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ON POST-PARTUM HÆMORRHAGE.

BY AUGUSTUS JUKES, M.D., ST. CATHARINES, ONT.

There is, perhaps, no single subject coming within the range of knowledge indispensable to the general practitioner, which demands a more perfect acquaintance with its pathology and the remedies applicable to it; or a greater degree of coolness, promptitude and confidence in their application than Post-Partum Hæmorrhage. A subject surely of much practical importance; one, a demand for the most intimate knowledge of which, may at any moment be made upon each one of us; one, wherein any failure upon our part of all knowledge available, or all skill and readiness in its application may at the shortest notice entail sorrow upon those who put their trust in us, and cover us with shame and unavailing regret.

A comprehensive examination of the whole subject of Post-Partum Hæmorrhage in all its various aspects; its predisposing and exciting causes; the management most likely to overcome these, and the special course of treatment advisable in each of its many varieties, would embrace altogether too wide a field for the subject of a single paper. I shall therefore confine myself to the consideration of one large and comparatively common class of cases; *First*, glancing briefly at the physiological condition of the gravid uterus which renders post-partum hæmorrhage possible, and the pathological condition at the moment of delivery which constitutes its proximate cause:—*Secondly*, at the various remedies proposed or recommended in text-books to combat and arrest it; and *Thirdly*, suggesting the selection in this particular class of cases of a remedy, which though eminently safe and efficient, has hitherto received little notice from the profession at large.

As post-partum hæmorrhage never takes place (save in rupture of the uterus) until the pla-

centa, or some portion of it is detached from the uterine walls, let us first examine for a moment the nature of the union which is pre-established between them, and of the lesion which takes place, when in the course of parturition they are violently rent asunder.

No real vascular continuity exists between the mother and the fœtus:—No current of maternal blood either enters directly into the placental vessels or is received therefrom. Fœtal circulation is essentially self-sustaining, and exists altogether independent of the forces circulating the maternal blood. This has been clearly demonstrated by anatomy, and is further substantiated by the facts; *First*, that the pulsations of the fœtal heart are not synchronous with those of the mother; *Secondly*, that the blood corpuscles of the fœtus do not resemble either in size or appearance those of the parent; and *Thirdly*, that the fœtal blood differs essentially from that of the mother in its physical and chemical characteristics, being of a darker colour, incapable of coagulation, and destitute of fibrin and phosphoric acid.

This union between the fœtus and the mother takes place through the medium of the chorion, or investing membrane of the womb in the following manner. Immediately after conception a very rapid and continuous development takes place in the vessels of the uterus, and especially in the capillary loops, ramifying upon the mucous membrane, which form the connecting links between the termination of the arteries and the beginning of the veins. These capillaries, like the veins into which they enter, are destitute of valves, and in the impregnated uterus become rapidly enlarged into irregular cavities, which from their size and the resemblance they bear to those of the dura mater, have been termed *sinuses*, though they differ from these in containing *arterial* blood. The walls of these sinuses, like the capillaries in which they originate, are formed only of prolongation of the inner coat of the vascular system of the mother.

Between these gradually enlarging sinuses, the growing villi of the chorion dip down and project themselves, like the radicles of young plants into the earth, pushing before them the decidual membrane of the placenta and the altered mucous membrane lining the uterine walls, when these vessels assuming the character of sinuses, swell

out around and between the villi, until these villi, already shrouded in the two decidua membranes, are completely bound up and embraced by the delicate membrane constituting the walls of the sinuses, which thus encloses them upon every side, and amongst which, these tufted villi may be said to take root. All intercourse existing between the circulation of the mother and that of her offspring, takes place through the medium of the two decidua membranes, the one placental, the other uterine, through the intervention of which the tufted, arborescent villi of the chorion are brought into close approximation with the blood of the mother contained in the uterine sinuses; the fatal blood being oxygenated in its transit through these villi by the arterial circulation of the mother, exactly in the same manner as the blood of fishes and of the larvæ of the *Batrachia* is aerated in their branchial tufts by exposure to oxygenated water.

The union thus established between the placenta and the uterus, though sufficiently firm for the respiratory purpose it was destined to fulfil, is quite incapable of withstanding the violent muscular contractions of the uterine walls which accompany the expulsion of the fœtus, and the placenta is commonly thrown off by the same contractile effort which accomplishes the birth of the child; the delicate walls of the uterine sinuses being torn and lacerated in the violent separation; and these being frequently of a size sufficient to admit the passage of a finger, it is evident that the life of the mother at this critical period depends upon firm and persistent contraction of the muscular fibres of the uterus;—this failing from any cause, and for a very short period of time after the detachment of the placenta, she dies.

It would be impossible to enter into a consideration here of the causes which predispose to hæmorrhage after delivery, or of the management during parturition, best calculated to avert that catastrophe; nor can I touch upon the various kinds of post-partum hæmorrhage, depending upon a great variety of causes (such as intra-uterine polypi, peritoneal adhesions to the fundus or body of the womb, and the irregular action of the uterine fibres known as hour-glass contraction. And that peculiar, but not uncommon condition of the organ, wherein various sets of fibres composing its walls are successively and alternately

contracting and expanding irregularly, producing no uniform condensation of the tissue, and giving the uterus a knotted and uneven sensation beneath the hand, all of which are attended by more or less pain, and a troublesome and exhausting discharge, and which, individually require for their management a modified treatment, specially directed to the peculiar circumstances of each, such being beyond the scope of this paper.

The cases to which I now especially refer, comprise that large and important class, wherein from a variety of causes, (impossible to enumerate here) the uterus shortly after the delivery of the child, and either previous or subsequent to the expulsion of the placenta, not only fails to contract uniformly and persistently, but remains so passive and inert that it is rapidly distended by the pouring out of blood from the uterine sinuses, and not unfrequently expands or relaxes so suddenly as to draw in through the vagina a considerable amount of air.

In these cases, as is well known, the organ is no longer found small, firm, and hard beneath the hand placed over the hypogastrium, but a large, soft, diffuse tumour occupies the abdomen, and these symptoms are accompanied, either internally, externally, or both, by rapid and alarming hæmorrhage.

The great desideration here is doubtless to procure prompt and permanent uterine contraction, and the measures we find recommended in the text-books, such as grasping the uterus firmly through the abdominal walls; friction and kneading of the same; the sudden application of cold by means of wet cloths to the genitals and hypogastrium, or by pouring cold water from a height upon the abdomen; the administration internally of emetics, ergot, cold drinks, opium in various forms, and acetate of lead; compression of the aorta; cold enemata thrown into the rectum; galvanism and the introduction of the hand within the uterus, all have the same object in view, namely, to rouse the organ from its inertia and to excite contraction of its muscular fibres.

But this inertia, in a large number of cases, depends upon exhaustion of contractility, arising from excessive or long continued action, nervous shock, &c., and many of the remedies above named, if persisted in beyond a certain point, not only possess no virtue, but are positively produc-

Y tive of evil. Emetics, ergot and cold, increase the depression—to say nothing of the time required for the first to act—or the after effect of drenching an exhausted woman's bed at such a time with cold water. Kneading the uterus, and pressure applied either instrumentally or by the bandage and various kinds of pads, often injure the organ, and predispose to various puerperal affections—and at any rate cannot be persisted in, unless found immediately effective.

In the early days of my practice, I have tried most of these to a greater or less extent. I never was guilty of emptying a pitcher or pail of cold water from a height, upon the naked abdomen of a recently delivered and exhausted woman,—I think I shall never do so,—but the other remedies, I, as a young beginner, have tried over and over again, because they were recommended, and all with a few exceptions were soon abandoned as useless or worse when prompt action was required. Of these, ergot, administered as a preventive, when the head is on the perineum, or immediately after delivery, is the best. I always place the left hand firmly over the fundus uteri as the head is being born, having found this good in all cases, and after carefully placing it in the hand of an assistant, with directions how to proceed, I keep an uninterrupted watch over it until the placenta is removed and the bandage applied. Of the remainder, *with one exception*, I have long ceased to put faith in them; this *one*, however, namely, the careful introduction of the hand into the uterus to remove clots and excite contraction, as recommended by Dr. Gooch, though condemned by many eminent men, has frequently in my experience proved a safe and ready method of arresting the flow. As regards the use of galvanism, first recommended many years ago by Dr. Radford of Manchester, it is too inconvenient to be always on hand—and not so simple and readily available as to be depended upon by the general practitioner.

In November, 1869, Dr. Barnes read a paper before the Obstetrical Society of London, strongly advising in these cases, an injection into the cavity of the uterus, previously emptied of its contents, of a solution of the perchloride of iron. The idea did not originate with Dr. Barnes. It was first mentioned, I think, by D' Outrepont, and more especially recommended by Riwisch in 1840

—since which period, though it has not appeared in our text-books, solutions of the perchloride, per-nitral, and per-sulphate of iron have been extensively used in the same manner by many eminent accoucheurs. I have never found it necessary to use it. I can only say that in a very considerable obstetric practice extending over twenty-five years I have never met with a case of post-partum hæmorrhage which resisted the means already at my disposal, except when complicated with rupture of the uterus—to which it would be inapplicable. I have never seen but one woman die from accidental hæmorrhage, and that one was moribund when I reached the house—and drew her last breath as I advanced to the bed whereon she lay; but this I believe has been because while availing myself in ordinary cases of some of the means ordinarily recommended, I have never depended upon them, nor wasted time in their application, knowing that I possessed a remedy, safe,—certain, expeditious, and easy of administration; one which the most ignorant assistant can at once prepare, and from which I have never, in the very large number of cases in which I have used it, observed any ill effects.

It is to this particular means of arresting post-partum hæmorrhage of the kind referred to, that I venture now to recall the attention of the profession; believing that if understandingly used, the cases must be remarkably rare in which any other need be resorted to—and confident from long experience with it that no bad results follow its use: I refer to *injections into the cavity of the uterus of dilute alcohol*.

The idea did not originate with me. It was first proposed by Mr. Cattell in a communication to the *Lancet* of Dec. 6th, 1845, but my attention was first directed to it in 1848 by an article from Mr. Torbock which appeared the year previous; since which time, so far as I am aware—no special mention has been made in the medical press of this mode of treatment, which has certainly not hitherto met with the attention it so eminently deserves. In the late exhaustive discussion on Dr. Barnes's paper before the Obstetrical Society of London—at which every other course of treatment was passed in review, it is not so much as mentioned.

The first practical trial of its efficacy was made by me in 1849. I have since thoroughly tested it,

but with the exception of a few professional friends who have adopted it upon my recommendation, I am not aware that it has been resorted to in this Province.

Next in importance to this, as a means of exciting uterine contraction, I regard the proposal of Dr. Gooch to introduce the hand carefully into the expanded uterus. Not that I advise its hasty or immediate adoption, but when grasping the uterus through the abdominal walls—after removal of the placenta,—added to friction and pressure over the flaccid tumour, fail rapidly to promote contraction; when added to this the hæmorrhage is of that rapid and alarming character sometimes observed, giving small time for delay, but demanding instant action, and taxing our skill and coolness to the utmost, then, as a preliminary to what may be next found necessary, namely, the use of the intra-uterine injection, I would carefully introduce the hand and empty the cavity. If, when this is accomplished, the uterus shows no disposition to respond promptly—which in a large number of cases it will do, my next step and without delay, is the injection of six or eight ounces, perhaps more, of cold spirit and water, it matters little what preparation is selected; I have used brandy, rum, whiskey, and gin with one uniform result;—namely, the sudden and instantaneous contraction of the organ, and consequent arrest of the hæmorrhage. Any assistant can prepare this at a moment's notice. The enema syringe should always accompany the practitioner on such occasions; it is often of great use in shortening a tedious labour, and in promoting the comfort and cleanliness of the patient and her attendant, and if a metallic, telescopic, pocket-pump instrument—such as I have long used, with a short rectum tube adjusted on a ball and socket joint, capable of taking the shape of a uterine sound, it can be prepared and introduced literally in a moment, without pain or inconvenience, and if properly filled before placing it in position, without the introduction of air.

Whoever is willing to carry and use in the manner I have described, an instrument of this kind, will never after a few trials, desire to resort to any other.

The following are the only requisites for its success:—

Firstly, that it be not too long delayed.

Secondly, that the uterus and vagina be first carefully emptied of all retained matter, whether clots or placenta.

Thirdly, that the tube be passed fairly within the cavity of the womb, so as to insure a full stream reaching its interior. Where this is effectually accomplished the action of the muscular walls of the uterus is often so rapid and energetic, that the fluid is at once and violently ejected.

I cannot but believe this injection to be much safer than the perchloride of iron. If fairly and intelligently applied it will be found serviceable when any treatment is likely to prove available. I have never met in twenty-five years a case of simple uncomplicated flooding of the nature referred to, which resisted it, nor, as I have already stated, have I noticed any unpleasant effects resulting from its use.

REMARKABLE EFFECTS OF MINUTE DOSES OF STRYCHNIA IN ALLAYING VOMITING.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

I was called to attend a delicate looking female who was suffering from excessive nausea and vomiting. She had been unable to retain anything in the stomach for about three days when I saw her, and the lack of nourishment and the suffering during this time had reduced her to a state of the most pitiable exhaustion. She had at first had some abdominal pains with slight diarrhoea, but these had mostly subsided, and there was no tenderness in the belly when I visited her, except over the region of the stomach, and this seemed to be due to the frequent efforts to vomit. The ejected matter consisted of what little food and drink she swallowed, and a thick, glairy mucus. As she had passed one menstrual period, I suspected that incipient pregnancy might have something to do with it, and on making inquiries and finding that she had suffered severely from vomiting in her former pregnancies, I felt pretty well satisfied that such was the case.

I began to treat her with such remedies as I had often found to give relief in similar cases—using both internal and external means—but without any apparent good effects. For about 48 hours the vomiting was not one whit relieved, and her

prostration was extreme. In my efforts to think of something that would relieve her, I recollected having read that small doses of the tincture of nuxvomica had been found useful in the vomiting of pregnancy; so I immediately decided to try strychnia, and, for this purpose, made a solution of the following strength:

R—Liquoris Strychniæ (U. S. P.) M xx
Aquæ Puræ ꝑiv.—M

Of this I gave her a teaspoonful every 2 hours, commencing in the evening. I saw her next morning and she was appreciably better; I allowed her to continue the medicine, and in the evening following, the vomiting had nearly ceased, although slight nausea still remained; she passed a good night, however, and the next morning was quite relieved.

During the administration of the strychnia, here referred to, I gave her two enemata of starch and laudanum, both of which were retained, and, no doubt, contributed their quota towards the almost miraculous relief which she experienced.

She continued taking the same sized doses at intervals of four hours for several days after, and had no return of the distressing nausea and vomiting; and was remaining very comfortable when I last heard from her.

It is but just to say that I did not give the oxalate of cerium, as I could not obtain the remedy till after she had begun to take the strychnia, and it was working so admirably that I withheld the cerium, although I had put up a number of one grain powders for her.

Of course like all other occurrences in our uncertain science the cessation of this lady's sufferings might have been only a coincidence—the *vis medicatrix naturæ* performing the cure, while the strychnia was being given:—but so sudden was the change after the administration of the medicine, that I cannot but think that it was the chief agent in accomplishing it.

The dose of strychnia seems very minute, but it was large enough, and very far from being homœopathic. A fluid ounce of liq. strychn. contains 4 grains of the salt, hence a grain is represented by 120 minims (ʒii.) of the solution. Twenty minims of this contains $\frac{1}{6}$ of a grain, which, being divided into 32 doses, gave the $\frac{1}{192}$ part of a grain; this being administered every 2 hours

amounted to $\frac{1}{192}$ of a grain in the 24 hours, a quantity which I have found useful in many varieties of nervous disease.

A solution of the strength given her is most intensely bitter, and patients taking it will not complain that there is no medicine in it. Perhaps even a smaller dose than this might be sufficient. This remedy is certainly very efficacious in the cases to which it is adapted; namely, those when the nerves from chronic irritation seem to have lost their normal power, and are manifesting their force by irregular and abnormal bursts of reflex action, as well as in those cases where the nervous forces are entirely in abeyance.

Another case in which I have lately used it with most excellent effects, was vomiting dependent on disease of the heart—mitral insufficiency. The patient suffered constant and distressing nausea, and a feeling of fulness and distension of the stomach, the consequence of the general capillary engorgement of the mucous membrane.

There had been several opinions given respecting this patient, and various remedies recommended; but, as they all failed to relieve this particular symptom, I again resorted to the strychnia. I ordered grs. $\frac{1}{128}$ every two hours, in a wineglassful of ice-cold water.

The relief was so marked that it was observable by all the attendants and family, the patient being enabled to take food in a short time after it was commenced. Although the patient died of his heart affection, yet the strychnia gave him so much relief that he regularly asked for it when ever he felt the nausea returning.

Strychnia in a certain class of cases is a remedial agent of great potency; but it must be used with caution. I have seen alarming effects produced by gr. $\frac{1}{8}$ given every 4 hours to a girl 10 years of age: the effects being manifest after the 6th dose had been taken. I prefer very small doses, say from gr. $\frac{1}{128}$ to gr. $\frac{1}{256}$, given frequently; as by this means a sufficient quantity of the remedy is absorbed during a given time, to exert its peculiar powers on the system, while not a sufficient amount can be obtained from any single dose to become dangerous.

The danger of strychnia does not seem to depend so much on the quantity introduced into the system as it does upon the suddenness with which that quantity has been taken up by the system.

An amount which might be given in 24 or 48 hours with safety and benefit if so divided as to be administered in hourly or two-hourly doses, would most probably set up alarming symptoms after each dose, if its administration was effected by fewer doses, given, say, six or eight hours apart.

Although the system will acquire a tolerance of the remedy, we are always safer to be on the watch for its cumulative effects, than we are to be anticipating the failure of its remedial effects through tolerance, by increasing our doses of it.

KINGSTON GENERAL HOSPITAL.

DR. FOWLER, ATTENDING PHYSICIAN.

(Reported by K. N. Fenwick.)

Though Esmarch's method of bloodless operations has been used several times during the past winter with uniform success, so far as the proceeding itself is concerned, yet one of its disadvantages will be seen by the two following cases, which appear to show that the pressure of the elastic tubing diminishes for a time the size of the bloodvessels to such an extent that careful scrutiny at the time of the operation fails to reveal the open mouths of the vessels, which, in other circumstances, would have been twisted or ligated, so that afterwards secondary hemorrhage may probably cause as much blood to be lost to the patient as if the bloodless method had not been adopted. As a matter of course this interferes with the healing process; particularly so when the wound has to be re-opened.

CASE 1st.—James C——, æt. 30, was admitted January 19th with a cartilaginous tumour, six inches in length and four inches in breadth, adhering to the head of the tibia.

On the 31st the tumor was excised, the rubber-tubing having been previously applied in the usual way. Not a drop of blood was lost during the operation. On loosening the tourniquet it was found that the anterior tibial artery had been wounded where the under surface of the tumour was in contact with it. This was ligated, and the edges of the wound secured by sutures. A large amount of oozing took place for several days afterwards.

CASE 2nd.—Fred T——, æt. 21, was admit-

ted February 4th with diseased knee joint. On the 14th, at 4 p.m., chloroform was administered, the rubber-tubing applied and secured by a tourniquet about the middle of the thigh. While amputation was being performed at the lower third of the thigh no blood was lost, two arteries were ligated, and oozing soon stopped by exposure to the air. The stump was then washed with aq. carb. (1 to 40), the edges brought together, and secured by sutures. Eight hours afterwards the house surgeon was called up and found that arterial blood was escaping from the stump; and, upon taking off the bandage, a fine stream was seen issuing from the wound. The sutures had to be removed, and a small artery was ligated. Since this occurrence he has been doing well, but the healing process has been to some extent interfered with.

Correspondence.

"UNION IS STRENGTH."

(To the Editor of the Lancet.)

SIR,—While we were disunited Parliament refused to pass the Bill proposed by the Medical Council. The moment we became united Parliament yielded, and to-day Ontario has on her statutes the best law ever enacted in the interest of the medical profession; and what is in the interest of the profession is manifestly in the interest of the public at large. This Bill would have passed a year ago but for the ignorance which prevailed among members of the profession as to its provisions. I am satisfied, that at the present moment, one-third of the practitioners throughout the country are in blissful ignorance of the character of the law as it now stands. They have some vague ideas about a council and taxation, but they have no intelligent conception of the real state of matters. For example, an old and highly-respected practitioner, residing in a neighboring town, wrote to the representatives of his county to vote against the bill lately become law, and why? because it contained no penal clauses! Comparatively few take the trouble to look carefully into such matters at the proper time, and the result is, that when the time for action comes, they act inconsiderately or are guided by what they read in the papers. The battle is not yet over. Dr.

Campbell and Mr. Gordon Brown have been worsted, but not vanquished. They will renew the fight, and it behoves the friends of ONE EXAMINING BOARD to be on the alert. If we would only act in concert no Parliament could afford to disregard our remonstrances. I consider this question of ONE EXAMINING BOARD, of far greater importance both to the profession and the public than any at the present moment affecting provincial politics. We have no assurance, except in the vigilance of the profession, that the question will not be re-opened. It was only through the apathy of the medical gentlemen in their respective constituencies that the following gentlemen voted in committee for the Homœopathic Bill, which contemplated the dis-memberment of the Council, and the re-establishment of the old system of examinations. The gentlemen alluded to are—CROOKS, ARDAGH, DEACON, MEREDITH, SEXTON, SNETSINGER, and STRIKER. There are others in the House who would have done the same thing under like circumstances. However, but few of the above named gentlemen would have voted as they did had they been told that such a course would most certainly receive the reprobation of the profession at the ensuing election. I am a Reformer in politics, but a thousand times would I prefer Mr. Crook's defeat in West Toronto, than that he should be again permitted to introduce another such bill. These gentlemen should be looked after during the recess, be they Whig or Tory. We have now got our rights, and let us fight for them by every legitimate means within our reach; and not the least important is, the use of the franchise. The medical men of Ontario, if united, can effectually resist all legislation of the nature of Dr. Campbell's bill.

But that our efforts may be well and wisely directed, we should "organize," as the politicians say. I see you have a Medical Society in Toronto—Toronto is the Capital, and is also central. I hope the society there will see the propriety, nay, the immediate necessity, of taking steps for the formation of a Provincial Association for Ontario. A move of that kind, I am convinced, would meet with a hearty response at the present moment. The dissemination of information in reference to all matters affecting the profession would form an important part of the work devolving upon such organizations. Had we such a Society dur-

ing the past few years, we would have found it of immense value in our efforts to obtain fresh and needed legislation.

Another important matter which such a Society might inaugurate, is a Mutual Assurance Association. While I think such an Association should be under the Council and its officers, both for the sake of cheapness and safety, yet, I think the Ontario Medical Society should originate the matter and put it in proper shape to hand over to the Council at its next meeting. In conclusion, I would suggest to our friends in Toronto, that they call us together about the end of May, or shortly before the meeting of the Council.

Yours, etc.,

A. MACKINNON.

Stratford, March, 1874.

A DEFENCE OF THE MEDICAL BILL.

To the Editor of the LANCET.

SIR,—It appears to be the misfortune of the medical profession, as of other bodies, to be more or less misrepresented, even when labouring to promote the best interests of the public, as well as their own.

The Bill just passed the Legislature has proved no exception to the rule. It has afforded an opportunity to those who like to assail the profession, and some, happily very few, have taken advantage of it. The Bill may be said to embody the wants and wishes of the vast majority of our medical men, including representatives of all sections of the profession who agree in the laudable desire of protecting the public and promoting the well being of their high calling.

The cardinal points of the Bill are as follows:—

That any man who adopts the healing art as a profession, no matter what he may style himself, shall have a fair share of preliminary education. Surely to this feature no objection can be raised, except by those who would think it an advantage, were the legal and the teaching professions thrown entirely open, and who consider Osgoode Hall, and our entire educational system as expensive, useless, and even oppressive encumbrances. The Bill will further protect the public by insisting that every one who intends to practise medicine shall spend a period of sufficient length at his studies to ensure

the acquisition of a competent knowledge. Can any person regard it as unwise to compel every intending practitioner to study long and carefully the human system in health and in disease? Can any one imagine that without such study it is possible to become acquainted with the fundamental subjects of medical science—which are common to physic in every form—and indispensable to any person who undertakes, in any way whatever, the cure of disease?

These fundamental branches of medical knowledge are the exclusive property of no section of the profession, but belong to the entire body. No Medical "Pathy," or "Ism" can claim as its own, anatomy, physiology, chemistry—a knowledge of the vast array of the diseases flesh is heir to—surgery, midwifery, pathology, medical jurisprudence and toxicology, sanitary science and botany. Yet, not a single member of any of the "pathies" can be trustworthy who has not attained such a knowledge of all these as only a protracted course of study can give. A very important feature, in the present Act, is to secure a high standard in these fundamentals, to which every man must come up, no matter what he calls himself, or where he may have been educated. This must commend itself to all intelligent persons, whether in the profession or out of it, as a great security to the general public. Up to this point all has been common ground, no more essential to one "pathy" than to any other, yet invaluable to all.

It has been represented that under our Medical Bill the Council will have the power to pronounce as infallibly upon disputed points of medical doctrine as other high authorities are supposed by some capable of doing on matters ecclesiastical. This is absolutely incorrect. No sooner will the candidate have passed his examination in the branches common to all, before examiners who may differ widely in many matters, than he is at perfect liberty—nay, he is expressly directed to signify his wish—as to how the remaining part of his examination shall be undergone. If he leans towards any special system, he can elect as his examiners those who are members of the medical body to which he desires to belong, and even further facilities will be granted under the new law in cases where any hardship might be presumed to exist from the want in Ontario at present of special schools. With this special examination no other member of the Board has anything to do,

and having passed it successfully, the name of the candidate is registered under the Act; and whatever his specialty or system, he is entitled to all the privileges of a registered practitioner.

Nothing can be more liberal than this, under which, while no specialty is frowned down because it is a specialty, every man who passes his whole examination goes forth to the public having in his license the best possible guarantee of the thoroughness of his education. He may thereafter practice what he pleases and believe what he pleases medically; no one will seek to interfere with him.

Nothing fairer than this can be imagined; yet this is the essence of our Bill. Under it we can comprehend everybody, provided only he be an educated medical man, and the arrangements of the Medical Council Examining Board are such as to secure in every case the most perfect impartiality. Prior to the passing of the previous Medical Bill we had a very sad state of things—eight or nine different licensing bodies—each having a more or less pecuniary interest in the number of its outgoing licentiates. They were in many cases rival bodies competing with one another, and what was the result? The rushing into the profession of vast numbers of persons with very imperfect preliminary education in many cases, and very imperfect professional education in many more. Greatly reduced numbers, it is true, attend all our schools since the adoption of this *Central Board system*, but how great already has been the gain to the public, and how great will it ultimately be to the Medical Schools themselves by their willing adoption of a high and uniform standard of medical education. The present Bill continues the *Central Board system*, and the profession with rare unanimity accord it a very hearty support.

Another feature of the Bill is the imposing of a trifling tax on medical men, fixed at from \$1 to \$2 a year to enable the Council to lower very greatly the present high charges levied upon students going up for examination.

The number of *Homœopathic* and *Eclectic* representatives have not been diminished. The old number is retained to show that every desire for fair play exists.

The question then remains:—If the public are guaranteed an educated profession, are its members of every section not entitled to some degree of protection? No man who has passed the Board, and

is duly registered has any doubt as to the answer to this question.

As a parting word, and as indicative of the liberal feeling in the Council and among the profession generally, the principle is conceded that no man who passes a fair examination on the fundamental branches of medicine (common to the entire profession) shall have his certificate withheld on account of any peculiar views he may hold as to the use of medicines in treating disease.

In conversation with some of the most intelligent laymen who favor Homœopathy, I find all, with a single exception, agreed on the following matters :

1. That it is very desirable, nay essential, that every young man who intends to be a doctor of any kind should have a fair preliminary education, and that the examination testing this should be uniform and public in all cases, and conducted by laymen whose fairness is considered above suspicion.

2. That on all subjects common to all sections of medical men, whatever name they adopt, a good, thorough grounding should be given; and their examinations upon these should be uniform and public, and conducted by a mixed board.

3. That special subjects, whatever these be, should be entrusted solely to special examiners.

4. That until any particular section of the profession, not having such a thing at present, shall establish a teaching body, attendance at schools belonging to such sections, wherever these be, should be recognized.

Now these points are all fully provided for in Dr. Baxter's bill. True, the matriculation examiner in Toronto is supposed to lean towards Homœopathy; but he is a highly respected and most worthy man, a graduate of the University of Toronto, and no Allopathic student has as yet complained that his Algebra, or Arithmetic, or Euclid, or even that his Latin, French or Natural Philosophy have had the least flavor of any pathy about them. The other three points are as fully and as fairly provided for; so that while every man who passes through his full examination will be a well educated man, no man's peculiarities will expose him to anything but the fullest justice.

WALTER B. GEIKIE.

Toronto, March, 1874.

ESMARCH'S TOURNIQUET.

(To the Editor of the Lancet.)

SIR,—I have been much interested in watching the success of Esmarch's bloodless operation: it seems to be so great a boon to young surgeons especially.

Last Wednesday, having an operation on hand for necrosis of the fibula in a boy of eleven, I resolved to try it. On the Friday previous I saw your description of Esmarch's instrument with the intimation that one could be procured in New York. But, not having time then to procure one, I purchased a piece of $\frac{3}{4}$ inch rubber tubing (1 yard would be enough) and riveting a strap to one end in which large eyelets were made, and to the other a hook, it answered for the Tourniquet. We then purchased 3 yards of the best shoe elastic, which being folded three ply and stitched to keep it in place, forming a two inch band, made an excellent bandage.

The mode of application is so well shown by the woodcut in your last number, that no one could err in using it.

The leg when opened appeared perfectly bloodless—a spot about the size of one's nail only appearing red, but no drops formed. After the tubing was removed the leg filled with blood in a few minutes, leaving no trace of any injury whatever, unless it was a little soreness of the flesh, lasting some twenty-four hours.

As the elastic band was not much the worse for the use to which it was applied, it could easily be disposed of without much loss; but where the surgeon designs keeping one on hand, the New York instrument is as cheap as any home-made affair.

It may be that we applied the rubber cord tighter than necessary; it certainly seemed the most painful part of the operation, and to require the patient to be well under the influence of the anæsthetic.

Dr. Day, of Trenton, and McCammon, of Kingston, who were present, expressed themselves highly pleased with the success attending its application.

Yours truly,

W. W. MEACHAM, M.D.

Odessa, March 12th, 1874.

Selected Articles.

IODIDE OF POTASSIUM IN SYPHILIS.

The value of mercury in syphilis has been so amply vindicated by Mr. Hutchinson, that we may be excused from looking longer on this side the picture; but there is another which is of equal or greater interest. As well pointed out by Mr. Hutchinson, syphilis is a malady more or less approximating to the characters of an eruptive fever, and tending like these to terminate of its own accord, with the evolution of certain symptoms. What Mr. Hutchinson has laid down as regards mercury, and what in another column Dr. Wilks corroborates, is that mercury distinctly interferes with the evolutions of these symptoms, cuts the various stages short, and acts as an antidote to the specific poison which gives rise to the symptoms in question. But whether the due course of the malady be interfered with or not, it tends to limit itself and come to a spontaneous end. But when the end has come, the individual does not cease to be liable to suffering; he ceases to be a source of danger to others, for the disease in this stage can no longer be propagated by him—except, indeed, we accept the theory recently advanced by Mr. De Meric, that a simple sore in such a patient is capable of propagating syphilis. But he becomes liable to certain evils of no mean importance, such as periostitis, disease of bones, deposits of gummy matter in nearly all the organs of the body, rupia and spreading ulcers of the skin and other parts, to say nothing of waxy degeneration of many different organs. Now, these evils are directly consequent on syphilis, yet they are not, strictly speaking, due to syphilis; they are sequelæ, and must be treated in a totally different fashion from syphilis itself. During the period of syphilitic eruption it is questionable whether iodide of potassium is of the slightest value, whilst mercury undoubtedly exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle—if settle it we can—What is the value of mercury in this after-stage of syphilis? Suppose we see a patient with well-marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not

always easy to say where the one stage ends and the other begins, but, broadly speaking, tertiary syphilis or the sequelæ of syphilis may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances, if we give a patient a dose of fifteen grains three times a day, we shall soon have him running at the nose and eyes, and with a rash all over his skin; but in the sequelæ of syphilis we may give him twenty, thirty, or even sixty grains every four hours, and only benefit accrue. There is no rash and no other symptoms of iodism. But iodide of potassium is not the only remedy to be given in such cases. Iron and quinine are always of service, as we might almost conclude *à priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects, and are inclined to sneer at its use. This most frequently arises from the mode in which it is given, for the decoction should be administered, not by the ounce, but by the pint; and, so given, its value is great.

It is therefore of the first importance to be able to recognise the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.

IPECACUANHA IN INFANTILE DIARRHŒA.

BY ROBERT FARQUHARSON, M. D.,

Physician to the Belgrave Hospital for Sick Children.

Although Ipecacuanha had long been known to possess some influence in checking excessive intestinal evacuation, it is only within the last few years that its powers in this direction have been accurately defined. Mr. Docker was, I believe, the first to point out that this drug may be relied upon as a true specific in cases of acute dysentery; and ample confirmatory evidence has now established the fact beyond all possibility of doubt.

Dr. Ringer, in his suggestive work on *Therapeutics*, tells us of the signal service rendered by small and frequently repeated doses of the wine in various forms of infantile diarrhœa; and Dr. Thorowgood, in the last volume of the *Clinical So-*

ciety's *Transactions*, has furnished the details of two cases of very inveterate dysenteric diarrhoea, rapidly cured by powdered ipecacuanah. Acting on the hints supplied by these able observers, I have recently been giving this remedy a full and impartial trial in a considerable number of cases of diarrhoea at the Belgrave Hospital for Children, and with results so satisfactory, that I feel myself justified in laying my experience briefly before the profession.

Without entering at present into the wide field of the varieties of this troublesome affection, or the endless forms of treatment which have been proposed, I shall, in the first place, lay down the familiar proposition, that many of these cases are due to the irritation of some unwholesome or ill-digested article of diet. If, therefore, we can see our little patients early enough, the common sense indication is clear, and we can usually effect what we may really flatter ourselves is a cure, by prescribing some mild aperient. But it is very rarely that our services are required at this manageable stage; and, as a general rule, domestic, and, perhaps, even more skilled, treatment has been exhausted in the endeavor to check what has now become a chronic diarrhoea. The time for elimination having gone by, for it is hardly reasonable to suppose that irritating matters can linger about the intestines after days or weeks of active purging, we are bound to try the other remedies at our disposal. Now, as a rule, I have found that the diarrhoea of children does not bear astringents well.

Temporary benefit may seem to be derived from one or other drug of this class; but, after a few days, the purging returns as badly as before, and the patients suffer, as they often do, under the ill-considered use of strong tonics, with headache, dryness of tongue, and slight feverish symptoms. We are, therefore, compelled to change our treatment from time to time; and, even after a careful trial of various and widely-contrasted pharmacopœial preparations, we may find that we are making no progress, and that the patient is being gradually exhausted by a number of dark, loose, and offensive evacuations. Ipecacuanah will here do us good service, and a very few doses will usually not only improve the character and consistence of the alvine discharges, but greatly diminish, or quite check, their abnormal frequency without causing subsequent torpor of the bowels.

Dr. Ringer has well shown that in those few cases in which the drug does not absolutely stop diarrhoea, it causes the motions to become more solid and of natural color, and that, no matter whether they be originally brown, green, or yellow, this beneficial result is produced. But my experience leads me to add, that ipecacuanah is not only quite useless, but may even do harm in

those cases where the evacuations are whitish and watery. It is not uncommon, however, during cold or damp seasons of the year, to meet with diarrhoea in which dysenteric symptoms prevail, and where a previously healthy child is suddenly seized with purging of blood and slime, attended by great abdominal pain, tenderness, and tenesmus. We will here find that ipecacuanah exerts almost a specific action; and I have even found that a single dose of one grain has been sufficient to bring about most marked improvement in these troublesome symptoms.

I have invariably made use of the powder in preference to the wine; and this I have done, not only because Dr. Ringer has quite established the merits of the latter preparation, but because its powers were recently developed in the most satisfactory way by the rapid recovery of a very severe case of tropical dysentery under the care of my colleague, Dr. Anstie. I was, therefore, desirous of testing the true efficacy of the powder; and my comparative experience has shown me this, that it is more certain, as well as more rapid in its action, is better borne by the stomach, and, from its form, is more readily taken by children. I have often found the wine to fail where the powder has subsequently done good; and, as a general rule, I find it advisable to begin with doses of not less than from half a grain to one grain. Usually, there is a remarkable toleration of the drug, and I have frequently given five grains to quite young children without provoking even the slightest nausea. The combination with compound tragacanth powder, as proposed by Dr. Thorowgood, is a very good one; and, if a mixture be preferred, we may construct a very palatable prescription, with mucilage, hydrocyanic acid and syrup of orange-peel, with, perhaps, a little compound tincture of cardamoms. The hydrocyanic acid I am inclined to look upon as of some little importance, as a trial of this remedy, in conjunction with ipecacuanah wine in cases of whooping-cough, has convinced me that it neutralises in some measure the emetic action of the ipecacuanah; and, although I have just stated that the use of the powdered drug in comparatively small doses very rarely irritates the stomach, it may cause this unpleasant action now and then, and the combination just referred to may be of service in those more serious cases where the remedy is employed on a much larger scale.—*Brit. Med. Journal.*

ADMINISTRATION OF PODOPHYLLIN IN HABITUAL CONSTIPATION.—Van den Corput recommends the following formulæ:—1. Podophyllin, 20 centigrammes (3 grains); soap, 1 gramme (15 grains); essence of fennel or of canella, as many drops as are sufficient; the mass to be divided into ten pills, of which from two to four are taken daily. 2. Podophyllin, 30 centigrammes (4½ grains); ex-

tract of nux vomica, 50 centigrammes ($7\frac{1}{2}$ grains); extract of belladonna, 30 centigrammes; to be divided into ten pills, of which two or three are a daily dose.

ON CASES OF TEMPORARY ALBUMINURIA, THE RESULT OF COLD BATHING.

At a recent meeting of the Clinical Society of London, Dr. George Johnson read a paper on this subject. (*Med. Times and Gaz.*, Dec. 13, 1873.) The first case was that of a medical student, aged 22, who about noon on June 19, after bathing for a quarter of an hour in the Marylebone Bath, had a sense of fatigue and headache. Four hours after the bath the urine was tested and found albuminous. In the evening there was still a trace of albumen. The next day the urine was normal, and continued so until June 28, when he again bathed. The bath was again followed by headache, and in the course of the day the urine was found albuminous. From that date until July 17, every specimen of urine passed was tested, and albumen was present at some period of the day on all but five days. Since July 17 the urine has remained normal. The subject of these observations is in good health, and has never been seriously ill. The second case was that of a medical student, aged 25, who, one day in July, bathed in the Lambeth Bath for an hour. He felt no inconvenience. The urine passed an hour after the bath contained a sixth of albumen. The urine was not tested again for three or four days, when it was found normal. The experiment has not been repeated. The third case was that of a medical student, aged 23, who, on three occasions, found his urine normal before bathing in the sea in August and September, and on each occasion, after remaining in the water for a quarter to half an hour, found a moderate quantity of albumen in the urine. In a few hours this had disappeared. He felt no inconvenience from the bathing. Four other students, after bathing from half an hour to an hour, and on one occasion for an hour and a half, found no albumen in the urine. The fourth case was that of a boy, aged 16, looking pale and feeling languid, who was found to have albumen in the urine to the extent of one-eighth on June 28. It was of pale colour, and contained no casts. On September 23, when next seen, only a trace of albumen remained. On October 23 the urine was quite normal. Until within a few days of the time when the albuminuria was first discovered, he had been bathing almost daily in the sea from half to three-quarters of an hour at a time. He had felt fatigued and chilled, and on one occasion had vomited after coming out of the water. The only previous illness had been diphtheria ten years be-

fore. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria, the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

PROFESSOR HUXLEY ON MEDICAL EDUCATION.

In his address last Friday, as Lord Rector of the University of Aberdeen, Professor Huxley advocated the establishment of a full Faculty of Science in all Universities, and urged that the study of science should enter into the curriculum of the Faculty of Arts. What he had to say was forcibly expressed, as is his wont, and the address is cheering evidence that he has recovered completely from his late illness, and that his intellect is as clear as ever. There were other topics, too, of medical interest touched upon, especially the recognition of the extent to which the English Universities had encouraged science.

But the great question for us was that of medical education, in respect to which the Lord Rector expounded his views with great force, and, although those views are pretty widely known, their reinforcement on such an occasion demands notice at our hands. Professor Huxley is himself a medical man, and he therefore approaches his subject with the necessary knowledge of the uses and defects of the existing curriculum, and though he would make many changes, he is not unmindful of the progress that has of late years been made. He would have the student enter on his professional curriculum with a superior preliminary training, and then would allot his time in a manner calculated to make him a good practitioner of his art. If the learned Lord Rector had the power of remodelling our present arrangements he would have the student devote his first two years to nothing but thorough study of anatomy and physiology, with physiological chemistry and physics, and having gone through an examination in these subjects, he should be troubled no more with them. His whole mind should then be given with equal energy to therapeutics in the broadest sense, to practical medicine and to surgery, with instructions in hygiene and in medical jurisprudence, and of these subjects he should show knowledge in his final examination. He maintained that if the general culture obtained in the Faculty of Arts were what it ought to be, the student would have quite as much knowledge of the fundamental principles of

physics, of chemistry, and of geology, as he needs, before he commenced his special medical studies. Moreover, he urged that a thorough study of human physiology is in itself an education broader and more comprehensive than much that passes under that name. There is no side of the intellect which it does not call into play, no region of human knowledge into which either its roots or its branches do not extend; like the Atlantic, between the old and the new worlds, its waves wash the two shores of the two worlds of matter and of mind.

"Through its waters as yet unfurrowed by the keel of any Columbus, lies the road, if such there be, from one to the other, far away from that north-west passage of mere speculation in which so many brave souls have been hopelessly frozen up. If a man could live for a thousand years he might do a number of things not practical under present conditions. Methuselah might with much propriety have taken half a century to get his doctor's degree, and might very fairly have been required to pass a practical examination upon the contents of the British Museum before commencing practice as a promising young fellow of about two hundred years or thereabouts; but the medical student had but four years to do his work, and was turned loose to save or slay, at two or three-and-twenty.

While he proposed to exclude zoology and botany from the compulsory study of the medical student, Professor Huxley would suggest their exclusion from the Universities. He thought that biological instruction should form part of the Arts curriculum, and also of the curriculum of his proposed Faculty of Science. One of the greatest wants of our times, that of proper support and encouragement for original research, would thus in some measure be provided for. In this respect, he thought, Britain, whose immense wealth and prosperity hang upon the thread of applied science, is far behind France, and infinitely behind Germany. Assuming that such a Faculty had been established, and the professional staff organized, the question arose whether the professorial system—the system of teaching in the lecture room alone, and leaving the student to find his own way when he is outside of the lecture-room—was adequate to the wants of the learners. To this question he answered emphatically, "No." There must be a laboratory work, practical work, and plenty of demonstrators. Thorough examination is indispensable, though he was almost inclined to think that the examination was a necessary evil, and his admiration for the existing system did not wax warmer as he saw more of it. "Examination, like fire, is a good servant but a bad master." No doubt a great deal is to be done by the careful selection of examiners, and by the copious introduction of practical work to remove the evils inseparable from examination, but under the best of circumstances he believed that examination will remain but an imperfect test of capacity, while it tells

next to nothing about a man's power as an investigator. There was much to be said in favour of restricting the highest degrees in each Faculty to those who have shown evidence of such original power by prosecuting a research under the eye of the professor in whose province it lies, or at any rate under conditions which should afford satisfactory proof that the work is theirs.

Coming from a man who has reached the position that Professor Huxley now fills in the world, we can scarcely close our hearts to the hope that this appeal may be heard. Few medical men but know how true is his own account of the imperfection of examinations as tests of capacity. It is, however, to be remembered that medical examinations have lately become more practical, and we are inclined that the future lies in giving more prominence to the clinical examinations of late years instituted, and regulating book work to the earlier period of education. This would be moving in a direction to attain the end sought by Professor Huxley.—*Med. Press and Circular.*

REPORTS ON LIFE ASSURANCE.

Our first report, issued last month, laid down the doctrine that the "labourer is worthy of his hire" in the Department of Life Assurance as well as in other branches of the medical art. We are almost surprised to find that this has been challenged, though in rather an unusual mode. An esteemed correspondent of *The Doctor* having drawn the attention of the actuary of a large company to our reports, has received from him a letter deprecating the view we have adopted. As it is desirable the exact defence of the non-paying offices last put forward should be understood, we quote the words addressed by this actuary to our correspondent.—He writes thus:—

"The Life Assurance Department of *The Doctor* begins very badly for assurers and assurance companies, by laying it down as a rule for the guidance of the medical profession that its members are never to fill up a form for an assurance company without a fee. Now, this is an erroneous doctrine, for it very often happens that proposers, in giving reference as to health and habits to a *private friend* name a medical man, and he in some cases won't fill up a *private friend's* report form without a fee; the result is annoyance to the proposer and the office, delay to both, and probably an ill-feeling between all the parties; for how can the doctor expect to be friends after with a gentleman for whom he refused to do such a slight service? or, how can he expect any business for which he would be entitled to payment from the office which he treated so unreasonably? Any man who can read and write can fill up a *friend's*

report. It is not necessary that he should be a doctor or belong to any profession, and therefore, when a doctor is asked to act for a friend in the *capacity of a friend*, I don't see that he has any right to demand a fee simply because an insurance company is in question. He might as well ask a fee for acting as reference for a friend taking a house or a farm, or entering into any engagement in which a reference would be necessary.

"If you think well of enlightening the profession on this matter, you may do some of them a *service*. I fear *The Doctor's* doctrine is calculated rather to increase the evil I refer to."

Now here, be it observed, the position that a *medical* report ought not to be paid for is completely abandoned, and we are told that such a friend's report, as any one who can read and write could fill up is sometimes refused without a fee. Most medical men know the difference between a medical report and a friend's reference. Where the applicant has a right to give such reference as he would in taking a house, we can understand a doctor replying without a fee. No medical report can honestly be filled up without an examination of the patient at the time, and every office expects such examination to be carefully made, and all the numerous questions honestly answered. A friend's report is altogether different, though it is scarcely such a reference as would be required in letting a house, for it usually asks about the person's habits and apparent health. Of course, only an unskilled reply is expected, and if we consented to fill up such a form we should never think of examining the patient or asking him a question likely to elicit anything prejudicial to the applicant. We might thus fill up a certificate for a person we had never professionally or about whose health we had heard nothing. It is altogether different if the office applies to the doctor of the applicant, because he has already professional knowledge obtained by his attendance, and it is doubtful whether such knowledge should be sought. Any company thus attempting to obtain unfair advantage runs such a serious risk of getting a number of bad lives that we would recommend all who desire to insure to avoid that office, for it is the interest of those insured that the company should be stable.—*The Doctor*.

ROYAL MEDICAL AND CHIRURGICAL
• SOCIETY, LONDON.

DR. C. J. B. WILLIAMS, F.R.S., President, in the
Chair.

Mr. John Wood showed two cases of complete ectopia vesicæ with epispadias, which had been operated on with success by his plastic method. The patients were brothers, aged eighteen and

twelve years respectively. The elder had a very wide interval between the pubic bones, the superior rami being separated of the extent of five inches, leaving a large mucous surface to the bladder and the orifices of the ureters uncovered, and discharging blood and mucus. The younger was a smaller and more favorable case. Two plastic operations had been performed on each in King's College Hospital. The first consisted of a reversed flap of skin taken from the umbilical region, large enough to cover the exposed bladder, and turned down with its skin surface towards the mucous membrane. The skin of the flap was in this situation quite devoid of hair, as is usual in these cases. Two other flaps of a lancet shape were then taken, one from each groin, with the bases downwards, and placed upon the raw surface of the reversed flap. They were held together by harelip-pins and wire sutures. The second operation was effected by the transplantation of the anterior three-fourths of the scrotum from below the malformed penis to its upper surface, covering in the urethral epispadiac groove and forming a very complete prepuce, through and under which the urine flows, and completely enveloping the glans penis above and at the sides. The elder patient had had two attacks of erysipelas during the treatment, which prolonged the period of convalescence and necessitated his leaving the hospital for an interval. The younger, who was treated at the same time, proved somewhat intractable in the insertion and management of the india-rubber tube used in the after-dressings. The result was, in his case, a small slough at the point of junction of the flaps transplanted at the second operation, which left a fistulous opening. Upon this two operations of a minor and trifling character have been since performed, and is now nearly healed and contracted to a small chink. With this exception the parts are all soundly healed and are being gradually braced up and rendered more resisting by the contraction following the operation. The patients are about, have made a shield to fix on to the restored penis, and an india-rubber urinal attached, fastened to the leg like a railway urinal, an instrument which, in other cases operated on by Mr. Wood, has kept the patient dry and comfortable.—*The Doctor*.

THE MEDICAL ELEMENT IN THE COM-
ING PARLIAMENT.

The *Medical Press and Circular* of July 4th, 1874 contains the following:

Despite the retirement of Sir Dominic Corrigan, the refusal of Sir H. Thompson to contest for the London University, and the death of Dr. Dalrymple, it would appear probable that the new Parliament will contain a representation of the medical

profession as large as that of the defunct legislature. Most of the outgoing medical members are considered to be pretty safe of their seats. Dr. Brady, Mr. Mitchell Henry, Sir John Gray, and other whilom medical M.P.'s will probably meet again at Saint Stephen's and may possibly find themselves in company with one or two new *confrères* from Ireland. Dr. E. Kennedy also—an ex-Master of the Rotundo Hospital—who was a candidate for the representation of Londonderry at the most recent election, has been announced as the Liberal claimant for the seat for the County of Donegal, and Mr. O'Leary, Surgeon to St. Vincent's Hospital, has issued his address as candidate for the borough of Drogheda. The latter gentleman is selected by the extreme nationalist party in the most ultra-national borough in Ireland, having already been identified by family and by personal services with that party. Mr. O'Leary achieved his first public distinction as medical adviser for the successful defence of the murderer of Head Constable Talbot, and, more recently he appeared as witness for the prosecution of Dr. Bennett and Mr. Barton in connection with a death from chloroform at Sir Patrick Dun's Hospital. Dr. Evory Kennedy is a gentleman of high family and ample means, and irrespective of his political tenets, with which we have nothing to do, would be undoubtedly a welcome and efficient representative of medical interests in the House.

We are not prepared to say that strong political convictions ought to be sacrificed to professional considerations, but we do say that those medical men who are not strongly opposed to the political views of a medical candidate are bound to use every effort in their power to sustain and advance the legislative influence of our profession.

[We fully endorse the sentiment expressed in the above paragraph.]—*Ed.*

THE INFLUENCE OF ALCOHOL ON THE TEMPERATURE.

The numerous experiments made by Riegel under the greatest possible precautions against the fallacies of previous investigation as to the action of alcohol upon the body heat, confirm, in main, those already obtained by Binz and Bouvier. In small doses, alcohol reduces the temperature—mostly 1-16th of a degree, C.—for a short time, both in the non-febrile states, as in typhoid, erysipelas, pneumonia, and acute articular rheumatism. In rare cases an elevation of temperature in like degree ensues. In convalescent patients the fall is usually less; sometimes does not occur at all. Also in drinkers it is noticed that there is no reduction. The larger the dose of

alcohol, the more marked is the reduction in definite limits. If alcohol may not then be regarded as exactly afebrile, as claimed in England, it is still settled that it never elevates the temperature to any extent, what so much feared by the practitioner. As it lessens the destructive metamorphosis in the body, and, as it reduces the amount of consumption, it should be given in the earlier stages of acute diseases. The authors secured particular accuracy in his results by not contenting himself with a comparison between the normal temperature curve with the alcohol curve, but by making a special examination before every experiment with alcohol. Thermometers were inserted both in the axilla and rectum at the same time as the mobility of the instrument in the axilla invalidates conclusions in long continued observations.—*Deutsches Archiv.—The Clinic.*

A CASE OF SUDDEN DEATH QUICKLY FOLLOWING THE INJECTION OF PERCHLORIDE OF IRON INTO A NÆVUS.

BY W. B. KESTIVEN, F.R.C.S.

Fatalities are often more instructive than success in surgery. They point to sources of danger to be avoided, and compel us to cast about for conditions of safety. For these reasons I have thought that it might be advisable to add the following to the list of casualties that has been recorded in connexion with the treatment of nævi by the injection of perchloride of iron.

On April 3rd, 1873, I injected with perchloride of iron a nævus on the head of an infant aged nine months. The nævus was of a circular form, was situated on the top of the head, over the upper border, and middle line of the frontal bone, and was about three-quarters of an inch in diameter. No ill effects followed, and the operation was apparently successful. In about three months afterwards, however, a reappearance of the growth began to show itself, steadily increasing in extent, so that six months after the first injection it was determined to repeat the operation. By this time the fontanelle was closed, and the child in average health, save that it was excitable, and subject to child-crowling. On Oct. 4th five minims of perchloride were taken up in a graduated syringe with a screw piston, and, my son assisting me, three minims were injected; the rest escaped from the wound. The child cried a good deal during the few seconds occupied by the operation. In an interval of time, it may have been a minute, it again began to cry, then suddenly turned pale and was slightly convulsed, at the same time that it began a series of eight or nine shrill laryngismal

cries, attended with distinct struggles to recover its breath, which suddenly ceased in death. The whole time that elapsed from the first insertion of the needle to the child's death could not have exceeded five minutes.

In *The Lancet* for August 17th, 1867, Mr. Thomas Smith, of Bartholomew's has collected several fatal instances following shortly upon the injection of nævi with perchloride of iron. In these cases the nævi were situated upon some part of the face, or near the veins in the neck. As the result of these fatal consequences, Mr. Smith concludes.—"Sufficient is known of the effect of the possible admixture of perchloride of iron with the general circulation, from injecting nævi on the face to justify us in rejecting it as a remedy for nævi in these parts, unless, by pressure or by the employment of some instrument, the circulation in the growth is controlled, at least for some time."

In the above-mentioned case, the child, as already stated, had been the subject of laryngismus, in a paroxysm of which, doubtless, it died. I had no opportunities of ascertaining by post-mortem examination whether coagulation of the blood in any veins had occurred, but since no accident followed the former injection, and as the nævus was far away from the veins of the face and neck, I am of opinion that death in this instance was not the result of embolism, but took place from spasm of the glottis, induced by mental emotion. A fatal result would, I believe, have followed had any other mode of operation been employed.—*Lancet*.

TREATMENT OF TYPHOID FEVER.

M. Behier in his opening lecture described his method of treatment of typhoid fever. His treatment consists of hydrotherapy and alcohol, which, with certain exceptions, he employs indiscriminately in all cases of typhoid fever. He avers that he is an enemy to uniformity of treatment in any affection; but, as he has found nothing better than the above in typhoid fever, he feels himself justified in continuing the practice, much to the dismay of the patients unaccustomed to this system of treatment, and of French physicians in general, who look upon it as cruel and irrational. He went on to explain the *rationale* of the above treatment, which, he said, was refrigerant in the true sense of the word; and, although he would not push the cold baths to the extent of the German doctor (Brand) of Stettin, who administered, on an average, six or eight baths a day to his typhoid patients, yet he thought that one a day, or one in two days, as practised by some physicians, was simply absurd. M. Behier prescribes three baths a day, at a temperature of 68 degs. Fahr., in which the patient remains

fifteen or twenty minutes at a time. Dr. Brand, with the exception of intestinal perforation, admits of no contra-indication in any condition of age or sex for the employment of the cold bath in this affection; but M. Behier is a little more prudent, and to intestinal perforation he would add old age, pregnancy, menstruation, as conditions in which it would be unsafe to employ the cold bath. In every other case, however, without distinction of age or sex, M. Behier has recourse to this heroic remedy in typhoid fever, even in pulmonary complications; and, although he does not go so far as the German physician—as to look upon it as a specific in this affection—yet it has proved almost infallible in his hands. As for the alcoholic part of the treatment, he stated that he would not stop to inquire whether the alcohol acted as food or as medicine, as this much-vexed question is far from being settled; but, from his own clinical experience, he has found it an invaluable remedy in typhoid fever and in all inflammatory affections, whether acute or chronic. In typhoid fever, he prescribes eighty grammes (about two and a half ounces) a day of brandy, with an equal quantity of water, which is administered in doses in twenty-four hours. This, in the Paris hospitals, is called Todd's mixture, and was first introduced by M. Behier into French practice.

Professor See, however, is not so enthusiastic as to the curative powers of cold baths and alcohol in typhoid fever; he employs both with great reserve contenting himself with an occasional cold bath, or sponging the body of the patient with vinegar and water, and, instead of brandy he prescribes wine and water, administering, at the same time, small and repeated doses of quinia.—*British Medical Journal, Med. News and Library*.

Medical Items and News.

ICED WATER ENEMATA IN DYSENTERY.—Dr. B. Wenzel has related in the *Berl. Klin. Woch.* a series of successful cases of dysentery treated by enemata of iced water. They arrested both hæmorrhage and tenesums, and reduced pyrexia, and after one trial, a patient would call for another enema as soon as pain recurred. Only rarely was opium given, the treatment being confined to the iced water alone. In acute cases he cured. In old chronic cases the benefit was temporary, as in all other modes of treatment. While, therefore, this plan gives relief in chronic cases, Dr. Wenzel concludes that in acute or recent cases it is the most effective at our disposal.—*The Doctor*.

INTENTIONAL FRACTURE OF THE FEMUR TO EQUALIZE THE LENGTH OF THE LEGS.—Professor Rizolli, of Bologna, has treated with entire success four cases of shortened femur, by fracturing the bone of the sound limb and shortening it to

the same length as the other. In one case, a girl, prior to the operation, scarcely touched the floor with the great toe of the shortened limb. The *N. Y. Med. Record*, on mentioning the case, refers to a surgeon of New York, though without naming him, who has long since excised a portion of the femur in a sound thigh, for the purpose of shortening it to an equal length with the other femur. This was prior to the European operation.—*Pacific Med. Journal*.

ADMINISTRATION OF ETHER.—At the Bellevue Hospital, New York, the administration of potass, gr. xxx, previous, and the same amount immediately following, or as soon as the patient can conveniently swallow, after the administration of sulphuric ether for the purpose of producing anæsthesia, is now regularly resorted to. The effect is to prevent the vomiting which so commonly follows the use of the anæsthetic.—*Medical Record*, January 1st, 1874.

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

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

EXTIRPATION OF THE ENTIRE LARYNX.—This operation, which is probably the first that has ever been performed by any surgeon, was successfully carried out by Billroth on the 31st of December, 1873.

The patient, a man of forty years of age, had repeatedly consulted Dr. Stoerk, of Vienna, for cancerous growths within the larynx. By the aid of the laryngoscope portions were removed from time to time, and the patient was greatly relieved. In

the commencement of last November the mass had extended so rapidly that further operations from above were regarded as useless, and, after consultation it was decided to open the larynx from without. The cavity was exposed, the growths removed, and the base thoroughly cauterized.

The patient recovered rapidly, and for a time the prospects were encouraging. Before, however, a month had elapsed, new growths were detected by the laryngoscope, and suffocative attacks became so frequent that all further operative procedure was abandoned as hopeless, and the canula was introduced with the hopes of prolonging the patient's life a few months. At this time the vocal cords were entirely destroyed, and the larynx was entirely filled with cancerous masses. As the glands, however, were not involved, the possibility of successfully removing the entire larynx then suggested itself to Billroth, and he felt himself further justified by the fact that experiments made upon dogs by Czerny had proved the practicability of the operation. It was accordingly done, and at the latest dates the patient was doing well. He breathes easily through a canula, which was passed into the trachea. There had been little fever, and the wound was contracting and healing favorably.

If the case continues to progress well, it is proposed to substitute a larynx of vulcanized rubber in place of the one removed.—*Wien Medical Woch*, 2, 1874.—*Medical Record*.

The Honorary Membership of the Ontario Canada College of Pharmacy has, by the unanimous vote of the Council, has been conferred on Dr. W. Handsel Griffiths, author of "Notes on the Pharmacopœial Preparations," "Posological Tables," and other works.

TREATMENT OF TINEA CAPITIS.—M. Bourbier recommends as one of the most successful applications in this troublesome affection the use of carbonate of soda, the head to be first completely cleansed, the hair clipped closely, or shaved, and then a pomade containing this substance in various proportions to be freely applied.—*Med. Press and Circular*.

The seventieth birthday of the venerable and distinguished Rokitsansky was celebrated at Vienna last week. On that day the Professor was fêted by the Vienna Academy of Sciences, and received the most honourable decorations from the emperor of Austria and the King of Italy. There is, probably no man of science now living on whom such honors could be as deservedly conferred, and even the eulogia which it is the continental fashion to pronounce on such occasions, lose their usual character of fulsome praise and assume that of a meagre justice to labours so vast, talents so great, and age so venerable.—*Med. Press and Circular*.

It is stated with authority that the General Medical Council, which has been for so long lodged in the dingy precincts of Soho Square as the subtenant of the Dental Hospital, has at length acquired a permanent habitat. It will be recollected that Mr. Love could not be brought to see that the Council is a public department of sufficient importance to deserve a suitable lodging at the expense of the State. Under the auspices of the new Government the Council has been put in possession of the buildings that were occupied by the Royal College of Chemistry in Oxford Street, and the alterations and refitting of them, so as to make them suitable for so august a body, will be immediately commenced.—*Med. Press and Circular.*

REST IN LOCOMOTOR-ATAXY.—In the July number of the *American Journal of Medical Sciences*, Dr. Weir Mitchell insists on the great benefit of rest in the above disease. In cases of locomotor-ataxy in which the occurrence of various accidents, such as fracture of a leg, had compelled the patients to take absolute rest in bed during some time, the symptoms, and especially pain, were considerably amended, and in some instances the course of the disease was impeded or slackened. One case was experimentally conducted. A sufferer from an intense attack of the disease was subjected to absolute rest, without any other kind of treatment, and considerable amendment of all the symptoms was the result.—*London Lancet.*

TREATMENT OF SORE NIPPLES.—Few of the diseases attendant upon the parturient state are more annoying to the physician than sore nipples. The following remarks on the subject, from Prof. Barker, of Bellevue Hospital (*New York Medical Record*,) will be of material assistance to the perplexed practitioner who wants to know "what to do."

"If the nipple is inflamed apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurrence of sore nipples that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean. It may be used even stronger, 15 grs, or even 3 i., but as a rule 10 grs. is sufficient.

If there is an abrasion or raw surface, it must be protected. For this, nothing has succeeded better with him than comp. tinct. benzoin. Wipe the nipple dry after the child has nursed, and apply with a camel's hair brush four or five coats of the tinct. When the fissure is at the base of the nipple, very small it may be, but accompanied by most severe and agonizing pain, touch the fissure with a fine point of nitrate of silver, and apply over it the tinct. of benzoin as before. If the inflammation and ulceration have destroyed the sur-

face of the nipple, remove the child from the breast and use the breast pump, or empty the breast by rubbing.

He then uses: R Rose ointment, ʒi: carb. magnesia, ʒi: calomel, gr. xxx, M. Rub together carefully, and it is better to have it prepared every twenty-four or thirty-six hours. If the child nurses at all, it must be through an artificial shield, the best of which is made from the cows teat. If these are not procurable, use one with a broad base, known as the L shaped glass. The ordinary ones are simply abominable.—*Southern Medical Record.*

THE SIAMESE TWINS.—The examination of the bodies was conducted at the College of Physicians, February 18th, by Drs. Pancoast and Allen. They were pronounced to belong to that species of monstrosities technically called *Omphaloxiphodidyms*.

The band which united them was four inches long and eight inches in circumference. Processes of the peritoneum ran up to the median line of this band, but there was a complete separation of the peritoneal cavities at this line. The hypogastric arteries under the interior walls of the abdomen distributed branches from each body into the band. The ensiform appendices of the sternum were united in the median line by a continuity of cartilaginous structure, but not by any true articulation. A vascular connection between the two bodies was demonstrated by injecting colored plaster into the portal circulation of Chang, which appeared in the portal circulation of Eng. The track of this injection passed beneath the peritoneal prolongation of Chang, and above that of Eng; and although little parenchymatous structure was present, no reasonable doubt existed but that the communication between the two circulatory systems was free. Doubtless the peritoneal pouches referred to contained, when in the fetal condition, true liver tissue, which, in the progress of growth, diminished and retracted, so as to leave the pouches empty.

The physical condition of the twins was contrasted. Eng was well nourished, while Chang was emaciated. It was the opinion of Dr. Allen that Chang died of cerebral clot, and Eng probably of fright.

The band itself was composed of interlacing muscular and aponeurotic fibres passing across the median line and inserted into the ensiform cartilage of the opposite twin.

Such is a brief description of the nature of the connecting band of the twins. It shows that while a separation in life would not have been necessarily fatal, it would have been extremely perilous, and they did wisely in refusing to submit to it.—*Medical and Surgical Reporter.*

The first reported case occurred on the 13th of July and the last on the 10th of December, and the greatest number between the 15th day of one month and the 15th day of the succeeding month (viz: 41), between the 15th of September and the 15th of October, so that your statistics fully prove that the name "Autumnal" applied to the fever is, for this part of the country, correct.

In all 83 cases were reported, but the results were given in 75 of them, viz.: 12 as fatal and 63 as unfavorable, which shows, as regards the fully reported cases, a mortality of sixteen per hundred. It is, however, altogether likely that the results in the 8 cases which are not fully reported were favorable, and this supposition is borne out by the Government returns, so that the mortality really amounted to 14.5 per 100.

The total cases have been tabulated as follows:

		Class of Disease.					
		1st.	2nd.	3rd.			
		8	4	0			
		Age.					
Under	Between	Between					
15 years.	15 and 25.	25 and 50.	over 50.				
6	2	2	2				
		Months.					
July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
0	1	3	5	2	1	0	0

As regards the relation existing between this disease and the water and drainage accommodation, it will be observed that only three cases occurred in localities favored with the public sewer and with city water; and as about one-sixth of the city is drained, and this portion supplied with city water, the immunity gained by these means cannot be over-estimated.

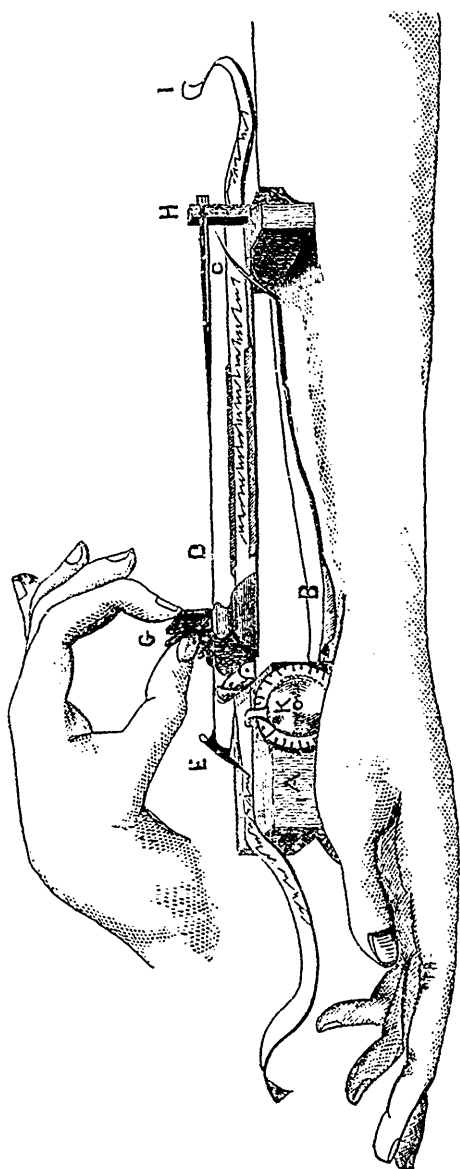
This fact is more apparent, however, when we consider that only three cases occurred among a population of 5,000, taking the population of the city at 30,000, or one in 1,600; whereas 80 occurred among the 25,000 not favored with sewers, but the majority of them with city water—that is, one in 312.

It is believed that two-thirds of the city is supplied by city water, and taking this as correct, though of anything it is below the mark, 20,000 of the inhabitants use city and 10,000 well water. Among these 20,000 48 cases occurred, one in 417, and 31 among the 10,000, or one in 322.

With two or three exceptions all the cases occurred in that portion of the city north of King street, and no cases were reported from the portions of the city laid out and settled of late, viz.: that portion west of the Hamilton and Lake Erie Railway line, north of the Great Western Railway and the old race course.

ARCH. MALLOCH, Secretary. JOHN MACKELCAN, Chairman.

New Instruments.



A PRACTICAL SPHYGMOGRAPH.

BY E. HOLDEN, M.D., NEWARK, N. J.

SIR,—Presuming that to those medical men who have looked with sanguine expectation to the sphygmograph as a means of scientific research, and to all lovers of progress in medical science, the advent of an instrument practical as to expense, durability, and facility of application will be a satisfaction, I send you drawing and description of one which for two years has been used with gratifying success. A crude and imperfect idea of this was once presented in this journal, and since then much time and expense have developed the perfected instrument. That it has been used so long, and after several thousand tracings has required no repair, will perhaps be sufficient evidence of durability; but the profession may be interested in the conclusions grown out of so many observations, and although conscious that a greater multitude of experiments alone can determine the position of sphygmography as a distinct science, yet the following have appeared to me to be facts regarding it:

1st. That it is to be relied upon in many questions of diagnosis of obscure and simulated diseases.

2nd. It furnishes a means of ascertaining the condition of the arterial and venous circulation, the ability of the heart to equalize these, and the extent of impairment in disease of the heart itself.

3rd. It exhibits with accuracy the initiative action of remedies prior to any external and sensible manifestation of the same. Thus, in experimenting with quinine, a half-grain taken dry upon the tongue was found to show an effect upon the circulation as promptly, but in a different manner, as larger and repeated doses. The action of gelsemium and aconite was readily comparable by the tracings taken at intervals of three minutes. *The opening, therefore, of a new field in experimental and therapeutical medicine is at once shown.*

4th. The condition of the nervous system, in its relation to the economy as a vital power, is readily exhibited, and with a dictionary of tracings, such as would result from extended experiments, the

instrument may prove invaluable both in prognosis in serious disorders of the brain and spinal cord, and in the diagnosis of the numerous occult affections of these structures.

5th. Such an instrument may prove of great value in life insurance, in ascertaining the eligibility of applicants.

Several facts of a general character have also developed during my investigations, and no one using the sphygmograph can expect to be otherwise than disappointed without fully appreciating them. Thus:

1st. No tracing, however smooth and ample, is of necessity the correct record of the patient. Two tracings in the same minute, *if under different pressures, may differ widely.* Hence it is essential to take several at gradually increasing pressure, *that being accepted which is of greatest amplitude.* Others may then be continued at that degree. (The above instrument is so constructed as to allow of a pressure equal to two or more pounds, and adjustable with the greatest ease without removing.)

2nd. The pressure exerted is so vital an element that tracings of patients at different degrees are rarely comparable.

3rd. Tracings of radial arteries in one patient are not comparable with those of the ulnar, femoral, or carotid in others.

That the profession may have the amplest means of determining the significance of sphygmographic writings, and in the belief that with an instrument easily applied and accurately adjustable in its means of recording the compressibility of the artery (a point in which all previous inventions have been defective),—that with such an instrument a great and new field of medical science is opened, Messrs. Otto & Reynders, of New York, have undertaken to supply it at a price* hardly sufficient to compensate them for their labor; the great difficulty in the way having thus far been the cost of watchwork on this side of the Atlantic, and the limited number likely to be required. Directions for use accompany each instrument.—*Med. Record.*

* Instrument in case, with one gold pen, \$22.

EVIDENCE IN BEHALF OF THE MEDICAL BILL.

We herewith publish the evidence taken before the select committee of the House on the Bill to amend and consolidate the Act relating to the practice of Medicine and Surgery in Ontario.

Daniel Clark, M.D., of Princeton, County of Oxford, being called stated as follows :

That a Bill similar to this was approved by Dr. Campbell, he himself having drafted it, except as to number of Homœopathic representatives in Council, and attributes Dr. Campbell's opposition now to not having been elected President of Council. The reason for the proposed reduction was that the Homœopathic branch only numbers less than fifty, whilst the Allopathic branch over fifteen hundred, and the representatives to the former were five while to the latter twelve. As to the reduction in the number of examiners to nine, it is chiefly on the ground of expense. It cost nearly one thousand dollars (\$1,000) for each examination, and recently there has been a change in the mode of appointment so as to economize. As to the Eclectics being merged into the general body, this is on account of there being no essential difference, only nominal. They are to continue to have their representatives during the remainder of the current term, and also for the first term under the new Act. They have five representatives in the Council, and one of them (Dr. Muir) is now the Vice-President.

As to the Assessment clause, Sub-section 4, Section 22, the real intention is, that for the current year an assessment of one dollar shall be made absolute, but that for subsequent years this power should be permissive to be exercised by by-law of the Council, and also as to the amount; but in his own view he would prefer that a maximum should be fixed by the Act. The penal clauses are necessary to protect the public against itinerant unlicensed practitioners; such practitioners also have the effect of deterring students and practitioners from becoming licensed.

Dr. Campbell in the Council has assented to at least ninety per cent. of the subjects; in medical education the distinctive features of different systems being only ten per cent. There is no objection to the Homœopaths retaining their number of five. He did not, personally, place much stress on the difference in medical treatment. He only

desired improvement in general medical training and education. Under irresponsible bodies men of great ignorance, both general and professional, were authorized to practise. Under the former system, medical graduates alone amounted to about 180 per annum, while this number is now reduced to between 40 and 50.

Since the present Act came into operation, higher attainments have resulted, the examinations being rigid and carefully conducted. He had conversed with some of the persons who had signed the petitions in favor of the Homœopathic Bill, and they stated that they had done so without having a thorough knowledge of the dispute between the two branches, and if they had known they would not have signed them. This refers to petitions emanating from Woodstock and its neighborhood.

Section 14 of the proposed Bill is one which Dr. Campbell highly approved of, and is a concession on the part of the general profession.

Dr. Aikins was next called, and stated that it will be found that at least 95 per cent. of medical subjects are common to all branches, and only five per cent. involving peculiar theories on the treatment of disease. He produced the curriculum of the Homœopathic Hospital College, Cleveland, Ohio, which showed that the Text Books, except on the medical treatment of disease, are such as are used generally in the medical schools in Canada and the United States. He did not think there could be any objection to dispense entirely with an examination upon medical treatment, and this could be done without danger. Of the registered Homœopathic Practitioners in Ontario, Dr. Campbell is the only one who has a British or Colonial degree.

So far as the Eclectics are concerned they do not differ in any respect from the general profession, the only question being as to the text books, which they claim should be the more recent ones. They obtained authority in 1859 to form a Board, but the members had not previously been licensed practitioners. He also confirmed Dr. Clark's statement as to Dr. Campbell's approval of the working of the Council and the present proposed Bill, excepting the reduction in number of the Homœopathic representation. The reasons for the proposed reduction were as follows:—

1. The general expense attending the examina-

tions and high fees consequently imposed upon students.

2. Their representation was out of all proportion to the number of practitioners.

3. During the five years of the working of the Act there had not been a single student who proposed to be examined as a Homœopathist or Eclectic.

The division of subjects had been fixed by the assent of the majority of the Council and also of the Homœopathic section, and Da Costa's Book on Medical Diagnosis was mutually agreed upon as a Text Book for common examination by all students, and for some years Dr. Campbell has not objected to the arrangements of the subjects of examination, but on the contrary expressed himself as being satisfied that full justice would result to every pupil. The answers to questions are not signed with the students own name, but a number known only to the registrar is used instead.

The reason why no distinctive candidate for the Homœopathic or Eclectic branch has come up for examination, is on account of ninety-five per cent. of the subjects being common, and from the high standard required. Dr. Campbell has also stated that their Board would not send up distinctive students, but would re-unite with the general profession, and section 14 has been framed with that view.

In the January before the general Act came into effect, the Homœopathic Board passed 16, and the Eclectics 33, indicating a fear on the part of the student that the examinations would in future be more stringent. Neither of these bodies had any teaching school. The Eclectics while having a separate organization passed in 1862, 10; 1863, 5; 1864, 14; 1865, 8; 1866, 37; 1867, 25; 1868, 15, and during the first three weeks in January, 1869, 33.—Total, 147. Of the 147, 105 are registered under the present Act. The Homœopathic body passed in 1862, 7; 1863, 7; 1864, 3; 1865, 4; 1866, 11; 1867, 6; 1868, 4; and in the first three weeks in January, 1869, 16.—Total, 58.

Dr. Parker's Act, which came into force on the 1st of January, 1866, was intended to elevate the standard of the matriculation and final examinations. Of the total number of Homœopathists, only appear on the present register, and three of these reside in the United States. It is import-

ant that there should only be one board; and he referred in support of this to Dr. Campbell's letter in the "Globe" newspaper of December 27th, 1872, also the amendments of Dr. Campbell, which appeared in the Bill of last year, was promoted by him. He was opposed to that Bill. He agreed with Dr. Clarke that the enforcement of penalties should be effectual, especially as against abortionists. During the last year, before the present Act came into force, the average number of persons from all sources who were eligible to practice, was 160; while under the present Act the average is less than one-third, and over one-quarter of that number. The effect of the Act was to raise the qualification of the person admitted to practice, and it should yet be higher. The annual assessment was found necessary in relief of the student's examination fee. Actions for malpractice should be limited to a period less than at present, say to one year. The complaint of Dr. Campbell is, that a sufficient number of Homœopathists and Eclectics are not selected as examiners; but that arises from the fewness of the persons who would make satisfactory examiners. The present examining board is required by this Act to be thirteen in number. In 1870, two were Homœopathists, and two Eclectics. They were required to take part in the general examinations. Separate papers were only necessary when the student required his distinctive character to be regarded; but the chief aim was to get examiners of high attainments, and who had made their subjects specialties. After 1870 they took part in the entire examinations, and did not complain as to the allotment of subjects.

The number of the board is too large. In the University of Toronto there are four, and in McGill about eight. There was no difference in Pathology, and it is a common subject for all branches. There has been no complaint from any pupil of partiality. He attributed Dr. Campbell's opposition to his not being elected President. Dr. Campbell's son passed before the Board, in the general subjects. Dr. Campbell's Bill will give a money interest to the granting of licenses, which has been removed by the present bill. On further examination, he repeated the statement that ninety-five per cent. of the subjects of Medical examinations are common to all branches.

Dr. G. A. Carson, a member of the Medical Council, and representing the Eclectic body, was next examined. So far as the clause of the proposed bill, which would absorb their branch in the general profession is concerned, a few of the members of their branch in the Council are in favor of it, but many members of the body are opposed to it, and he would be sustained in opposing it. It numbers 151. He had written to 13, and had received 10 replies—eight opposing, and two uncertain. He had no fault to find with Allopathists as to the examinations, which were fair. It was only in the oral that he knew the men. But few Eclectics came up as such, and he advised them to submit to a general examination. Their objection was, that if the bill passed they would not have a fair representation in the Council, and they had sincere faith in their practice. There are few specialties in their system, but it is hard to draw the line; they think the Allopathists are not at liberty to depart from certain views.

The Eclectics gave up their separate existence under their own Act upon the express stipulation of the present Act, and *they wish that position not to be impaired.*

Dr. Clarke, President of Medical Council, was called, and stated that overtures were made with the Eclectics in the direction of amalgamation. The difference in treatment between them not being essential. They never differed in the Council, and the reason for abolishing the distinction was the expense. He put in a letter from Dr. Muir, Vice-President of the Council, and a representative of the Eclectic branch. A clause should be introduced in the Act to continue their representation for the next five years, according to his understanding with Dr. Muir. The proposition for amalgamation came from him and others of that branch. He did not think there was any essential difference between them. Dr. Campbell expressed himself satisfied with the present Bill, especially clause 14, which was drawn up by Dr. Campbell and himself, and was assented to by Dr. Muir to suit all branches. The subjects of medical study were to a great extent common to all. Dr. Muir and three other Eclectics in the Council, assented, but he would not say that Dr. Carson did, three out of five of the Eclectics representatives assented to this arrangement.

Dr. Carson said in explanation, that he told Dr.

Clark that he (Dr. Carson) was willing personally, but that his constituents would not be in favor of it, and he should, therefore, have to oppose it. Dr. Bogart also opposed it.

Extract from Dr. Muir's letter above referred to.

"At the last session of the Medical Council all this ground was gone over. Dr. Clark knows my views, and I confide implicitly in his wisdom and sense of what is right and fair to the members of the section in the Council, whom (with the exception of Dr. Carson) I have induced to entertain the project of merging with the general profession. Of one thing beware the attempting too much, or the assumption of arbitrariness towards the body I represent, or Dr. Campbell may effect an alliance with them, thereby rendered disaffected and unmanagable to an extent sufficient to imperil the Medical Act."

Dr. Lavell, of Kingston, was also called and corroborated in substance the statements made by Dr. Aikins and Clark.

Dr. Campbell, a member of the Medical Council and representing the Homœopathic body, was called. He handed in a written protest, signed by the Homœopathic members of the Council, against their continuance in the Council, under the present Act. He stated that the members of the school he represented were dissatisfied with their present position, and were opposed to continuing in the Medical Council. That during the past five years no students of their persuasion had gone up for examination, and that they could not be induced to go before a board, the majority of whose members were in the habit of ridiculing the doctrines of their school. He bore testimony to the fairness and impartiality with which the examinations were conducted, and admitted that the objection of their body to remain as at present, was properly expressed by Dr. Lavell as a sentimental one. Another reason was that the education of their students cost nearly double, owing to the fact that they were obliged to go abroad for their education. He also said that the guiding principle of the Council was the extinction of Homœopathy. He complained of the treatment received by them from the Allopaths, both in the Council and outside. That they were debarred from offices of prominence, and that Allopaths refused to consult with them even on points of "Diagnosis," although the Council had decreed by its Act, that "Diagnosis" for the Allopath and Homœopath is one and the same. He also stated that students were called upon, by a recent change in the regulations, to declare the school of medicine to which they proposed to attach themselves, before the examinations commenced, and that Homœopathic examiners had, with one trivial exception, been restricted to their specialties alone.

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England.

TORONTO, APRIL 1, 1874.

UNIONISTS VS. DISUNIONISTS.

We consider it a matter for regret that various members of the profession, who have of late been figuring in the *Globe* and *Mail*, did not consider the pages of Medical Journals a fitter arena for a warfare of this kind, than the columns of daily newspapers, and thus limit at least the ridicule of the public. In a medical journal such a discussion, temperately and courteously conducted, would be to the "manor born"; in a newspaper the disputants are always open to the suspicion of an endeavour to exalt their own personality. The violence of some of these gentlemen in uprooting, or upholding, plainly indicates their respective objects. Some are incensed at the power proposed in Dr. Baxter's Bill of collecting annually from the registered members a paltry dollar or two, for the purpose of creating a fund to provide the Medical Council "a local habitation and a name," and also to establish a museum and library open to the whole profession. Another shudders at the possible desecration of the Temple by the admission of members whose views in theory and practise differ from their own.

It is a well established fact that medicine has never flourished and been cultivated in the highest degree in any country where it has had no legal recognition, and yet in the face of this some of our prominent members have, in the journals above mentioned, recently advocated Free Trade. No man can assume to be a responsible minister of the Gospel without a course of study and ordination from some church organization. No man can practise law without having matriculated and

passed the yearly and final examinations at Osgoode Hall, and afterwards contributed a yearly payment of \$20 to the law society. No school teacher can be employed by a board of trustees who has not obtained a certificate of qualification. No man can sell whiskey, or peddle goods, or drive a hack without registration and license.

The State then recognizes the right to defend the public from the impositions of certain classes, but not from quack doctors and patent medicine vendors. In this view two members of the profession of different belief in theory and practise, would appear to concur from their letters in the *Mail* of March 7th. One of the correspondents writes: "It is a confession of weakness, nay more an expression of downright cowardice on the part of any sect in medicine, or of any medical man to ask to be legally protected from the competition of others." The other *medico* terms the Medical Council "A mongrel monster, because it was the union of three dissimilar bodies."

This union, so emphatically denounced, was brought about by the disastrous results to the public, from the numerous licensing boards to different schools of Medicine, but was only a union of examination on all the fundamental subjects, Theory and practise of medicine being left to the *representative examiners of the three schools*.

The Cobourg correspondent, an Eclectic, says "The principal studies common to the profession are chemistry, physiology and anatomy, and in these the Reform school now acknowledge no superior." In our ignorance we were under the impression that neither the Eclectics nor the Homœopaths had as yet established schools in the Dominion, that the students of these dogmas repaired to the United States for their peculiar teachings, and we have yet to learn that at these Homœopathic and Eclectic seminaries "no superior professors are acknowledged." The general purport of the letter would also imply that Allopaths are men of one idea, a common condemnation! Is it not possible, however, for the so-called men of one idea to appreciate fully the relative value of the doctrine, and to be unwilling to apply it in season, and out of season? Commenting on this subject, a writer in the *Saturday Review* thus speaks: "Really to possess a single idea and to be capable of impressing it on the world at large is to be a man of genius. To possess two or

more ideas with the same completeness is to be one of those rare intellectual giants who scarcely appear more than once in a century." This correspondent further says, that the principles which they have elaborated into an Art, "confessedly fallible and fluctuating, require further research and investigation, to secure stability and perfection."

With this acknowledgement, and with so little distinctive doctrine, there can be surely only trifling grounds for complaint at their incorporation with the general profession, not an inconsiderable proportion of the members of which, are in practise as much as Eclectic, as those who formally style themselves of that faith.

It has, however, been from the Homœopathic branch of the Science or Art of Medicine, that the fierce struggle for separation from the Medical Council has proceeded, in aid of which the laity were invoked, and to which appeal they so generously responded. To our mind the writing of defences of Homœopathy by unprofessionals, gives the system an unquestionably empirical aspect, as if in fact medicine was thought to be the only thing to be understood without study or experience, that instead of the most difficult it was the easiest of the sciences. Many of the assembled votaries at the "Queen's Hotel" were, we doubt not, distinguished lawyers and merchants, the ladies, possibly the equals of Mesdames de Sevigne, De Maintenon, and De Stael, in vigor and versality of intellect, nevertheless, we, much question their knowledge of the very elements of all those sciences which lie at the basis of medicine, *i. e.* Anatomy, Physiology and Chemistry, and were we Homœopathic doctors, from such knight errants, and gentle evangelists, we should be inclined to exclaim *non tali auxilio, nec defensoribus istis*. That every one meddles with medicine and that there are few who do not think they know a great deal about it, we will illustrate by the following appropriate story from Jobert's *Erreurs Populaires*: The Duke of Ferrara, Alphonso D'Esle, at one time proposed, in a familiar way, the question, in what calling are most men engaged? One said shoemakers, another tailors, a third carpenters, mariners, pettifoggers and laborers. Gonelle, his famous buffoon, said there were more physicians than any other class of men, and made a bet with the Duke, who denied it, that he would prove it in twenty-four hours. The next morning Gonelle left his lodgings

wearing a great night-cap and a cravat tied around his chin, then a hat over all, and his mantle drawn over his shoulders. In this attire he took a route leading to the place of his Excellency, through Angel Street. The first one he met asked him what was the matter; he replied that he had a raging toothache. Ha! my friend, said the other,

know the best receipt in the world against it, and told it to him. Gonelle inscribed his name on his tablets, pretending that he was writing down his receipt. A step further on he found two or three together, who all asked the same question, and each one gave him a remedy. He inscribed their names as the first; and thus he pursued his course very gingerly to the end of the street, not meeting a single person who did not offer him a receipt different from the rest, each one saying that his was well established, certain, and nearly infallible. He wrote down the names of all coming to the lower court of the palace, he found himself surrounded with gentlemen (for they all knew him), who, after having learned his affliction, compelled him to take their receipts, which each one said was the best in the world. He thanked them all, and wrote down their names. When he entered into the chamber of the Duke, his Excellency cried out, Eh! what have you got Gonelle? He replied very piteously and complainingly, "tooth-ache," the worst that ever was, to which his Excellency replied, ha! Gonelle, I know a thing which will drive off the pain at once, without touching the tooth. Antonio Musa Brussavola has never employed a better one. Do so and so and you will be healed. Suddenly, Gonelle threw down his head dress, and his attire, crying out, "and you also my Lord are a physician! Look at my list and see how many others I have found between my lodgings and your palace. Here are nearly two hundred passing through one street. I will engage to find ten thousand in this city if I go everywhere. Find me as many persons in any other business."

THE FORCEPS IN OBSTETRICS.

No one familiar with current medical literature can fail to observe the change which has at length taken place in the minds of obstetricians, with respect to the use of the forceps. Undoubtedly the tendency is now to use this instrument much oft-

ener than was deemed justifiable ten or fifteen years ago. The older text-books, which served to educate the present race of practitioners, no longer truly reflect the practice of to-day. Instead of viewing the resort to the forceps as a dire alternative, justifiable only after a consultation with its consequent delay, the employment of this instrument is now regarded as a lighter matter, and the opportunities for its advantageous use are oftener found to present themselves. This tendency is a result, no doubt, of the dissipation of the early terrors and fancied dangers of the instrument. In fact, it has been established that the dangers of a protracted labor, as involving risk of inflammation, sloughing of parts, and the formation of fistulas, are far greater than those which follow the proper use of the forceps in expediting such a labor. It is even now maintained by some English practitioners, that the shortening of a labor by the forceps is of great advantage to the mother, by expediting her recovery, it being noticeable that the longer the duration of a simple and natural labor (all things considered), the longer will be the period of recovery. If the date of recovery can be at all hastened by this means, then it becomes a proper procedure for the accoucheur to cut short the sufferings of the parturient woman, and to prevent the prolonged shock to her system which would be attended by a tedious recovery, and perhaps involve other and more serious risks.

The changed tendency which we have noted is indeed nowhere more conspicuously noticeable than in the practice of English obstetricians. It is a curious historical fact that in England, the birthplace of the instrument, and where it was early brought to perfection by the Chamberlens, the forceps should, until comparatively recent times, have almost fallen into disuse. It is only lately, since the teachings of Simpson and others have had effect, that the English obstetric mind has emancipated itself from the horror of the instrument instilled by a preceding race of teachers.

In this connection it may be mentioned, that in England the obstetric position is on the left side, whereas, on the continent of Europe and in the United States, the parturient is placed on her back. In Canada, practitioners are found who adopt one or the other of these positions, according as they follow American or English teaching. The Americans early adopted French and German

practice in this respect, and their teachers maintain that the supine position facilitates the study of the mechanism of labor, and so practically prepares the student or young practitioner for the skilful employment of the forceps. This, it must be considered, is no small recommendation of the continental practice. Now that an increasing employment of the forceps demands the highest skill in the use of the instrument. But there are other considerations for abandoning the position on the left side. It is more irksome than that on the back. It is less convenient to the accoucheur, and when operative interference comes into play, it has generally to be abandoned. That is an absurd reason which has been advanced in England, that of the two it is the more modest. Obviously, if considerations like this are to prevail; if any position be deemed immodest in the presence of an educated obstetric attendant, the sooner we abandon this field of practice to the female sex the better. To those whose predilections in this regard do not amount to rooted prejudice in favor of the English practice, we would induce them to try a change and test for themselves which is the preferable obstetric position.

With respect to choice of instruments a word or two may be said. The American schools employ long instruments with a double curve capable of engaging the fetal head at the brim. The Scotch and English school give the preference to short instruments, straight or with a single curve. The short instruments, they maintain, are all that it is necessary to employ, and that turning is a proper alternative when labour is protracted by inability of the fetal head, to enter the brim of the pelvis. Amid the endless variety of instruments to be met with in the catalogue of the surgical instrument maker, the inexperienced practitioner might well be at a loss unless he has imbibed a predilection from his teacher or from a text-book. Most likely, however, he will have made up his mind either to select a long or a short instrument, or both. Of long instruments the writer has tried Hodge's and Bedford's; of short instruments he gives the preference to Simpson's. Hodge's instrument is highly esteemed by American practitioners, and perhaps is more generally employed on this continent than any other. The advantages of Simpson's short forceps consist in their extreme portability, (they may be handily carried in the

pocket) their less formidable appearance, and the ease of their application. They may be applied without it being absolutely necessary for an assistant to hold the first blade. Owing to their shortness also they may be put on without any exposure. In fine, they are more generally serviceable than any other kind, and if we were limited to the possession of one instrument, this is the kind we should select.

THE "GLOBE" ON THE MEDICAL BILL.

The *Globe*, in its issue of March 20, again takes up the *role* of "old Granny." It bewails, in the most lachrymose manner, the exclusion from the practice of medicine of all druggists, old women, and others who may feel that they have a divine right to heal the sick. "No wise woman may traffic in her little pot of medicated goose-grease, no Mistress Squeers may administer her periodical dose of brimstone and treacle." What a pity! The Homœopathists are not to be permitted to administer their little globules. "The whole bolus or nothing, the big jorum or death is the sole alternative left the sick." What absurdity! The editor of the *Globe* knows better, but he is very much annoyed at the success of the general profession in securing the passage of its own Bill, and the defeat of the Homœopathic monstrosity. He is astonished that the House should really have passed such a Bill. It is really astonishing, when we bear in mind that one of the *Globe's* most prominent members of the editorial staff left his sanctum and took up his position in the lobbies of the House, and used his powerful influence to prevent it passing, and to canvass the House in favor of a Bill which would have the effect of destroying the CENTRAL BOARD SYSTEM, which has been so satisfactory in its results to the public good, by preventing hundreds of incompetent men of all schools from entering the profession. But then "the medicos are not a small body in the chamber itself, and their brethren throughout the Province brought to bear upon other members a pressure that, for the moment, was irresistible." This is perfectly true. The medical profession in Ontario has long since discovered that the *Globe* was one of its bitterest enemies. It has been the advocate of Quacks of the Tumblety stripe, Hydropathists;

Mesmerists, and every species of medical humbug in turns, and has never had a kind word for the thoroughly educated, hard-worked and poorly remunerated physician of the general profession. The general profession is now thoroughly aroused, and will assert its rights and use every legitimate means to retain its present position. It will soon become thoroughly organized. It has its societies and its organs, and through these and other channels, it will make its influence felt when necessary, both upon the House and country. If political considerations should be made subservient to the general welfare of the profession and the public, the *Globe* has itself to thank for it. We quite agree with our correspondent from Stratford in reference to this matter, and we but too truly speak the minds of the great majority of the profession. We question very much whether the line of policy adopted by the *Globe* on medical matters, is not inimical to the interest of that section of the profession which it has taken under its motherly wing.

The editor of the *Globe* not only takes up the *role* of champion defender of the rights of Mrs. Squeers, and others of a similar stamp, but what is incomparably worse, he comes out the avowed advocate of "open and determined resistance to the law." This is not the first time that the *Globe* has come out in this way; we refer to the Ryder controversy. We feel quite certain, however, that the law-abiding citizens of Ontario will not support the Homœopaths, or any other class of individuals, in violating the laws of the land.

THE DUTY OF THE MEDICAL ELECTOR.

The editor of the *Medical Times and Gazette*, in an article in the February number on the above subject, makes the following remarks:—

"It is a most deplorable and lamentable thing that we have no statesman strong enough and bold enough to insist on sanitary reform as the most important subject a Government can take up. Thousands of lives can be saved every year by it, and by its means disease, poverty, and crime can be more largely and effectually prevented than by any other measures. It will conduce more to the health, happiness, and real education even, of the people than any 'Education

"Act,' or 'free breakfast-table' measure, or 'Permissive Liquor Bill' can. So long as masses of the people are allowed, nay, are compelled, as now, to herd together in crowded, dark, fetid, and ill-ventilated dwellings, so long will preventable diseases be rife, and wretchedness, misery, drunkenness, and crime will abound. Light, cleanliness, and pure air are great medicines, purifiers, and educators of the moral as well as of the physical man. Medical men know this only too well, and we hold that it is the duty of every medical man to exert all the influence he can command to return to Parliament members pledged to support, or at the very least not to oppose or impede, measures of sanitary reform. We care not what the professed politics of a candidate may be; but the medical elector should demand of him that he knows something about, and will care about the public health."

HAMILTON MEDICAL AND SURGICAL SOCIETY.

—In another column will be found a statistical report of cases of Enteric Fever and Dysentery occurring in the city of Hamilton. The Society requested the members to make a monthly return of all cases of enteric fever and dysentery affecting those above two years of age, with the locality, water-supply, etc., occurring in their practices. For this purpose, printed schedules, setting forth in separate columns the disease, sex, age and occupation of the patient, locality, water-supply, sewerage, etc., were prepared and sent to each member, and the collected statistics were brought before the Society at each monthly meeting. This is a step in the right direction, and cannot fail to prove serviceable to science and humanity. The Hamilton Society is to be congratulated on being the first to inaugurate so important a movement, and in endeavoring to direct the attention of the municipal authorities in Canada to the necessity of greater attention to sanitary matters. We hope that medical societies in other towns and cities in Canada will strive to emulate the Hamilton Society in this much needed reform.

CONSULTATION WITH ECLECTICS.—Now that the Eclectics are about to become incorporated with the general profession, a correspondent asks,

What is the opinion of the profession of Toronto in regard to meeting Eclectics in consultation? stating that he had seen a letter from a medical man in Toronto, and a member of the Council, in regard to this matter, in which he said that if they were to be incorporated with the general profession, he could not see in all fairness how we could refuse to meet them.

The general impression seems to be that they should be met in consultation as soon as they discontinue advertising themselves as specialists. They have a legal status with ourselves, and many of them have given in their adhesion to amalgamation with the general profession. All such should be met in the most friendly spirit, and should have the usual professional courtesies extended to them. We have no doubt that some amongst them will still stick to their *Eclecticism*. These of course cannot expect to be consulted with, and cannot complain if members of the general profession, who lay claim to no speciality in the treatment of disease, should refuse to meet them. Consultations are generally for the purpose of determining points of diagnosis—the question of treatment usually taking a subordinate or secondary position, and therefore under present circumstances, with our mixed Council and mixed Examining Board—we should be governed more by the character and general professional standing of the medical man, and the circumstances of the case, than the school to which he belongs.

POWDERED MEAT.—An important contribution to the list of dietetic articles is powdered meat. This is likely to be more valuable for convalescents than even the *extractum carnis*, which, with many practitioners, is losing the reputation at first conferred upon it by the great name of Liebig. Powdered meat is prepared by finely chopping fresh meat, spreading it upon cotton of a loosely woven texture, and drying it rapidly in a current of air. When sufficiently dry the mass is friable and may readily be reduced to powder. The powder is brown in color, nearly destitute of smell, and possesses a feebly saline taste. It presents the meat in concentrated form, one part of the powder representing five parts of fresh meat. For use it may be spread upon bread, may be mixed with powdered biscuits, or stirred up in

weak soup, which it serves to strengthen. We should imagine that the manufacture of powered meat, after this simple process, might be profitably undertaken in Canada. Certainly it is simple enough to be carried on in the household.

AN AMERICAN NATIONAL BOARD OF HEALTH.—Hitherto state and municipal authority in the United States has had sole charge of health matters; but at length the federal authority has stepped in with a view to prevent the importation of contagious or infectious diseases into the United States. A bill, reported by the committee of commerce, has been brought before Congress, which provides that the surgeons-general of the army and navy and the supervising surgeon of marine hospitals shall constitute a board of health with power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases; and these regulations, when approved by the President, shall have the force of law. The late epidemics at the South and South-west, more particularly the epidemic of yellow fever at Shreveport, abundantly sufficed to demonstrate the need of action on the part of the central government.

VOMITING BY ELECTRICITY.—Among the many applications of the galvanic current, as a nervous stimulant and excitor of muscular action, that of producing vomiting deserves to be noted. According to a report given by Dr. Fox in the *British Medical Journal*, vomiting may be produced by means of galvanism, when other means fail or are impracticable. It may be brought about by introducing one electrode into the upper part of the œsophagus, and applying the other over the epigastric region. Dr. Fox applied the current as above described to a child brought to him in an asphyxiated state, from eating poisonous mushrooms, when vomiting ensued immediately.

POISONING BY QUACK PILLS.—An English jury lately returned a verdict of manslaughter against a quack named "Professor" Monis, from whom a man, 23 years of age, living at Hitchin, had obtained some pills, four or five of which he had

taken shortly before his death. The *post mortem* examination revealed indications of irritant poisoning, while a chemical analysis showed the presence of arsenic in the stomach and spleen, and in the pills remaining in the box from which the patient had taken the others.

APPOINTMENT.—Thos. R. Dupuis, M.D. &c., has been appointed to the Chair of Anatomy in the Royal College of Physicians and Surgeons, Kingston. His many friends will be glad to hear of his appointment, which has been in contemplation for some time past.

JAMES PETER LYNN, of the city of Ottawa, Esquire, M.D., to be an Associate Coroner within and for the county of Carleton.

DAVID HENRY LANCASTER, of the village of Culloden, Esquire, M.D., to be an Associate Coroner within and for the county of Oxford.

ALLAN CRAWFORD, of the village of Bothwell, Esquire, M.D., to be an Associate Coroner within and for the county of Kent.

C. N. TREW, Esquire, M.D., has been appointed Coroner for New Westminster, British Columbia.

The American Medical Association meets the first Tuesday in June of this year in Detroit, Mich.

The 7th annual meeting of the Canadian Medical Association will be held at Niagara Falls, on Wednesday, August 1st, 1874.

DEATH.—At his residence in Hamilton, on the 4th ult., Thomas Duggan, Esq., M.D., aged 61 years.

Book Notices.

THE SPHYGMOGRAPH: ITS PHYSIOLOGICAL AND PATHOLOGICAL INDICATIONS. The Essay to which was awarded the Stevens Triennial Prize by the College of Physicians and Surgeons, New York, April, 1873. Two hundred and ninety illustrations. By Edgar Holden, A.M., M.D. Philadelphia: Lindsay & Blakiston, 1874. 8vo., pp. 169. Toronto: Willing & Williamson. \$3.

A DICTIONARY OF MEDICAL SCIENCE, with the Accentuation and Etymology of the Terms, and the French and other Synoms. By Robert Dunglison, M.D., LL.D.; late Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. A new edition; enlarged and thoroughly revised by Richard J. Dunglison, M.D. Philadelphia: Henry C. Lea; Toronto: Hart & Rawlinson:

The present edition has been very much enlarged and improved. The addition of about 6,000 words and terms to the old work has increased its size to upwards of 1,100 pages. Greater care has also been devoted to the derivation and accentuation of terms. It is now the most complete and comprehensive dictionary in the English language. The work is absolutely indispensable to every practitioner in medicine, and will be found of value to Pharmacists, Dentists, and others.

A UNIVERSAL FORMULARY, CONTAINING THE METHODS OF PREPARING AND ADMINISTERING OFFICIAL AND OTHER MEDICINES. The whole adapted to Physicians and Pharmaceutists. By E. Eglesfeld Griffith, M.D. Third edition. Carefully revised and much enlarged. By John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With illustrations. Philadelphia: Henry C. Lea.

This is a new Edition of an old and well-known work. It is much enlarged and improved, and it is probably the best work of the kind published. The work is dedicated to Geo. B. Wood, M.D. and Franklin Bache, M.D., authors of the *U. S. Dispensatory*. The numerous improvements in manipulations and processes have been carefully noted, and new remedies of worth noticed, while a number of old formulas have been omitted. About 100 pages of new matter have been added, to the present volume. It will be found a most convenient work of reference for both the medical man and the druggist.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY. Ninth Annual Meeting. New York: Wm. Wood & Co.

HYSTERIA IN CHILDREN CONTRASTED WITH MANIA. Read before the Association of Physicians of Asylums, at Baltimore, May, 1873, by Henry Landon, M.D., Physician to the London Asylum, Ontario.

BARNES ON WOMEN. A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D., London; Fellow and Lumlein Lecturer (1873) Royal College of Physicians; Examiner in Obstetrics and the Diseases of Women at the University of London, and the Royal College of Surgeons, etc., etc. Philadelphia: Henry C. Lea.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By J. Forsyth Meigs, M.D., and William Pepper, M.D. Fifth edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1874.

A SYSTEM OF MIDWIFERY, Including the Diseases of Pregnancy and the Puerperal state. By Wm. Leishman, M.D., Regius Prof. of Midwifery in the University of Glasgow, etc. etc. With 182 illustrations. 8vo. Pp. 715. 1874. Philadelphia, Henry C. Lea; Toronto: Hart & Rawlinson.

This work is destined to take the front rank as a text book, setting forth as it does the opinion of the advanced school of English Obstetricians. It has been carefully written, and bears evidence of much learning and close observation. The book contains about 700 pages and the arrangement is somewhat similar to "Churchill's work," which is now out of print. It is well adapted to the wants of the student or general practitioner, from its clearness of style, and in not being too voluminous. Many of the more common diseases of pregnancy are treated of and also the disorders of menstruation. The book contains about 200 illustrations many of which are original. We look upon this work as a valuable contribution to obstetrical literature, and would commend it highly to our readers.

THE PUERPERAL DISEASES—Clinical Lectures delivered at Bellevue Hospital, by Fordyce Baker, M.D., Clinical Professor of Midwifery and Diseases of Women in the Bellevue Hospital Medical College, etc. New York: D. Appleton & Co., Toronto: Willing & Williamson.

This may be called an original work in so far as any book may be considered original in the present day. It consists of a series of clinical lectures of a very interesting character, on the following subjects: Locutions of the Perineum, Thrombi, Puerperal Convulsions, Mastitis and Monunory Abscess, Sore Nipples, Phlymasur Delus, Monia, Embolism, Philibitis Metritis, Peritonitis, Hyernia, Puerperal Fever, &c. &c. The treatment of these various afflictions has received a great deal of prominence,

and is one of the marked features of the book. The volume contains about 500 pages, and is well printed. It is a very interesting and readable book, and contains a fund of practical information not often found in ordinary text books.

PARENCHYMATOUS INJECTIONS OF CARBOLIC ACID AS AN ANTIPHLOGISTIC.

We reproduce almost textually, from the *Centralblatt* of January 24, an important article bearing this title, from the pen of Professor Heuter, of Greifswald.

Although (he observes) the antiphlogistic action of carbolic acid as a dressing for wounds is sufficiently well known, and subcutaneous injections of it have been used as an antipyretic in intermittents, the parenchymatous employment of carbolic injections as an antiphlogistic, as I have used them in my clinic with such distinguished results, has not as yet been made known. I can believe that this mode of applying carbolic acid may excite a certain amount of not unjustifiable fear on the ground of the danger of producing general carbolic acid poisoning. On this account, I at first proceeded with these injections with the greatest circumspection, and only after I had, by experiments on frogs, assured myself that the general action of the means is confined to the influence of the carbolic acid on the red corpuscles of the blood. In the subcutaneous and parenchymatous employment of the acid, it is essentially only a lymphatic absorption which takes place, and only the most fractional portions can gradually enter into the circulation of the blood, when the whole dose does not become combined with lymph in the lymphatic apparatus which it traverses, whereby all intoxication of the blood is avoided.

1. In *synovitis hyperplast. granulosa* (white swelling or fungus inflammation) of the knee. The injection was thrown into the most central part of the joint, so that the needle came in contact with its walls. The effect was—cessation of pain, diminution of long-enduring elevation of the temperature at night, and a remarkable diminution of the swelling. On account of the chronic nature of the case, the injections had to be repeated at intervals of two or three days. 2. In *subacute glandular swellings with tendency to suppuration*, and buboes whether in the inguinal or femoral region. Effects: cessation of pain, the redness of the skin and the œdema disappearing; the gland became rounded in form,

and gradually returning to its normal condition. Several injections have been necessary to secure complete recovery. 3. In *acute phlegmon of the subcutaneous and subfacial connective tissue*. The most peripheric part of the phlegmon is to be chosen, so that the lymphatic vessels may convey the acid in a central direction. In extensive phlegmons, two syringefuls may be injected at different points. Effects: Shrivelling of the tissues in a few hours; immediate cessation of pain; and recovery without suppuration (if this had not already been developed), although it seemed imminent. 4. In *traumatic erysipelas*. In this disease I have injected at different points along its border, in order to prevent erysipelas of the forehead, for example, passing over to the hairy scalp. This end has been attained; but as yet I have not ventured to inject the whole border of the erysipelas in numerous places in order to cut short its course.

I lay great stress on the parenchymatous character of these injections, whereby the carbolic acid is conveyed into the cavities of the largest joints, into the perivascular connective tissue, and into the interior of the glandular substance, and is enabled there to develop its local antiphlogistic power, where almost every method hitherto employed, with the exception of the knife, has failed of success. In this sense I consider that the parenchymatous injection of carbolic acid constitutes the most powerful antiphlogistic means with which the employment of ice, the abstraction of blood, or any local application cannot compete. I hope that it will not only be employed in surgical practice, for an important field is presented for its action among the diseases of internal organs. There ought to be no essential difficulty in injecting the parenchyma of the lung, spleen, liver, or kidney; but the effects of this must be tried first on animals before one feels justified in proceeding thus far. In all cases, the direct injection of this substance into a vein must be avoided, in order that an acute carbolic intoxication may not be produced. In order to be certain on this point, a preliminary puncture should be made with the needle, and observation made whether drops of blood flow out. When this is the case, the needle should be either drawn somewhat back or thrust deeper in, and the injection made only when no blood issues from the canula. In the treatment of non-malignant tumours, e.g., fibroma, the same good effects may be expected from these injections; but I have no instance of complete recovery to adduce, and I forbear to offer too enthusiastic a recommendation in this direction. Malignant tumours also may be brought experimentally within the province of this investigation, especially as the injections act as anæsthetics, not as irritants. It is, however, to be borne in mind that in the employment of the carbolic injections in very vascular tissues and tumours, carbolic intoxication may be easily induced.

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