic spray in abdominal surgery, and you have all been more than amazed at the unexpected admission of Professor Lister. How true is the old Horation adage, *nil* admiratur. For I know not at which to be most surprised, the enthusiasm with which Listerism was hitherto advocated as the *essential* feature in *all* surgical operations; or the admirable frankness with which its ablest defender has admitted that in one department, at least, of operative surgery it is *de trop*.

But, to return to our rooms at No. 14 Phillips square: In leaving the chair to which your kind partiality has assigned me, I have again to thank you for the honor you conferred upon me in electing me your President, and not for the first time, and for the uniform courtesy which has been extended to me by you all. I have to return also special thanks to our quiet, unobtrusive, but most efficient, Secretary, Dr. Edwards, for much valuable assistance. Our indefatigable Treasurer, also, Dr. Molson, will please accept my thanks for relieving me of much labor which a less energetic officer would have entailed upon me.

THE QUEEN *VERSUS* HUGH HAYVERN FOR THE MURDER OF JOHN SALTER.

Medical and Legal Views of Insanity.

As usual, Doctors Differ.

By Dr. Henry Howard, Visiting Physician Longue Point Lunatic Asylum.

From the medical evidence given in this case, it is quite evident that the five doctors for the Crown not only differed from Doctors Henry Howard and Angus Macdonald, but they also differed from one another. This did not look as if the medical profession was a very scientific one, or as if medical men had any scientific data upon which to base their opinions. Some of them evidently based their opinions upon the writings of others, while Dr. Howard based his opinions chiefly upon his study of insanity, as he found it to develop itself in nature.

It appears that, at the request of Mr. Curran, Q.C., who defended the prisoner, Dr. Henry Howard undertook to examine into the mental state of Hugh Hayvern, and report to Mr. Curran his opinion of the man, as to whether he was, or was not, a man that was legally responsible for his acts, particularly for the act of which he stood accused of, the killing of John Salter.

What was Dr. Howard's course of procedure? First, to learn, as far as it was possible, the *history* of the man. Why did he do so? Because, according to his evidence, he maintains that a man's *conduct* gives very strong evidence as to whether he is sane or insane. He said no sane man *would*, not *could not*, live in the constant breach of all social and natural laws, particularly in the breach of the first natural law, self-preservation. He therefore wanted to find out by his enquiries if that Hayvern did or did not live in the breach of all social and natural laws.

He also wanted to discover what had been his physical state in childhood, maintaining that, if

epilepsy was developed, by fits, in childhood, although no such fits should be developed in manhood, yet there was always in the person an epileptic neurosis, *veiled epilepsy*, that influenced his character all through life, and rendered him subject to commit acts under the influence of an *uncontrollable impulse.*

He wished also to know if that the man had been an inebriate; and why? because he, Dr. Howard, had found from experience, those who have an epileptic neurosis, if inebriates, aggravate the epileptic neurosis; he goes further, and says that a long-continued course of inebriety will, of itself, establish an epileptic neurosis where it had not existed by heredity, and that it is common to find the children of inebriates epileptic, or otherwise maniacal. It was but natural for Dr. Howard to adopt the course he did to learn the man's history, seeing that he believes that a man's *conduct* gives proof of what is his mental organization. Dr. Howard stated in the Court that mind of man, as we know it, is the product of matter, as we define matter; in fact, that body and mind are one, and that insanity is *abnormal mind*, the product of *abnormal matter*,—in other words, that insanity was a symptom of a diseased state of a man's mental organization. Dr. Howard may be wrong, but no one can deny but his is a common-sense view of the question. He endeavored to sweep away all mystery with respect to mind, and pointedly stated that, if man's mind was not of the material order, he nor no other medical man would be justified in treating insanity as a disease.

An attempt was made in the Court to make it appear that Dr. Howard said the mind was the *soul*—this he at once repudiated through Mr. Curran, Q.C.

After Dr. Howard had obtained all the information he possibly could from private persons and police reports, and having read the evidence given at the Coroner's inquest, his next step was to visit the prisoner and make a personal examination of him. By his evidence it appears that he visited him at two different periods, and examined him physiologically, psychologically and pathologically, using all the means known to men of science, together with the knowledge he had acquired from nature during twenty years daily intercourse with the insane.

He then makes his exhaustive report to Mr. Curran, Q.C., which concludes as follows, and which he swears to before the Court:

"Judging the mental state of Hugh Hayvern by his *conduct*, by his *physiological* symptoms, by his *psychological* symptoms and by his *pathological* symptoms, I do not hesitate to declare him to be a man of an unsound mental organization; that he is intellectually and morally insane, and if he did kill Thomas Salter in the manner in which he is said to have done, he killed him while laboring under an insane, epileptiform, uncontrollable impulse, for which he is not responsible, and I consider the cause of his mental aberration to be due to three causes: 1st, his heredity; 2nd, to the fact of his being an inebriate from his youth up; and, 3rd, that it has been aggravated by his fall from the roof of the jail previous to his having committed the crime of which he is accused."

Dr. Angus Macdonald reads Dr. Howard's report, visits and examines the prisoner, and in his testimony before the Court entirely agrees with Dr. Howard, that the prisoner was insane when he committed the crime.

The Crown brought into Court five doctors to oppose the views held by Dr. Howard respecting the sanity of the prisoner. Dr. Pominville, the medical man of the Penitentiary, never examined into the man's mental state; Dr. Robillard did make an examination of the man; Drs. Vallée, Gardner and Cameron never saw the man except in the dock of the Court House, when on his trial. They shall all speak for themselves.

Dr. Pominville, speaking of the prisoner, "He was *taciturn* and *morose*, he was *debased morally* and *mentally*," not a bad description of an imbecile.

"Did not wish to pronounce an opinion in what is called uncontrollable impulse, but did not believe any such thing occurred in the prisoner's case."

He would not pronounce an opinion upon uncontrollable impulse, and in the same sentence does pronounce it against the prisoner.

"Thought on the 29th of June the prisoner was sane and knew *right* from *wrong*, *although at the very moment the act* was committed he might not have thought of either."

That is exactly uncontrollable impulse, *acting without thought.* The moment a man thinks he reasons, then impulse ceases, and *desire* takes its place; then, if insane, he acts from an uncontrollable insane *desire.* That is a distinction Dr. Howard has learned from his observation of nature, it is not to be found in books. But Dr. Pominville said the prisoner knew right from wrong. Dr. Howard never denied but that the prisoner knew right from wrong. But he maintained that the

knowledge of right and wrong was no test of sanity, for if so then the majority of those confined in insane asylums should be discharged. What he stated of the prisoner was that he committed the act under an uncontrollable, insane, epileptic impulse, and Dr. Pominville admitting that at the moment of the act the prisoner "might not have thought," recognized the uncontrollable impulse,—a clear contradiction to his first statement.

Dr. Howard from the beginning to the end of his evidence strongly maintained that a man was responsible not for his knowledge, but his *power* to do right, and in support of his theory quoted Drs. Maudsley, Bucknill and a host of other authorities.

DR. ROBILLARD'S EVIDENCE.

Speaking of the prisoner, "Witness came to the conclusion that he was a very wicked man with *greatly perverted morals*.....Uncontrollable impulses were very rarely met with in *imbeciles* and *idiots*....Witness was of opinion that the prisoner was perfectly *conscious* of his act, but that immediately after he became greatly excited, and this fact moved his *dormant impulses*."

The man had *greatly perverted morals* with *deormant impulses*. If dormant impulses are not *unconscious* impulses, what are they? If his impulses were dormant when he committed the act, how could he be conscious of his act?

"Witness did not believe that *mind* was the product of the body."

If not ,what is it? And if otherwise, why attempt to treat it with medicine?

"Witness is of opinion that the prisoner is a man in whom *all the noble attributes of his nature are wanting*."

What are these attributes if not *intelligence* and *morality*? What is an imbecile if it is not a person void of these qualities?

"Witness agreed with Dr. Howard that intellectual and moral insanity is the same."

Very good! but after describing the man as he described him, why not recognize that he described an insane imbecile?

DR. VALLEE'S EVIDENCE.

"Epileptic maniacs are considered the most dangerous; in cases of epileptic fits the *impulses are momentary*, the acts are automatic, *violent* and *without motive*."

Hayvern's act was *momentary* and *violent*, and there was no proof whatever of *motive;* on the contrary, the Crown proved that deceased and prisoner were good friends.

"*Imbeciles* are subject to these uncontrollable *impulses*."

A contradiction to Dr. Robillard.

"There are insane people, who appear sane to any one except to the physicians."

Just so. Why then were any but physicians brought forward on the part of the Crown to testify to the man's sanity?

"After hearing all the evidence produced at the trial, he was of opinion that the prisoner was not insane at the moment he committed the deed, and was perfectly able to distinguish between *right* and *wrong*."

From Dr. Vallée's standpoint that the *knowing right from wrong* is a proof of sanity, he could come to no other conclusion, for all through the trial Dr. Howard admitted the prisoner knew right from wrong, but denied that it was a test of sanity. He claimed that the act was committed by a man who knew right from wrong, under an insane, uncontrollable impulse.

DR. WILLIAM GARDNER'S EVIDENCE.

"There were no facts in the evidence to warrant witness in saying prisoner was an epileptic maniac or imbecile, but he is certainly *stupid and of a low order of intelligence*."

If being *stupid* and of a *low order of intelligence* does not constitute imbecility, what does?

"Witness is of opinion that the prisoner can distinguish between *right* and *wrong*."

The same story, recognizing right and wrong as a proof of sanity.

"It is possible to be partially insane or monomaniac."

Dr. Howard denied partial insanity, but recognized that, like unto any other disease, different degrees of severity and recurrent insanity, that is *sane* at one time, *insane* at another.

"Insomnia is not a sign of insanity."

Certainly not, when taken as a solitary symptom, for it is also very frequently a symptom of gout and dyspepsia, but what symptom is there of any disease that may not be found in another disease? It will be something new, however, for any one who ever had the charge of an asylum, or even an insane private patient, to learn that insomnia is not a symptom of insanity.

"Witness was *not* of opinion that all the isolated symptoms combined would *not* produce insanity."

What symptoms? Dr. Howard only gave the man's symptoms, and he gave them under oath. Now of two things one, Dr. Howard gave these symptoms honestly or dishonestly; if honestly, then Dr. Gardner would not say that the man was *not*

insane; if dishonestly, then Dr. Howard—well, I don't believe Dr. Gardner would go so far as that.

But Dr. Gardner previously stated that, "there were no facts in the evidence to warrant him in saying prisoner was an epileptic maniac or imbecile. His first and last statements are certainly contradictory.

DR. JAMES C. CAMERON'S EVIDENCE.

"Having heard the evidence of Dr. Howard, he was of opinion that the prisoner was *not insane*, nor was he an *epileptic maniac*. Has heard nothing to prove that the prisoner was incapable of distinguishing *right* from *wrong* on the 29th of June last."

Hard for him when no one attempted to prove anything of the sort, so far as the question at issue he and his confreres might just as well have said they heard nothing to prove that the man was not able to walk on the 29th of June last, and they might just as truly have said that his being able to walk was a proof of sanity, as that his *knowing right* from *wrong* was a proof of sanity. There are medical men who have said things just as strange and with, very nearly, as evil results.

Here have been four medical men, in opposition to Drs. Howard and MacDonald, in opposition to the highest medical and legal authorities in Europe and on the continent of America, impressing upon the *court* and *jury* that the unfortunate prisoner at the bar was sane because he knew, or was assumed to know, right from wrong; and on this exploded theory the Counsel for the Crown calls upon the jury to find the prisoner guilty, and on this exploded theory the Court charges against the prisoner, and no doubt but that, upon this exploded theory, the jury found the prisoner guilty. The Counsel for the Crown, the Court and jury could not do otherwise than they did, after four medical men *recognizing* that the knowledge of *right* from *wrong* was a proof that the man was sane.

Under such circumstances it was fruitless for Dr. Howard and the Counsel for the prisoner to expect that the jury would recognize that a man who, assumedly, knew right from wrong, could kill a man under an *insane, uncontrollable impulse.* But as judges and juries have come to recognize the truthfulness of insane, uncontrollable impulse, and insane, uncontrollable *desire* and *actions* in England, and every other country in Europe, as also in the United States of America, so will they, *in time*, come to recognize these truths in every Province in the Dominion of Canada.

It may be said that these four medical men, by stating in their evidence that the prisoner knew right from wrong, did not by so doing bind themselves to the theory that the knowledge of right from wrong proved a man to be sane. I do not believe that any one of these gentlemen would condescend to so mean a quibble, or such a dishonorable course; the case was one of life or death, and they each and all by their stating that they believed the man knew right from wrong on the day the murder was committed, without qualifying the expression in the slightest degree, knew that the Judge and jury accepted their statements to mean that a man who knew right from wrong must, from that fact, be a sane man, and because the prisoner at the bar knew right from wrong he was, therefore, a sane man.

So much, Mr. Editor, as you know, had been written before your editorial in your issue for October, I now expect you will do me the justice of permitting me to add the following, for your editorial has done Hayvern great injustice, all my quotations shall be from the *Gazette.*

"AUDI ALTERAM PARTEM."

When I read your very ingenious article, in the October number of your Journal, on "THE HAYVERN MURDER CASE," my first feelings were of indignation. That you see was *impulse*, but not uncontrollable. I think it was due to bile, for my liver was a little out of order for a few days, and I need not tell you how that affects a man's mental organization and renders him impulsive; but I overcame the impulse immediately and appealed to reason, the result of which was that I put my scientific theory into practice. You know what that theory is, that every man is what he is in virtue of his mental organization, whether he be a bad man, or mad man, a good man, a knave, a fool or a sage. But when I reasoned and remembered my theory I no longer felt indignant, for I knew you had acted in obedience to your mental organization.

No doubt, when you were writing that article, it never struck you that it might be possible that to an ordinary person your Editorial would appear as if you were afraid the Executive would show *mercy to* the unfortunate man, who is what he is in virtue of HIS mental organization.

Speaking of the prisoner you say:

"Throughout the trial he seemed *indifferent* and *unconcerned*, chewing tobacco vigorously, nevertheless he watched the proceedings closely,

and occasionally *darted quick furtive glances at the Jury.*"

It appears to me that you contradict yourself in these few lines. At all events I fail to see what you as a medical journalist had to do in making such a statement. I suspect you were the only observer in the Court who was *sharp* enough to see those *quick furtive glances*. Strange that the Court did not observe them, nor Mr. Davidson, the learned Counsel for the Crown, did not observe these *glances*, for no doubt if they did they would have drawn the attention of the Jury to that important fact.

"The St. Vincent de Paul convicts dread being transferred to the Kingston Penitentiary. Hayvern *suspected Salter* of trying to secure his removal thither."

Where on earth did you obtain that information? Certainly not when the man was on his trial.

I have the *Gazette* before me, and I find no such evidence has been reported; moreover, neither his Honor Judge Monk, nor Mr. Davidson, ever made such a statement to the Jury; on the contrary, Mr. Davidson said: "True, there were some *minor circumstances which had not been clearly established.*" But this is a *major* circumstance, and instead of its being established, it was actually established by the evidence of the Crown that Hayvern and Salter were good friends.

Speaking of the knife you say, "An old file ground down to a fine point was fixed in a *rough* wooden handle."

Another gratuitous statement. No one even *attempted* to prove that the knife was made from an old file, and instead of a rough wooden handle, the acting Warden distinctly stated that, seeing the handle was the handle of a shoe-maker's knife, he thought it was a shoe-maker's knife.

"He voluntarily told the Warden that he had stabbed Salter with a knife, and that he had done for Salter."

I never heard the Warden make such a statement, it is not reported, and it is not in the Warden's evidence before the Coroner's Jury. Neither his Honor Judge Monk, nor Mr. Davidson, Q.C., made such a statement to the Jury.

"When asked for the knife he *brandished* it in a threatening manner."

Again I ask, where or in whose evidence does the *brandishing* appear? Some said he attempted to conceal it in the sleeve of his coat, some that he carried it in one position and some in another, but this is the first I have heard of *brandishing*.

Were I to go into the statements you have made respecting the evidence of the Rev. Father Knox and myself, I could just as easily show how absurdly you have represented both the one and the other. But I forbear. I will, however, relate you a little incident that occurred to me in early life, forty two-years ago—I was then two years in practise. The Criminal Court was opened in Carrick on Shannon, Co. of Leitrim, Ireland. The Presiding Judge was LORD CHIEF JUSTICE BALL. I was brought forward by the Crown to give evidence in a case, The Queen *versus* ———, for the murder of her child. I proved to the satisfaction of the Court and Jury that the child was born alive, had not been killed, but came to its death from want of proper care after birth. The woman instead of being, as she was accused of, found guilty of murder, was simply found guilty of concealment of the birth of a child under mitigating circumstances, and only got three months imprisonment. Now, through some busy person it came to the knowledge of the Attorney General that at the time of the inquest the woman had made some confession to me, and when under examination the Attorney General asked me if it was not true that the woman made a confession to me. I answered, "Yes." "Tell the Court and Jury, Dr. Howard, what was that confession." I refused; the Attorney General called upon his Lordship to compel me or imprison me for contempt of Court. His Lordship threatened me, I respectfully persisted in refusing. I said, "My Lord, I have proved that the child was born alive and how it came by its death. I have proved that the prisoner at the Bar on the day of the inquest had been very lately a mother. All that knowledge I obtained in my capacity of a professional man. After the inquest was over the poor woman consulted me as a professional man, she then became my patient. When I received my diploma, I swore to keep the secrets of my patients, therefore, your Lordship, I cannot and will not tell what that woman as such confessed to me." I was not sent to prison, but complimented by his Lordship for having acted as I did, and he said I was *right* maintaining my action, and his Lordship added: "I regret to say that too frequently I find medical men, when giving evidence on the part of the Crown, acting as if it were their duty to assist in having the accused *convicted*. Such is not the duty

of a medical man, his duty simply is to give his evidence without any such feeling. If he has any feeling in the matter at all, it should be the wish to see the prisoner proved innocent."

Four months after I received a letter from my friend Sir William Wilde, stating that on that day he was present in the Four Courts in Dublin, where there was a full bench of Judges, and the question under discussion was: If a medical man could refuse, in Court, to reveal a professional secret, and the case in Carrick on Shannon, of Dr. Henry Howard having refused, and been sustained by the presiding Judge, Lord Chief Justice Ball, was quoted as a precedent, and from that day to the present no medical man has been called upon in Ireland by the Crown under any circumstances to tell the secret of his patient, although before that it was a common occurrence.

You and the readers of your Journal will see the *moral.*

I regret I have not been as successful in the case under consideration. There is no precedent *yet* in Canada that a man can be controlled in his acts by an *insane impulse*, or that a man can be insane and *know right from wrong*. But the time will come when these truths will be recognised.

Progress of Medical Science.

Record of the Post-mortem Examination of the Body of President J. A. Garfield, made September 20, 1881, *commencing at* 4.30 P.M., *eighteen hours after death, at Franklyn Cottage, Elberon, New Jersey.*

(From the *New York Medical Record.*)

Present and assisting: Dr. D. W. Bliss, Surgeon-General J. K. Barnes, U. S. Army, Surgeon J. J. Woodward, U. S. Army, Dr. Robert Reyburn, Dr. Frank H. Hamilton, Dr. D. Hayes Agnew, Dr. Andrew H. Smith, of Elberon (and New York), and Acting Assistant Surgeon D. S. Lamb, of the Army Medical Museum, Washington, D. C.

Before commencing the examination, a consultation was held by these physicians in a room adjoining that in which the body lay, and it was unanimously agreed that the dissection should be made by Dr. Lamb, and that Surgeon Woodward should record the observations made. It was further unanimously agreed that the cranium should not be opened. Surgeon Woodward then proposed that the examination should be conducted as follows:

That the body should be viewed externally, and any morbid appearances existing recorded; that a catheter should then be passed into the wound, as was done during life, to wash it out, for the purpose of assisting to find the position of the bullet; that a long incision should next be made from the superior extremity of the sternum to the pubes, and this crossed by a transverse one just below the umbilicus; that the abdominal flaps thus made should then be turned back and the abdominal viscera examined; that after the abdominal cavity was opened the position of the bullet should be ascertained, if possible, before making any further incision; and that, finally, the thoracic viscera should be examined.

This order of proceedure was unanimously agreed to.

The examination was then proceeded with, and the following *external appearances* were observed:

The body was considerably emaciated, but the face was much less wasted than the limbs. A preservative fluid had been injected by the embalmer, a few hours before, into the left femoral artery. The pipes used for the purpose were still in position. The anterior surface of the body presented no abnormal appearances, and there was no ecchymosis or other discoloration of any part of the front of the abdomen.

Just below the right ear, and a little behind it, there was an oval ulcerated opening, about half an inch long in diameter, from which some sanious pus was escaping, but no tumefaction could be observed in the parotid region.

A considerable number of purpura-like spots were scattered thickly over the left scapula, and thence forward as far as the axilla. They ranged from one-eighth to one-fourth of an inch in diameter, were slightly elevated and furfuraceous on the surface, and many of them were confluent in groups of two to four or more. A similar, but much less abundant eruption was observed sparsely scattered over the corresponding region on the right side.

An oval excavated ulcer about an inch long, the result of a small carbuncle, was seated over the spinous process of the tenth dorsal vertebra. Over the sacrum there were four small bed-sores, the largest about half an inch in diameter. A few acne pustules, and a number of irregular spots of post-mortem hypostatic congestion were scattered over the shoulders, back, and buttocks. The inferior part of the scrotum was much discolored by hypostatic congestion. A group of hemorrhoidal tumors, rather larger than a walnut, protruded from the anus.

The depressed cicatrix of the wound made by the pistol-bullet was recognised over the tenth intercostal space, three and one-half inches to the right of the vertebral spines. A deep linear incision (made in part by the operation of July 24th, and extended by that of August 8th) occupied a position closely corresponding to the upper border of the right twelfth rib. It commenced posteriorly about two inches from the vertebral spines, and extended forward a little more than three inches. At the anterior extremity of this incision there was

a deep, nearly square abraded surface about an inch across.

A well-oiled flexible catheter, fourteen inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case, but after several trials the catheter entered, without any violence, to its full length. It was then left in position, and the body disposed supinely for the examination of the viscera.

The *cranium* was not opened.

A long incision was made from the superior extremity of the sternum to the pubis, followed by a transverse incision crossing the abdomen just below the umbilicus. The four flaps thus formed were turned back and the abdominal viscera exposed. The subcutaneous adipose tissue divided by the incision was little more than one-eighth of an inch thick over the thorax, but was thicker over the abdomen, being about one-fourth of an inch thick along the linea alba, and as much as one-half inch thick toward the outer extremity of the transverse incision.

On *inspection of the abdominal viscera in situ*, the transverse colon was observed to lie a little above the line of the umbilicus. It was firmly adherent to the anterior edge of the liver. The greater omentum covered the intestines pretty thoroughly from the transverse colon almost to the pubes. It was still quite fat, and was very much blackened by venous congestion. On both sides its lateral margins were adherent to the abdominal parietes opposite the eleventh and twelfth ribs. On the left side the adhesions were numerous, firm, well organised, and probably old.* On the right side there were a few similar adhesions, and a number of more delicate and probably recent ones.

A mass of black, coagulated blood covered and concealed the spleen and the left margin of the greater omentum. On raising the omentum it was found that this blood mass extended through the left lumbar and iliac regions and dipped down into the pelvis, in which there was some clotted blood and rather more than a pint of bloody fluid.* The blood-coagula having been turned out and collected, measured very nearly a pint. It was now evident that secondary hemorrhage had been the immediate cause of death, but the point from which the blood had escaped was not at once apparent.

The omentum was not adherent to the intestines, which were moderately distended with gas. No intestinal adhesions were found other than those between the transverse colon and the liver, already mentioned.

The abdominal cavity being now washed out as thoroughly as possible, a fruitless attempt was made to obtain some indication of the position of the bullet before making any further incision. By pushing the intestines aside, the extremity of the catheter, which had been passed into the wound, could be felt between the peritoneum and the right iliac fascia; but it had evidently doubled upon itself, and, although a prolonged search was made, nothing could be seen or felt to indicate the presence of the bullet, either in that region or elsewhere.

The abdominal viscera were then carefully removed from the body, placed in suitable vessels, and examined *seriatim*, with the following results:

The adhesions between the liver and the transverse colon proved to bound an *abscess-cavity* between the under-surface of the liver, the transverse colon, and the transverse mesocolon, which involved the gall-bladder, and extended to about the same distance on each side of it, measuring six inches transversly and four inches from before backward. This cavity was lined by a thick pyogenic membrane, which completely replaced the capsule of that part of the under-surface of the liver occupied by the abscess. It contained about two ounces of greenish yellow fluid—a mixture of pus and biliary matter. This abscess did not involve any portion of the substance of the liver except the surface with which it was in contact, and no communication could be detected between it and any part of the wound.

Some recent peritoneal adhesions existed between the upper surface of the right lobe of the liver and the diaphragm. The *liver* was larger than normal, weighing eighty-four ounces; its substance was firm, but of a pale yellowish color on its surface and throughout the interior of the organ from fatty degeneration. No evidence that it had been penetrated by the bullet could be found, nor were there any abscesses or infarctions in any part of its tissue.

The *spleen* was connected to the diaphragm by firm, probably old, peritoneal adhesions. There were several rather deep congenital fissures in its margins, giving it a lobulated appearance. It was abnormally large, weighing eighteen ounces; of a very dark lake-red color both on the surface and on section. Its parenchyma was soft and flabby, but contained no abscesses or infarctions.

There were some recent peritoneal adhesions between the posterior wall of the *stomach* and the posterior abdominal parietes. With this exception no abnormities were discovered in the stomach or *intestines*, nor were any other evidences of general or local peritonitis found besides those already specified.

The *right kidney* weighed six ounces, the *left kidney* seven. Just beneath the capsule of the left kidney, at about the middle of its convex border, there was a little abscess one-third of an inch in diameter, and there were three small serous cysts on the convex border of the right kidney, just beneath the capsule; in other respects the tissue of both kidneys was normal in appearance and texture.

*These adhesions, and the firm ones on the right side, as well as those of the spleen, possibly date back to an attack of chronic dysentery, from which the patient is said to have suffered during the civil war.

* A large part of this fluid had probably transuded from the injecting material of the embalmer.

The *urinary bladder* was empty.

Behind the right kidney after the removal of that organ from the body, the dilated *track of the bullet* was dissected into. It was found that from the point at which it had fractured the right eleventh rib (three and one-half inches to the right of the vertebral spines) the missile had gone to the left, obliquely forward, passing through the body of the first lumbar vertebra and lodging in the adipose connective tissue immediately below the lower border of the pancreas, about two and one-half inches to the left of the spinal column, and behind the peritoneum. It had become completely encysted.

The track of the bullet between the point at which it had fractured the eleventh rib and that at which it entered the first lumbar vertebra was considerably dilated, and the pus had burrowed downward through the adipose tissue behind the right kidney, and thence had found its way between the peritoneum and the right iliac fascia, making a descending channel which extended almost to the groin. The adipose tissue behind the kidney in the vicinity of this descending channel was much thickened and condensed by inflammation. In the channel, which was found almost free from pus, lay the flexible catheter introduced into the wound at the commencement of the autopsy; its extremity was found doubled upon itself, immediately beneath the peritoneum, reposing upon the iliac fascia, where the channel was dilated into a pouch of considerable size. This long descending channel, now clearly seen to have been caused by the burrowing of pus from the wound, was supposed during life to have been the track of the bullet.

The last dorsal, together with the first and second lumbar vertebra and the twelfth rib, were then removed from the body for more thorough examination.

When this examination was made, it was found that the bullet had penetrated the first lumbar vertebra in the upper part of the right side of its body. The aperture by which it entered involved the intervertebral cartilage next above, and was situated just below and anterior to the intervertebral foramen, from which its upper margin was about one-fourth of an inch distant. Passing obliquely to the left, and forward through the upper part of the body of the first lumbar vertebra, the bullet emerged by an aperture, the centre of which was about one-half inch to the left of the median line, and which also involved the intervertebral cartilage next above. The cancellated tissue of the body of the first lumbar vertebra was very much comminuted and the fragments somewhat displaced. Several deep fissures extended from the track of the bullet into the lower part of the body of the twelfth dorsal vertebra. Others extended through the first lumbar vertebra into the intervertebral cartilage between it and the second lumbar vertebra. Both this cartilage and that next above were partly destroyed by ulceration. A number of minute fragments from the fractured lumbar vertebra had been driven into the adjacent soft parts.

It was further found that the right twelfth rib also was fractured at a point one and one-fourth inch to the right of the transverse process of the twelfth dorsal vertebra; this injury had not been recognized during life.

On sawing through the vertebra, a little to the right of the median line, it was found that the spinal canal was not involved by the track of the ball. The spinal cord, and other contents of this portion of the spinal canal, presented no abnormal appearances. The rest of the spinal cord was not examined.

Beyond the first lumbar vertebra, the bullet continued to go to the left, passing behind the pancreas to the point where it was found. Here it was enveloped in a firm cyst of connective tissue, which contained, besides the ball, a minute quantity of inspissated, somewhat cheesy, pus, which formed a thin layer over a portion of the surface of the lead. There was also a black shred adherent to a part of the cyst-wall, which proved, on microscopical examination, to be the remains of a blood-clot. For about an inch from this cyst the track of the ball behind the pancreas was completely obliterated by the healing process. Thence, as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended on the left into an irregular space or rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occurred a short time before death.

This mass of coagulated blood was of irregular form, and nearly as large as a man's fist. It could be distinctly seen from in front through the peritoneum, after its sight behind the greater curvature of the stomach had been exposed by the dissection of the greater omentum from the stomach, and especially after some delicate adhesions between the stomach and the part of the peritoneum covering the blood mass had been broken down by the fingers. From the relations of the mass as thus seen it was believed that the hemorrhage had proceeded from one of the mesenteric arteries, but as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated tissues and the adjoining soft parts should be preserved for subsequent study.

On the examination and dissection made in accordance with this agreement, it was found that the fatal hemorrhage proceeded from a rent, nearly four-tenths of an inch long, in the main trunk of the splenic artery, two and one-half inches to the left of the cœliac axis. This rent must have occurred at least several days before death, since the everted edges in the slit in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost continuous wall

bounding the adjoining portion of the blood-clot. Moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers. It was further found that the cyst below the lower margin of the pancreas, in which the bullet was found, was situated three and one-half inches to the left of the cœliac axis.

Besides the mass of coagulated blood just described, another, about the size of a walnut, was found in the greater omentum, near the splenic extremity of the stomach. The communication, if any, between this and the larger hemorrhagic mass could not be made out.

The examination of the *thoracic viscera* resulted as follows:

The *heart* weighed eleven ounces. All the cavities were entirely empty except the right ventricle, in which a few shreds of soft, reddish, coagulated blood adhered to the internal surface. On the surface of the mitral valve there were several spots of fatty degeneration; with this exception the cardiac valves were normal. The muscular tissue of the heart was soft, and tore easily. A few spots of fatty degeneration existed in the lining membrane of the aorta just above the semilunar valves, and a slender clot of fibrin was found in the aorta, where it was divided, about two inches from these valves for the removal of the heart.

On the right side slight pleuritic adhesions existed between the convex surface of the lower lobe of the lung and the costal pleura, and firm adhesions between the anterior edge of the lower lobe, the pericardium, and the diaphragm. The *right lung* weighed thirty-two ounces. The posterior part of the fissure, between its upper and lower lobes, was congenitally incomplete. The lower lobe of the right lung was hypostatically congested, and considerable portions, especially toward its base, were the seat of broncho pneumonia. The bronchial tubes contained a considerable quantity of stringy muco-pus; their mucous surface was reddened by catarrhal bronchitis. The lung-tissue was œdematous,* but contained no abscesses or infarctions.

On the left side the lower lobe of the lung was bound behind to the costal pleura, above to the upper lobe, and below to the diaphragm, by pretty firm pleuritic adhesions. The *left lung* weighed twenty-seven ounces. The condition of the bronchial tubes and of the lung-tissue was very nearly the same as on the right side, the chief difference being that the area of the broncho-pneumonia in the lower lobe was much less extensive in the left lung than in the right. In the lateral part of the lower lobe of the left lung, and about an inch from its pleural surface, there was a group of four minute areas of gray hepatization, each about one-eighth of an inch in diameter. There were no infarctions and no abscesses in any part of the lung-tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that, on reviewing the history of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish a sufficient explanation of the septic conditions which existed during life.

About an hour after the post-mortem examination was completed the physicians named at the commencement of this report assembled for further consultation in an adjoining cottage; a brief outline of the results of the post-mortem examination was drawn up, signed by all the physicians, and handed to private secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

(Signed) D. W. Bliss,
J. K. Barnes,
J. J. Woodward,
Robert Reyburn,
D. S. Lamb.

* A part, at least, of this condition was doubtless due to the extravasation of the injecting fluid used by the embalmer.

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THE HAYVERN MURDER CASE.

We publish in this number of the Record an article by Dr. Henry Howard on the Hayvern murder case, which demands something more than a passing notice. We might reasonably have expected to find in a communication of such length a clear exposition of Dr. Howard's views, and a detailed report of the clinical facts upon which his extraordinary diagnosis of insanity was based. We regret, however, that he has preferred misrepresentations and sweeping assertions, theories and vague generalities, to the calm statement and discussion of scientific facts. We are surprised that "*indignation*" and "*bile*" could have made Dr. Howard so forgetful of his dignity and self-respect as to stoop to personalities so unbecoming to a scientific and educated gentleman. The psychological question, as to whether the writer of our October editorial is "*a bad man or madman, a good man, a knave, a fool, or a sage,*"

throws very little light upon the Hayvern case, and does not add to the scientific value of Dr. Howard's communication; at all events, whether bad or mad, fool or knave, we retain sufficient respect for ourselves, our profession, and our Journal, to refrain from unbecoming and uncalled-for personal attacks.

Dr. Howard asserts that our "*very ingenious*" editorial contains misrepresentations and contradictions, and does Hayvern "*great injustice.*" His criticisms are based entirely upon the report of the trial which appeared in the Montreal *Gazette*. Unfortunately, in the Montreal criminal courts, there is no authorized or official report of proceedings; we have to depend solely upon the newspaper accounts, which are always more or less imperfect. In this case the *Gazette*, *Herald*, *Star*, and *Witness* have reports, none of them perfect, yet collectively giving a fair idea of the evidence. The *Gazette* report is, on the whole, the most complete and accurate, except in the matter of Dr. Howard's own evidence. When Dr. Howard entered the witness box, he held in his hand a voluminous document, which was promptly challenged by Mr. Davidson and disallowed by the Court. The *Gazette* account may be a faithful report of that document, and may contain the evidence which Dr. Howard *intended* to give; but most certainly it is not an accurate report of the evidence which Dr. Howard actually *did* give in open Court. A glance at the reports of the four papers will readily demonstrate many differences, both in matter and manner, especially in the cross-examination. We will examine Dr. Howard's criticisms *seriatim*:—

1. He discovers contradiction in our statement that the prisoner seemed indifferent and unconcerned, yet watched the proceedings closely, and darted furtive glances at the jury.

We fail to see the contradiction implied by *seeming* unconcern and close scrutiny. However, if he turns to the *Gazette* report of Dr. Vallée's evidence he will find:

"Witness had observed the appearance in court of the prisoner, and had found that he manifested a great indifference; but at moments when pointed remarks were made witness observed that prisoner paid greater attention."

Momentary flashes of interest and quick furtive glances, which were occasionally observed during the examination of witnesses, became most noticeable while Mr. Davidson was addressing the jury; these furtive glances were the subject of remark among several gentlemen present, who, unlike Dr. Howard, were "*sharp enough*" to detect them. More than once the remark was made that the prisoner seemed to be more knave than fool. When Mr. Curran, in his address to the jury, graphically painted the prisoner's life of crime, and referred in touching terms to the grief of the poor heart-broken mother, prisoner's seeming indifference entirely broke down; he bowed his head upon the dock, and sobbed like a child. When the jury rendered their verdict of guilty, Mr. Curran quickly turned around to the prisoner and said to him: "When you are asked if you have anything to say for yourself, say nothing." "All right," was the quick reply; and when Mr. Schiller asked him the usual question, if he had anything to say why sentence of death should not be passed, prisoner replied quite unconcernedly, "I have got nothing to say." If time and space permitted, many more incidents of the trial might be given to bear out our statement that the prisoner *seemed* indifferent and unconcerned, yet watched the proceedings closely. Did it ever suggest itself to Dr. Howard that Hayvern's dogged and sullen indifference might have been feigned? In this connection it must not be forgotten that the prisoner's chances of life depended largely upon his bearing out Dr. Howard's diagnosis of imbecility, both by looks and actions.

2. While it is a well-known fact that the St. Vincent de Paul convicts dread being removed to Kingston, Dr. Howard cannot see where we have grounds for the assertion that "Hayvern suspected Salter of trying to secure his removal thither."

JEAN BUERE, a guard, (vide *Gazette*) says:—

"Prisoner subsequently told witness, in answer to his question, that he had used his knife on Salter at the end of the stairway leading to the Protestant chapel, and that he had done so, *because Salter wanted to send him to Kingston;* prisoner also said that there were other reasons behind, than that one."

REV. FATHER KNOX (vide *Gazette*) says:

"Referring to the *Kingston Penitentiary*, prisoner said *he would never go there;*" also, "The prisoner while in his cell acted very foolishly, talking to himself, and especially so about *Kingston;*" also, "Heard him mention *Kingston* several times, also the word *quiet.*"

3. In support of our "gratuitous statement," that the knife was fashioned from an old file and

was fastened in a rough wooden handle, we quote again from the *Gazette* report.

TELESPHORE OUIMET, acting deputy warden, says :—

"The knive must have been made at the blacksmith's shop in the Penitentiary, as it had been wrought out of a *file*." The handle of a shoemaker's knife is a rough wooden handle, in contradistinction to the horn, bone, and ivory handles usually found upon cutlery.

4. In support of the statement, "*He voluntarily* told the warden that he had stabbed Salter with a knife, and that he had done for Salter," we find H. B. MACKAY, acting warden (vide *Star*), testifying :—

"Said to him that I did not think Salter badly hurt; prisoner said he thought he was; he then said *he had stabbed Salter with the knife*." According to the *Witness* report, the acting warden says :—"Prisoner said to him of his own accord that *he had stabbed Salter with the knife*." Although not definitely reported in the papers, the acting warden did testify that Hayvern voluntarily said that he had "*done for Salter*."

5. In proof of Hayvern's "*brandishing* the knife in a threatening manner,"

H. B. MCKAY (vide *Witness*) says :—

"Witness then went and himself asked prisoner for the knife; he took it out of his pocket and *held it up in a threatening manner*, saying that the only way to get it was to fire upon him with a revolver."

These are the grave mis-statements and inaccuracies of which Dr. Howard so indignantly complains—how justly, we leave our readers to decide. Having thus shewn to his own satisfaction the inaccuracy of our editorial, Dr. Howard considerately refrains from further criticism, naively adding that he "could just as easily show how absurdly" we have "misrepresented" himself and the Rev. Father Knox.

In the first part of his article, Dr. Howard criticises the evidence of Drs. Pominville, Robillard Vallée, Gardner, and Cameron, and attempts to make it appear that they differed among themselves as to the mental condition of the prisoner. Dr. Howard's running commentary upon the evidence of these gentlemen is unanswerable, for the best of all reasons, that there is so little in it to answer. The *Gazette* report of Dr. Gardner's evidence is inaccurate; by omitting the first "not" in the sentence quoted by Dr. Howard, the report becomes substantially correct, and then reads as follows :

"Witness was of opinion that all the isolated symptoms combined would not produce (or constitute) insanity."

Instead of disagreeing, as Dr. Howard asserts, these gentlemen unanimously testified that in their opinion the prisoner was neither an imbecile nor an epileptic maniac, and that the murder was not due to an uncontrollable impulse or an attack of epilepsy. They agreed with Drs. Howard and McDonald that, when the murder was perpetrated, the prisoner was able to distinguish between right and wrong. And here we must emphatically protest against the unfair manner in which Dr. Howard seeks to force these medical men into a false position and bind them down to a theory which every tyro in medicine knows to be untenable. A direct question was put to them—"From the evidence you have heard in court do you consider that on the 29th of June the prisoner was able to distinguish between right and wrong with respect to the murder of Salter?" A direct question demands a direct answer; accordingly they replied, like Drs. Howard and McDonald, that, in their opinion, the prisoner was, at that time, capable of distinguishing between right and wrong as to that particular act. What else could they say? They were not asked whether the knowledge of right and wrong was a test of sanity; they were not asked what in their opinion ought to be the test of a man's legal sanity and responsibility. They neither knew nor were supposed to know, by what legal interpretation of the scientific facts submitted in evidence the Court intended to determine Hayvern's legal sanity or insanity. They simply gave their opinion as to prisoner's knowledge of right and wrong when he murdered Salter, in reply to a direct question, just as they gave their opinions upon his imbecility, epileptic mania and uncontrollable impulse. But Dr. Howard says, because these medical men testified that, in their opinion, Hayvern knew right from wrong when he murdered Salter, they bind themselves to the opinion that every man who knows right from wrong is sane, and that no man who knows right from wrong can be insane. Is this a fair deduction? None of these gentlemen enunciated such preposterous views, and yet Dr. Howard unjustly strives to pin them down to such a theory; if they seek to repudiate his

assumption, he accuses them of quibbling and dishonorable action.

So much for Dr. Howard's criticisms; now let us briefly consider his diagnosis of Hayvern's mental condition and his theory of the murder. Hayvern is pronounced to be "an *imbecile* of a low order and an *epileptic maniac*."

His mental aberration is said to be due to three causes:

1. Heredity.
2. Inebriety from youth up.
3. A fall from the jail roof aggravating his condition.

In explanation of the murder, Dr. Howard advances two separate theories:

1. That the deed was committed during or directly after an attack of *petit mal*, when the prisoner was unconscious of what he did, and, therefore, not responsible for his acts.

2. That the deed was motiveless, unpremeditated, and the result of an *uncontrollable impulse*, which he was conscious of, but could not resist. In Dr. Howard's own words, "It was just such an impulsive act as an insane man with a homicidal tendency would commit."

It will thus be readily seen that Dr. Howard's views of the case are confused and contradictory. Moreover, his diagnosis of insanity and his theories of the murder are not borne out by facts, but are based upon a number of glaring assumptions, which we will now consider in detail.

1. *Heredity*—This has been presumed, not demonstrated. From the evidence it appears that prisoner's father and mother, brother and two sisters are living. They were spoken of as "decent, respectable people." Neither epilepsy, insanity, inebriety or any other neurotic disease was proved to have existed in any of them. Prisoner's married sister, however, has a child suffering from *chorea*. Can Dr. Howard really mean to hang his plea of *heredity* on such a slender thread? Is that fact sufficient to justify his opinion that "the prisoner was born with the epileptic neurosis in him?"

2. *Epilepsy*—The diagnosis of epilepsy was based upon the examinations made on the 26th and 31st of August, without reference to the history of prisoner's early life. Dr. Howard in cross-examination distinctly admitted to Mr. Davidson, that he had not heard of prisoner's "fits" in childhood, until he learned of their existence from Mrs. Hayvern in Court. In the *Star* report of Dr. Howard's evidence we find:—

"Did not know until evidence was heard in Court that prisoner was an epileptic, but from the examination which witness made he at once came to the conclusion that such was the case."

Dr. Howard, therefore, assumed the existence of epilepsy from his physical examination of the prisoner, although he had never seen him in a fit, nor even heard of his having had one. He did not trouble himself to substantiate such an important matter by a strict enquiry into the early history of the prisoner, but quietly assumed the existence of epilepsy, of which he obtained no proof until he heard Mrs. Hayvern's evidence in Court. The *fits* in childhood he at once assumed to have been *epileptic*, although no medical man had ever been consulted with regard to them, and no adequate proof brought forward as to their epileptic character. We find it difficult to reconcile Dr. Howard's ignorance of the fits in childhood with the fourth paragraph of his article, which reads,

"He also wanted to discover what had been his physical state in childhood, maintaining that if epilepsy was developed by fits in childhood..... there was always in the person an epileptic neurosis."

In the light of Dr. Howard's admission, this reads very like an after-thought.

3. *Inebriety from youth up* is assumed to be another cause of prisoner's mental aberration. Having so easily presumed a hereditary neurotic tendency, and so skilfully assumed the actual existence of epilepsy in young Hayvern, Dr. Howard does not find the slightest difficulty in still further assuming that inebriety aggravated this epileptic tendency. But he goes further: he holds that, even although no hereditary tendency existed, a long continued course of inebriety might have established the epileptic neurosis. If he had proved inebriety in Hayvern's parents, we could have seen the force of his argument; we hardly think that Dr. Howard means us to believe, that a young man of twenty-eight, having no neurotic tendency, would have, by inebriety, set up the epileptic neurosis in himself.

4. *The fall from the jail roof* is assumed to have aggravated the assumed epileptic tendency. It did not matter though the medical officer of the penitentiary never noticed any ill effects from the fall, other than ordinary bruises and lameness; it did not matter though doctor, wardens, guards,

attendants and fellow-prisoners never remarked any symptoms which could be interpreted into even a semblance of epilepsy: of course it did not matter, because the epilepsy might never have manifested itself, it might have been "*veiled;*" this brings us to another assumption.

5. According to Dr. Howard, if epileptic convulsions occur in childhood, the epileptic neurosis is always developed and "can never be improved;" it influences a man's character all through life, and renders him subject to commit acts under the influence of an *uncontrollable impulse.* It does not matter though no "fits" occur in adult years; the epilepsy is still there, it is only "veiled." Following out Dr. Howard's theory to its logical conclusion, if it can once be proved that a criminal has had "fits" in childhood, although no epileptic attacks have occurred subsequently in adult years, the epileptic neurosis must be assumed to be firmly and indelibly implanted in that man, and to influence his character and conduct all life long. If, moreover, he happens to be addicted to drink, so much the worse for his "*veiled epilepsy*," and so much the more liable will he be to *uncontrollable impulses.* Such a man may commit theft, highway robbery or murder with impunity; the more aggravated the crime, the more likely was it to have been prompted by his constant companion, his *fidus Achates*, his *veiled epilepsy.* Were the law to admit this extraordinary theory, and allow its practical application, criminals would soon become the scourges of society; they would commit the most heinous crimes with impunity, and evade punishment on the plea of "*veiled epilepsy*," which is, according to Dr. Howard, the offspring of drink and infantile convulsions.

6. We now come to the assumption, upon which Dr. Howard first based his theory of prisoner's insanity:

"No sane man would live in the constant breach of all social and natural laws, particularly in the breach of the first natural law of self-preservation."

In other words, open shameless crime, and the gratification of violent passions, reckless of consequences, are indicative of insanity. The danger of such a doctrine is self-evident.

We will next examine Dr. Howard's theories of the murder. He testifies:

1. That the deed was committed during an epileptic fit.

When asked by Mr. Davidson what grounds he had for this opinion, Dr. Howard replied (*vide Witness*) :—

"The fact of the prisoner standing still for a minute after committing the deed was evidence that he was then in a state of epilepsy."

In other words, Dr. Howard affirms that the murder was the unpremeditated, unconscious, violent act of an epileptic maniac, committed during a paroxysm of epilepsy, for which he was not accountable. Dr. Howard accepts this view, for, in commenting upon Dr. Vallée's evidence, he says:

"Hayvern's act was momentary and violent, and there was no proof whatever of motive; on the contrary, the Crown proved that deceased and prisoner were good friends."

In order to uphold this theory, Dr. Howard must assume:

(1) *Absence of motive*, in spite of the strong evidence to the contrary. Prisoner said that he would never go to Kingston, and that he had stabbed Salter because Salter wanted to send him to Kingston, and that Salter would never call him insulting names again. He planned and executed a murder, which Judge Monk styled "one of the most skilfully performed tragedies on record." And yet Dr. Howard would have us believe that the deed was motiveless, and that the prisoner and his victim were at the time good friends.

(2) He must assume an *epileptic fit* just at the moment when prisoner happened to have a murderous weapon concealed upon his person, and his good friend Salter happened to be passing along the corridor. Just at that moment his epilepsy, hitherto "veiled," manifested itself, and in an epileptic paroxysm he rushed out, and without motive or premeditation stabbed his friend to the heart. Epileptic maniacs do not remember the acts they have committed during the fit, after its effects have passed away. But Hayvern knew immediately what he had done, and stated why he had done it; and when the warden told him that Salter was not badly hurt, Hayvern contradicted him, and said that he had stabbed Salter with a knife, and had done for Salter. In all reason, is this like the act of an *epileptic maniac* during a *paroxysm of epilepsy?*

2. When recalled by the Court, Dr. Howard advanced the theory that the deed was the result of an *uncontrollable impulse;* this is generally understood to be different from an *epileptic mani-*

acal impulse. An *uncontrollable* or *irresistible* impulse is usually considered to be an impulse which, by reason of mental disease, cannot be controlled or resisted by the will. The subject of uncontrollable impulse is conscious of it, and knows that the contemplated act is wrong; he may even struggle to resist it, but from deficient will-power his struggle is in vain, the impulse is to him irresistible. He is conscious of the impulse, conscious of committing the deed, remembers all about it afterwards, and is usually very sorry for what he has done. The theory of *uncontrollable impulse* is not substantiated by the facts of the case, and is in contradiction to other portions of Dr. Howard's evidence.

Dr. Howard's triple diagnosis of *imbecility, epileptic mania* and *uncontrollable impulse* necessitates the following interpretation of the facts of the case. Hayvern, the *imbecile*, rightly or wrongly believing himself to have been injured and insulted by his good friend Salter, determines to be revenged. He makes or procures a suitable weapon and secretes it upon his person; he obtains permission to dine in the hospital, which he knows Salter must pass on his way to chapel; he refuses his dinner, and paces backwards and forwards as if waiting for some one; when dinner is over, the convicts come upstairs and file past him; the moment that Salter appears, prisoner is seized with an *epileptic fit*, rushes out, and stabs his friend to the heart: he stands still for a moment till the fit passes off, and then walks downstairs to his own cell; he remembers nothing of what he has done, all subsequent knowledge of the deed is derived from conversation with others.

Or else, according to the theory of *uncontrollable impulse*, finding himself on the corridor when the convicts were passing, and happening to be possessed of a stabbing instrument, an *irresistible impulse* seizes him when Salter appears, and, in obedience to that impulse, he murders his friend. According to this supposition, he should have been able to remember all that happened; and as the deed was motiveless, unpremeditated and impulsive, he should have felt sorry for his act.

We leave our readers to judge whether Dr. Howard's position is tenable, and whether his diagnosis and theories are consistent with each other and the facts of the case.

In dealing with the question of impulsive insanity, care must always be taken to distinguish between an *irresistible impulse*, and an impulse which was *unresisted.* All men have impulses; some resist them, others do not. The less a man controls his passions, the more uncontrollable they become; consequently, it is quite possible and even probable that *habitually unresisted impulse* may cause such progressive enfeeblement of the will-power, that, eventually, impulse becomes *irresistible.* One great function of the law is to teach men to curb their passions; if uncontrolled impulse and unbridled passion are allowed to constitute a justification for crime, then one of Society's greatest safeguards is destroyed, and the law paralysed. It would have been a public misfortune had Dr. Howard's theories been accepted in this case by the Court and Jury, and Hayvern declared irresponsible for his acts on the ground of insanity; soon every daring crime would have been defended upon a similar plea. When the courts admit the doctrine that infantile convulsions and intemperance produce *epilepsy*, that epilepsy develops *uncontrollable impulse*, and that uncontrollable impulse absolves men from legal *responsibility* for their acts, society will become demoralized, the most aggravated crimes committed with impunity, and law and order openly defied.

THE CASE OF THE LATE PRESIDENT GARFIELD.

We publish elsewhere the report of the autopsy on the body of the late President Garfield, believing that it will be of interest to many of our readers who otherwise may not be able to obtain it. So much has been said in the public press of this now celebrated and historical case that every person has had an opportunity of following its progress by the bulletins which were daily issued. To none were these details more interesting than to the medical profession, whose opinions were constantly requested during the continuance of life as to the probable results. From time to time considerable adverse criticism has been evolved regarding the treatment, but it must be presumed from the diagnosis made during life that no other plan could have been adopted by the eminent surgeons who were associated in consultation, and although a grave error was committed in localizing the ball, still, even if its position had been accurately known, it does not appear that any other course could have been followed. The necessity of extracting the bullet was fully discussed, and the public mind has been pretty well

informed on this point. The common belief has been that in all cases this proceedure is absolutely necessary or the results will be fatal. While there can be no doubt that whenever possible this should be done, especially when the position of the foreign body can be easily determined, yet, as a general rule, it is not considered wise to attempt explorations, especially when the probable course of the missile cannot be determined. The result in the case before us exemplifies this rule.

Gross in his great work on Surgery says: "No sensible surgeon ever thinks of searching for a ball in any of the great cavities of the body; such a proceedure would be sure greatly to increase the dangers of the accident, and cannot therefore be too pointedly condemned." Most surgeons concur in this opinion. In view of these facts the first examination made by Dr. Bliss can hardly be considered proper, as he introduced a Nelaton's probe "to ascertain the course of the ball *and the organs involved in its passage*," and the thought occurs of the extent of information to be elicited by a hard probe as to the organs involved. The only information apparently obtained was that the probable course was downwards and forward and to the right side, and on this information another exploration was made with a long silver probe "suitably curved," which was passed downwards and forwards and also downward and backward "in several directions." The decision finally arrived at this examination was that the ball had entered the liver. Now it is wellknown that in psoas abscess pus finds its way very easily downwards between the muscles, and therefore an opening being already made into this cellular tissue it would be a very easy matter to push a probe downwards, and it may be questioned whether the probe suitably curved did not originate the canal which subsequently misled the consulting surgeons as being the supposed track of the bullet. The extreme difficulty of making an exploration has therefore been well shown, for even the eminent men associated with the premier attendant were so entirely at fault as to suppose that the ball had been deflected downwards into the pelvic cavity on the right side. The constant alteration of the internal organs due to respiratory and other movements rendered a search almost impossible, if not positively dangerous. No surgeon should allow himself to be influenced in his actions by friends or others under like circumstances or by the fear of being deemed incompetent to remove a ball, or by a desire to make a show of doing something. This is one of the lessons taught by this case, and another one is the absurdity of the experiments made with electricity. It might have been thought that the surgeons in charge would have objected to make so distinguished a patient the subject of uncertain and untried experiments. Nor did it reflect credit upon the art of Surgery in thus apparently showing to the public that we possess no other means of detecting the presence of a foreign substance in the body. The result, as is now known, was futile, and proved how dangerous such experiments might become; it detected the near presence of the ball within a few inches, when in reality the ball was many inches wide of this spot, and if this apparent localization had been relied on and an operation attempted, what terrible disgrace would have been incurred, as it took nearly two hours at the autopsy to find the ball. What might have been the results had the attempt been made during life?

If has been said, to maintain the dignity of the profession and art we practice, that all adverse criticism should be avoided, but with this we cannot agree. If everything was correct, then criticism can do no harm; if not, the interests of our profession would be ill served by silence. And first of all in the daily bulletins which were *officially* issued the public were misled as to the true condition which existed; statements were made which subsequent disclosures have not verified. It was asserted that septicæmia or rather pyæmia had set in and continued throughout, and the profession generally have accepted this as a fact. It may, however, be doubted whether pyæmia *per se* did exist, judging from the low range of the temperature as recorded. The morning temperature throughout seldom exceeded the normal state, only on the tenth and eleventh day did the evening temperature reach 102°, being generally below 101°, and towards the last but slightly above normal; on one occasion it suddenly went up to 104°, this was on July 23rd, and being due to pent up pus was quickly reduced on free incisions being made into the pus cavity. The report states as a fact that "It was a marked feature during this whole period of parotid suppuration that there was no associate systemic disturbance." Surgical authorities state that pyæmia is accompanied with extremely high temperature, severe rigors and copious sweating. Erichson says "that the temperature in pyæmia presents *remarkable and*

characteristic fluctuations, being uniformly high." An additional doubt is thrown upon the case by the statement of Dr. Weiss of the University of New York, who examined the specimens and reported thereon. He says that from his investigations the President " never had pyæmia, and the course of the systemic symptoms do not warrant such an assumption." The official report of the autopsy also states that " there were no infarctions and abscesses in any part of the lung tissue." The abscess cavities which were found beneath the liver and on the kidney can be accounted for from purely local causes.

We did not from the first place implicit reliance on the official bulletins, emanating as they chiefly did from a physician whose past record is not altogether blameless. Many will remember the vile rubbish known as the Condurango Cancer Cure which this Dr. Bliss originated, and sold at a profit of above one hundred dollars a pound, and out of which he made a fortune. This is the Bliss who took possession of the President at the outset, and the impression remains that the eminent surgeons who were afterwards called in gave a silent consent to any statement made rather than create confusion in the public mind.

The official report makes no mention of pyæmia, and concludes with the remark that the most approved antiseptic dressings were used during the entire progress of the case—dressings which would have been perfectly useless if the blood was already in a septic condition. One word about the autopsy : this was not altogether conducted on the most approved plan. The injection of preservative fluids must have interfered with the condition of things, especially in the abdominal cavity, and the search for the ball was commenced from the wrong side, for " the missile was really found in the mass of intestines and annexa, after removal of the latter from the body." We have made the above remarks on the grounds that the report is fairly open for criticism, and that it teaches us once more the lesson, not to probe in these gunshot wounds of the cavities on account of the great difficulty in localizing the track, and in all cases to give a very guarded prognosis. In President Garfield's case there is one satisfaction, the treatment did not affect the final ending, which must have been under any circumstance inevitable.

THE OPIUM HABIT.

The October number of Appleton's *New York Medical Journal and Obstetrical Review* contains an interesting article by Dr. E. C. Mann on the nature and treatment of the opium habit. Dr. Mann believes that opium inebriation is rapidly becoming prevalent among all classes of society. He makes the remarkable statement that not more than one-fifth of the opium sold by retail druggists in the United States is dispensed in physicians' prescriptions. It is somewhat startling to consider for what purposes the remaining four-fifths are consumed. After sketching briefly the history of opium, Dr. Mann describes its physical and psychical effects, and explains how its victims are enslaved. The opium eater becomes eventually an opium sufferer : his misery and anguish are extreme ; he is fully conscious of his wretched condition, but is powerless to emancipate himself from it. The will seems to be paralyzed. The author claims that the opium or morphine habit is a curable disease : success can be confidently promised if the sufferer honestly desires a cure, and is willing to place himself under the necessary control. Dr. Mann believes that in many cases the sudden deprivation of opium would produce dangerous shock ; he accordingly reduces the dose of opium gradually, keeping the nervous system quiet by a combination of the bromides of sodium and ammonium. As the opium is decreased the bromides are increased, until in about ten days he is able to discontinue opium altogether. Hot baths, digitalis and nitre are employed to eliminate the bromine from the system. The reflex action of the cord, which has been purposely depressed by the bromides during the reductionary treatment, is then excited by strychnine The central nervous system is stimulated by the daily use of general faradization. Phosphorus and cod liver oil are given as nerve tonics. From four to six weeks usually suffice to effect a cure. Dr. Mann believes that we have no specific able to counteract the effects of opium in the system, or eradicate the craving for it,—a thorough systematic course of treatment can alone secure success. He reports the complete cure of an army officer, who had been addicted to the use of opium for thirty-five years, and had reached latterly the enormous dose of 240 grains daily. Dr. Mann's article will well repay a careful perusal.

HOSPITAL NOTES.

Montreal General Hospital.—On the *Medical* side the wards have been for some time unusually full of typhoid fever. The prevailing type this season has been mild: out of 102 cases treated during the past three months only four proved fatal—two from perforation, one from asthenia, and one from severe lung complications. Three cases of severe intestinal hemorrhage occurred; all recovered. One of them passed seven large stools of pure blood, and sank at once into profound collapse; he was rallied with stimulants, gallic acid was administered internally, and an ice bag applied to the abdomen. No further hemorrhage occurred, and the patient made a good recovery. The antiseptic treatment of typhoid seems to be the favorite just now. Acid Carbolic, Tinct. Iodin. aa gtt. ij., every two hours, well diluted with water, are given for two or three weeks, while the fever runs high. The urine must be carefully watched during the treatment; smokiness indicates the presence of carbolic acid; the mixture must then be stopped or the dose of acid reduced. Quinine in large doses is seldom used now. The diet is milk. Relapses are frequent, and are generally attributed to indiscretions in diet or injudicious haste in leaving bed. *Diphtheria* has been somewhat prevalent; about 20 cases have been treated during the last quarter; three deaths occurred. Tracheotomy was performed once in an apparently favorable case; the patient did well for two days, but the disease extended downwards into the trachea, and death took place 52 hours after the operation.

On the *Surgical* side, there has been lately rather a dearth of operative work. Ovariotomy has been performed this season six times; five patients recovered, one died from exhaustion on the sixth day after operation.

A case of fracture of the spine about the 8th dorsal vertebra, from a fall down a hoist, has attracted some attention; it was chiefly remarkable for the comparative absence of paralytic symptoms and the rapidity of recovery. There was paralysis of the bladder and rectum, but no paraplegia; only slight pains were felt running down the arms and legs. The patient left the hospital in six weeks.

Hotel Dieu Hospital.—A good deal of surgery has been done at this hospital during the past summer. One of the most interesting of the recent operations was the removal by Dr. Hingston of a firm, broad-based, fibrous nasopharyngeal polypus from a young man on the 14th ult. The polypus could be seen in front at the nasal aperture, and behind above the soft palate. The left ala was bulged out, and the hard palate pressed downwards. Dr. Hingston performed Professor Brun's operation in preference to that of Syme, so that less deformity might remain. An incision was made below the edge of the left ala and carried across the upper lip without wounding the mucous membrane of the mouth; a second one over the roof of the nose at the naso-frontal suture; and a third joining these two. With saw and bone scissors the hard parts were divided in the lines of incision through the soft parts: a vertical section of the septum was made, and with Langenbeck's Osteotome the whole nose was turned over till its tip rested against the right cheek. As this gave insufficient room, Dr. Hingston raised a portion of the periosteum of the left superior maxilla, and broke off the subjacent bone. The tumor was then detached, and, by means of a string, drawn out through the mouth. The hemorrhage was very great, and the patient seemed to be in danger of suffocation. The operation was completed, with patient's head and chest hanging down over the table. A fortnight after the operation, the patient was exhibited at the Medico-Chirurgical Society. The nose was back in its place as straight and firm as in health, very little trace of the operation being visible. Dr. Hingston said that the subsequent section of the supra maxillary bone gave sufficient room, and that by sacrificing bone but not periosteum, neither deformity nor depression remained.

Notre Dame Hospital.—The practice of this hospital is largely surgical, owing to its central situation and its proximity to the wharves. During the month of October there have been two amputations of the breast for scirrhus, a resection of the femur for the cure of an ununited fracture of four months standing, an operation for a congenital occlusion of the vagina by a membranous septum, an operation for congenital torticollis, and a number of others of less note. A vascular tumor of the eyelid was successfully treated by electrolysis. A large number of fractures, both simple and compound, are under treatment; the silica bandage is employed in several cases of simple fracture of the leg. An

interesting case of traumatic peritonitis and hepatitis is doing well under opium alone, no external treatment being employed. A case of hard cancer of the uterus and vagina is under observation, and a gangrene of the glans penis from preputial inflammation has just been admitted. On the medical side there is a good deal of rheumatism. One of the most noticeable medical cases is one of capillary bronchitis in a boy of fifteen.

GLEANINGS FROM THE INTERNATIONAL MEDICAL CONGRESS.

HUXLEY'S THEORY OF DISEASE.—The body is a machine of the nature of an army, not that of a watch or of a hydraulic apparatus. Of this army, each cell is a soldier, an organ a brigade, the central nervous system head-quarters and field telegraph, the alimentary and circulatory system the commissariat. Losses are made good by recruits born in camp, and the life of the individual is a campaign, conducted successfully for a number of years, but with certain defeat in the long run. The efficacy of an army, at any given moment, depends on the health of the individual soldier, and on the perfection of the machinery by which he is led and brought into action at the proper time; and, therefore, if the analogy holds good, there can be only two kinds of diseases, the one dependent on abnormal states of the physiological units, the other on perturbation of their co-ordinating and alimentative machinery.

DR. KEITH ABANDONS THE SPRAY.—While using the spray, Dr. Keith had a succession of eighty successful ovariotomies, but in the next twenty-five cases he had five deaths, two from carbolic acid poisoning, two from acute nephritis, and one from septicæmia. On account of this mortality, and the very frequent high temperature the evening after the operation, he abandoned the spray altogether; since then he has had twenty-seven cases, with one death.

Lister does not accept irrigation as a substitute for the spray.

HALLUCINATIONS.—Fournié defines a hallucination as "An act of overvivid memory."

HUXLEY'S TORPEDO.—Huxley predicts that in the progress of Medicine it will become possible to introduce into the Economy a molecular mechanism which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the rest untouched.

VIRCHOW ON VIVISECTION.—"So long as perfect liberty is left to every possessor of animals to kill his animals, be they wild or tame, at any time, and according to his own judgment, so long must it be permitted that, for scientific ends, and thus on purely internal grounds, experiments should be made on living animals. But the necessity of such experiments can naturally only be decided by the inquirer himself; as to the choice of place, time, the admission of strangers, he may be required to communicate with the inspector, but the carrying out of the experiment must remain in his own hands."

THE SCEPTIC.—Claude Bernard says that the Sceptic is he who does not believe in Science, and who believes in himself. He believes enough in himself to dare to deny science, and to affirm that it is not subject to fixed and determinate laws. The doubter is the true scientific man; he only doubts himself and his interpretation, but he believes in science; he admits even in the experimental sciences, a criterion, or an absolute scientific principle.

PERSONAL.

Dr. James Leslie Foley (C.M., M.D., Bishop's College, 1880) passed his examination for the Licentiateship before the Royal College of Physicians, London, on the 22nd October. Dr. Foley is the first Bishop's College graduate who has taken out an old country qualification. He attended the practice of the London Hospital for over a year. Dr. Foley soon after his graduation was appointed Assistant Demonstrator of Anatomy in his Alma Mater. He will enter upon his duties after the Christmas holidays.

Dr. Bell, Medical Superintendent of the Montreal General Hospital, is ill with typhoid fever. Fortunately the attack does not promise to be a serious one, and there is every probability that in a short time Dr. Bell will be able to resume his duties.

Dr. P. Bender (M.D., McGill, 1865), Quebec, has come out as an author. Dawson Bros., of Montreal, in their November list of new books advertise one from his pen, entitled Literary Sheaves; or, La Litterature au Canada Francais, the

Drama, History, Romance, Poetry, &c., &c. Price, $1.

Dr. H. J. Saunders, M.R.C.S., England, has been appointed Professor of Sanitary Science in the Royal College of Physicians and Surgeons, Kingston, Ont.

Dr. Canniff, of Toronto, has resigned from the staff of the Toronto General Hospital, and Dr. J. H. Burns has been elected to replace him.

Dr. William Sutherland has returned to Montreal after an absence of over six months in Europe.

Dr. Morton has removed from Bradford to Toronto.

Dr. Going has removed from London, Ontario, to Toronto.

COLLEGE OF PHYSICIANS AND SURGEONS, P.Q.

Mr. Lamirande, the prosecuting officer of the College, has since our last issue obtained the following judgments:

Gabriel Courchene, La Baie, Yamaska Co., has confessed judgment as an irregular practitioner and paid the fine and costs.

Joseph Quintal, Longueuil, has been fined $25 and costs for practising without any license.

THE NEW MEDICAL TARIFF.

The new Medical tariff comes into operation on the 21st of this month. Members of the College of Physicians and Surgeons wishing to obtain copies of it can have them by applying personally or by letter to Dr. Belleau, Secretary at Quebec, or to Dr. Francis W. Campbell, Secretary at Montreal.

OPENING OF THE MONTREAL MEDICAL SCHOOLS.

McGill University opened its Medical Session on Monday, Oct. 3rd, with an introductory lecture by Dr. Buller. The class is we believe larger than usual.

Laval (Montreal Faculty) Medical Faculty opened on Oct. 1st. The attendance is very satisfactory to all those interested in its success.

The Victoria Medical Faculty (School of Medicine and Surgery, Montreal) opened on October 1st. The number of students attending this school is very large.

Bishop's College Faculty of Medicine opened October 4th, but had no introductory, going at once to work. The attendance is the largest this school has ever had. This large attendance has necessitated important alterations in the building. The dissecting room has been converted into a Practical Physiological Laboratory, and the Dissecting room removed to the top flat. The alterations are estimated to cost some five hundred dollars.

FELLOWS' COMPOUND SYRUP OF HYPOPHOSPHITES.

The medical profession is rightly a conservative one, and its members naturally look with strong suspicion upon any remedy which is introduced to the public through the public newspapers. In this way really excellent preparations have suffered. For a time they had a large sale, but their indiscriminate use soon brought failure, for there exists no universal panacea. Had their introduction been *to* and *through* the profession, then their use would have only been where indicated, and, if beneficial, success was certain. We have excellent examples of this in Trommer's Extract of Malt, Reed & Carnrick's Maltine and Lactopeptine, only introduced through the profession. These remarks apply with force to the preparation the name of which heads this article. Mr. Fellows introduced it to the public, and although the profession in St. John, N.B., Mr. Fellows' home, helped him by certificates, there can be no question that, as a whole, till lately the profession have given it the go-by. The preparation is, however, a good one, and its new proprietors, Perry Davis, Son & Lawrence, of Montreal, are attempting to retrieve the error of the original proprietor, and to depend upon the profession for its sale. In England they have adopted the plan, and the profession have taken to it so rapidly that the sales during the first six months were nearly, if not quite, double what was anticipated. Nearly all the British Medical Journals have noticed it most favorably. This success, we believe, the proprietor deserves; and now on its new departure we strongly commend this preparation to the profession for use in suitable cases, among which will be found strumous diseases generally, but especially phthisis, ushered in by preliminary laryngeal symptoms.

REVIEWS.

Indigestion, Biliousness and Gout in its Protean Aspects. Part I., Indigestion and Biliousness. By J. MILNER FOTHERGILL, M.D., London. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin, 1881.

Dr. Fothergill's books are always eminently practical and instructive; the present volume is particularly interesting. The style is easy and conversational, sometimes racy; the comparisons are apt and striking, and the reader's interest is sustained from first to last. Dr. Fothergill is a shrewd observer, and a firm believer in the efficacy of drugs; he submits pathological problems and therapeutic theories to the test of common-sense, and when he adopts a theory or recommends a plan of treatment, he can usually give a satisfactory reason for the faith that is in him. Culture and study, supplemented by large and varied metropolitan experience, enable him to take a broad and comprehensive view of his subject; only the salient practical points are placed before the reader, all confusing details being carefully avoided. The author believes that, in the past, too much attention has been devoted to the pathological changes observed in the digestive tract after death, and maintains that indigestion should be studied from the physiological rather than the pathological standpoint. He accordingly enters fully into the consideration of the normal digestive process in the light of recent physiological investigations, dwelling at greatest length upon the functions of the liver, and the action of the bile and pancreatic juice. He then treats of indigestion and biliousness, discussing the causes, symptoms, and treatment, medicinal and dietetic. The various kinds of food are described, their proper selection and method of preparation. In the treatment of biliousness he advocates a good old-fashioned calomel purge in suitable cases, and gives reasons for his belief. He points out the general confusion which exists in the average medical mind as to the exhibition of malt, pepsine, and pancreatine preparations, and gives plain directions for the proper selection and administration of these artificial digestive agents. He quotes largely from Drs. Budd, Murchison, Foster, and Roberts, and also from his own "Practitioner's Hand-book of Treatment." The only faults in the book are its diffuseness and frequent repetitions. To the busy practitioner who wishes a clear and rational idea of the mechanism and treatment of digestive troubles, we heartily recommend this work as being well up to date, trustworthy and practical.

Chemical Analysis of the Urine. By EDGAR F. SMITH, Ph.D., and JOHN MARSHALL, M.D. With illustrations: Philadelphia. Presley Blakiston. Montreal: Dawson Brothers, 1881.

This modest little book of 104 pages contains more practical information than many more pretentious volumes. The authors are practical instructors in Medical Chemistry, and their work gives evidence of a thorough acquaintance with the wants of medical men in this department. Casselmann's *Analyse des Harns* forms the basis of the work; but it has been largely supplemented by new methods of analysis, directions for the preparation of test solutions, and suggestions as to the details of laboratory work. The plates of Casselmann's book have been reproduced in this. Students engaged in laboratory work will find this manual concise and trustworthy.