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QUEEN'S UNIVERSITY AND MEDICAL EDUCATION.

AN ADDRESS DELIVERED AT KINGSTON, OCT. 14, 1892.

BY SIR JAMES GRANT, M.D., K.C.M.G., OTTAWA, ONT.

The present is a new departure in the life history of the Royal College of Physicians and Surgeons, Kingston. It is a move certainly in the right direction, and one which cannot fail to be productive of good, to the well-being of the medical department of Queen's, which the medical section has now virtually become. Queen's Medical School has been in operation over a quarter of a century, and its graduates are filling positions of trust and responsibility in various portions of the world. One of its founders was a personal friend of my own, the late Dr. Dickson, who was the first President of the College of Physicians and Surgeons of Ontario. His record was a most honourable one, and in his calling he was a noted surgeon and a well known contributor to the literature of the profession. The zeal, energy and ability with which he laboured to carry out the work of this medical school is well known, and the record he made as a man of genuine scientific and professional merit is generally acknowledged. From this time actually dates the very commencement of systematic medical education in the Province of Ontario. True, we had good medical schools and excellent medical men prior to that date, but the Medical Council, in which as first president Dr. Dickson took an active part, gave new life and vigour to the whole subject of medical

education in this Province. The curriculum advanced stage by stage to the present high standard of a five years' course of study and a preliminary examination, almost the equivalent of a B.A. degree, in order to meet the demands of our country that only men of educational standing and known ability shall be admitted into the ranks of the medical profession. This is said to be an age of general progress and advancement in almost every line of thought. True, in Canada we have legislative confederation of our various Provinces, and why? In order that there might be a uniformity in trade and commerce and thus understand each other better in all the relations of life. In medical education, however, this idea is not being carried out. What do we find to-day? Each Province legislating for itself in matters medical, and no special effort being made to bring about central examining boards or councils in each Province, of equal standing, so that medical degrees of one Province would pass current in any other Province, without being subjected to a second examination. Failing this course, the only other open is for all the Provinces to agree to a central examining and registering body at the capital, the license of which would be recognised in the entire Dominion. This would require a change in the British North America Act which could be so modified as to meet the requirements of our people, providing each Province agreed to such changes. The present state of medical education must shortly undergo some change in order to give evidence of a progressive spirit in our people, and such can only be brought about by placing the whole subject, so intimately associated with our welfare and prosperity, before the *proper tribunal*. The authorities of Queen's are to be congratulated on the large class of young men entering upon the study of the medical profession, possessing, from general appearances, a fair share of both mental and physical powers—so necessary in life's struggle at the present time.

The student of this date certainly labours under great advantages, surrounded as he is with all the varied appliances for scientific investigation, and a well qualified staff of professors, in the various departments of the medical course. True, our pro-

fessions are becoming crowded, and yet there is ample room in the upper rungs of the ladder of fame, which can only be reached by care, energy, perseverence and time, an exceedingly important factor in the path of duty and success. Such is truly in keeping with the sentiment of the great American poet—

"Let us then be up and doing,
With a heart for any fate,
Still achieving, still pursuing,
Learn to labour and to wait."

Our country is large and our population steadily increasing, but not so rapidly as I could wish; however, with the present energy in that direction, we hope to see the most sanguine expectations fully realized.

The higher functions of medicine are now before you, which even extend beyond the healing of the sick: the instruction of the masses as to the means and methods by which disease may be prevented and death deprived of its supremacy and power. In the medical schools of the present in Canada, sanitary science is one of the chief subjects of study, and by this line of investigation we have hope that in the near future the contagious diseases, like scarlet fever, measles, cholera, etc., will be as effectually stamped out as small-pox is to-day. True, the fluids we drink, such as milk and water, occasionally contain the germs of typhoid fever, scarlet fever and diphtheria, and in this line of investigation how marked have recently been the marvelious results of science and how greatly has the death rate from such causes been reduced. In the path of progressive medicine what a marked change has taken place even in hospitalism, by which such dreaded diseases as puerperal fever and hospital gangrene have been in a great measure stamped out. This is a line of duty and labour worthy of serious thought—how if possible to prolong life, by preventing outside or accidental influences so operating on the human frame as to cut short the vital spark, often in the very prime of life. To be successful in preventing the causes of disease is certainly noble work that will carry blessings to thousands and mark in a most positive manner the progressive character of the age in which we live. It is only within a short period that this truly humanitarian movement has

stirred up sanitarians of the world and thus aroused the interest of the general public. The great sanitary congress held last year in London and presided over by H.R.H. the Prince of Wales was an evidence, should such be wanting, illustrative of the deep interest now being taken in public hygiene.

Science has much to do with the possible triumphs of sanitary reform. It is the art, however, not the science alone—the doing, not exactly the knowing, that must take first rank in the medical work of life. It is, in fact, the actual bearing of the necessary training that directs the after life-work of the physician. Doubtless there is great value in science, and in medical practice such science as can be turned to practical account, does far more to build up a professional reputation than *accumulated theories*, which cannot in any way be applied to the really great work of the physician. Doubtless you have profited by the application of this form of medical training, scientific in its character, and at a time of your mental evolution, when the formation of habits of observation is of the greatest possible value. It is the care and accuracy of your observations and practices, the soundness and balance of your judgment, which will alone enable you to turn to practical account the varied knowledge you have acquired. The application of scientific methods and a scientific mind to the problems of disease is actually more than the study of a single life-time. Let man rejoice in the promotion of truth. True, science is ever humble, and discoverers such as Newton and Faraday were the humblest of men. How vigorous have been the attacks on Sir Joseph Lister, the father of antiseptic surgery, and with what commendable spirit he upheld his position, marking beyond doubt the greatness of the man. It is well to be up and doing, keeping pace with every line of advance in our profession. True, we are living in an age remarkable for its discoveries. The younger members must not run away with the idea that the aged fathers in the profession are not likewise progressive. This is a reading age as well, in which current medical literature is almost superabundant, and young and old must labour and continue to work in order to keep anything like pace with the progress of science. The affiliation of

the various sciences by the present change in the medical department does away with the isolated form in which matters were previously. Thus the different sciences take, notwithstanding the diversity of their objects, one and the same development. The one series of ideas brightens and fructifies mental power, the other tends to promote health, strength and general systemic vigour.

When a student graduates, what course should he adopt in order to insure public confidence and gain a practice? When he has selected the place in which he has decided to pursue his professional work, there are points of the greatest possible importance to be investigated. First, study carefully the physical character of the city or country section in which he resides, as to soil, drainage, water supply, food supply, public and private schools, endemics, epidemics and all such influences. Once he has familiarised himself on these points, he is then in a position to give confidence to those he may be fortunate enough to attend professionally. During the past few years the Ontario Government, through the Board of Health Department, has accomplished much in the line of public sanitation, and through energetic exertions the death-rate in this Province has undoubtedly been reduced. A move is now on foot to establish a "Health Institute" at Ottawa for the Dominion; however, such is at present in the incipient stage of development, the only specified information from the Dominion Government (until recently) being the mortuary statistics, issued monthly by the Department of Agriculture. In time we anticipate more energetic action in this direction, as nothing tends more to advance the interests of the public at large than what concerns public health. In country sections the matter of drainage cannot be too clearly observed. How frequently, in farm-yards, the surface liquid from manure heaps drains into the water supply of the animals, thus communicating impurity to the milk supply of the nearest town or city, and frequently becoming a fertile source of disease. What, also, is more important than the careful inspection of meat in order to guard against the spread of such diseases as tuberculosis. True, so far, in Canada our food

supply, on the whole, is pure and simple, and yet too much care cannot be exercised as to proper inspection in this direction.

Another point of most importance is the study of *the influence* the present system of education is producing on the germinal intellectual power which must in time guide and direct the best interests of our Dominion. The great effort at present is towards a species of hot-house culture, as far as education is concerned. The multiplication of subjects, even with pliant and undeveloped child-like brains, in the very formative process, becomes a serious problem, and one which cannot be too carefully studied out and directed accordingly. Each thought, each mental evolution is the production of a chemical change in the elements of brain tissue, and thus the successive flashings along the line of continuous mental strain have a powerful effect, not alone on brain structure, but the general systemic powers as well. How is education to be accomplished without brain strain, is a cogent question, and one which will very naturally be asked. Ordinary brain effort is one line of action, but over-strain and excessive brain work is quite another. How frequently is it the case that the highest indications of brain activity in the child by over-strain, and without the parents being aware of the fact, become clouded for the duty of after life. The same result is frequently observed with honour men in university life, although there are exceptions, where inherent physical power, guards the balance and thus upholds the system.

These are points to which I desire to direct the attention of our young graduates, who may have an opportunity of quiet study and patient investigation, while seeking a practice which will grow gradually and surely as public confidence is gained, on these lines of observation.

In conclusion let me say, you have enjoyed the able services of Professor Williamson, who for over forty years has heen connected with Queen's University. He has made a most honourable record, and the influence he has exerci-ed in the development of germinal intellectual power has greatly redounded to the credit of Queen's University. What more honourable calling in life can there be than that of a teacher ? This University is

the parent of many, in various distinguished academic positions. Thus the impress of this centre of learning is transmitted from one generation to another. The teachers' work does not die with him. It lives after him, and in the discharge of the honourable responsibilities of life the still small voices hover round; hushed though they be, the impression of the past is there, and is a cheering ideality in the perplexities incidental to a labour of love—*medical duty*. Thus we observe there is a grand connecting link established, which strengthens the attachment and promotes an ever living desire to uphold the honour and dignity of your Alma Mater.

A CASE OF SYMPHYSIOTOMY.*

By J. A. Springle, M.D.,
Lecturer on Anatomy, University of Bishop's College.

Mrs. M. L., I-para, aged 25, of Irish parentage, gives the following history: She has been healthy up to her marriage, four years ago; since then to the date of her pregnancy she has suffered from what a local gynæcologist pronounced to be pyosalpingitis. However she became pregnant and appeared to do well.

On the 4th inst. slight labour pains were experienced and the liquor amnii began to flow away. I saw her on the morning of the 5th, and labour was then active, but the os uteri not fully dilated. The pelvis was found to be contracted. At 3 A.M., dilatation being complete, with no descent of the fœtal head, it was thought expedient to use the forceps. Dr. Gordon Campbell anæsthetized the patient, and a thorough examination of the pelvis and contents made. The head had not engaged and was large. The inlet was circular, with a true conjugate of 75 mm. The succeeding diameters in the pelvic cavity were correspondingly diminished, the small space between the tuber ischii especially so. An attempt an extraction with forceps was unsuccessful. Undue violence was avoided. Crying of the child in utero was distinctly heard by those present. At 9 A.M. Drs. Lockhart

* Read before the Medico-Chirurgical Society of Montreal, Dec. 9, 1892.

and Kenneth Cameron saw the case. The uterus was then tightly contracted upon the child, whose head was tightly filling the inlet. It was easily seen that the pelvis was too small to extract, and symphysiotomy was decided upon.

A median incision over the symphysis, extending three-quarters of an inch above this and passing slightly to the left of the clitoris, was made down to the bone. A vulcanite rod in the urethra drew it over to the right and depressed it away from the incision. Above the pubis the incision was deepened until the loose cellular tissue was reached. The left forefinger was then passed behind, and the position of the urethra being ascertained, the symphysis was cut through. The two sides sprang apart, leaving an interval of over one inch. A pad was placed over the wound and the fœtus rapidly delivered with forceps by Dr. Lockhart, proper support being given laterally to the pelvis. The child was in good condition and not disfigured by the instruments.

The total time was one hour and a quarter from the commencement of the operation until all dressings were completed.

The measurements of the child's head are :

B.P.	= 94	mm. in diameter.
F.O.	=120	" "
M.O.	=145	" "
B.T.	= 88	" "
Shoulders	=155	" "
Circumference of head	=33.5	cm.
" " shoulders.	=40·5	cm.
" " hips	=28	cm.
Length of child	=53	c.m.
Weight	3629	grms.

Both mother and child have done well since. There is considerable pain about the left sacro iliac synchondrosis, due, I believe, to rupture of the anterior ligaments.

Symphysiotomy, or division of the pubic symphysis, has lately been brought prominently before the American profession by Dr. Robt. P. Harris of Philadelphia. On Sept. 20th he read an exhaustive and admirable paper upon the subject before the American Gynæcological Association, setting forth the many claims advanced and good results obtained by Italian obstetri-

cians, notably Drs. Morisani and Nori of Naples, and the adoption of the procedure by Professors Leopold, Freund, Porak and others. The operation is becoming popular on the continent, but, as yet, has not gained a foothold in Great Britain.* To Prof. Morisani is due the credit of perfecting this operation. His successes have dispersed the many objections to it, of Sigault, its originator's time.

The first case in America is reported by Dr. Jewett of Brooklyn on the 30th September. Drs. Barton Cooke Hirst and A. S. Broomall have each reported one since. All were successful. The operation is limited to a true conjugate diameter of not less than $2\frac{1}{2}$ to $2\frac{7}{4}$ inches. It is not applicable to certain deformed pelves (Robert Naegele, coxalgic anchylosis); nor should it be applied to cases of cancerous or other growths in the pelvis.

It is claimed that the operation will be conservative in the child's interest to the extent of the abandonment of craniotomy. Moreover, it is said that symphysiotomy will supersede the Cæsarian operation, when the latter is performed for the lesser degrees of contracture to which symphysiotomy is applicable.

Dr. Harris, in his paper, gives interesting statistics in a tabular form of 44 cases collected from various continental sources. One mother died from metro-peritonitis, not supposed to be due to the operation; five suffered from vesico-vaginal fistulæ. With these exceptions the recoveries were perfect; the longest period of confinement to bed being 35 days. The results to the children showed five deaths; of these three were born dead (?), the remainder living for some time after birth. All children dying before three days being counted in the mortalities of the operation.

The greatest comparative size of the fœtal head to the true conjugate was 100 mm. to 67 mm. in a case of Dr. Nori's; the smallest being in a case of Prof. Freund's, of 110 to 100.

The simplicity of the operation is one of the claims advanced by its advocates. It is said that lameness as a result is very rare, Dr. Harris, in his report, not mentioning a case. The

* Since reporting the above, I see a case mentioned in the *British Medical Journal*, operated upon by Dr. Smylie, of the Rotunda Hospital, Dublin, on Nov. 22nd.

operation has been approved of by Charpentier, Leopold, Porak, Hirst and many others; and if it does all that is claimed for it, it will be welcomed by all.

SOME REMARKS ON GOITRE AND ITS TREATMENT.*

By Thos. R. Dupuis, M.D., M.R.C.S. Eng.,
Professor of Clinical Surgery in the Medical Faculty of Queen's University, Ont.

Goitre is such an exceedingly common disease that very little description is required of it before an audience like this one,—only just what may serve as a definition, so that we may determine the variety of the disease with which we wish to busy ourselves. It is a disease much more frequent amongst women than amongst men, the cause of this being, no doubt, on account of the functional differences between the two sexes. It is also more frequent in youth than in later life. I have not been able to obtain any reliable statistics of its comparative frequency amongst all classes of persons, nor of its relative frequency between male and female; and the difficulty of compiling such statistics will be seen at a glance, when we recollect that it is endemic in some localities and scarcely ever seen at all in others. In certain parts of India, however, it is said that one in every ten is afflicted with goitre. The causes of goitre are now in as much obscurity as they were many years ago. Many theories have been propounded to explain its occurrence, but, as we all know, none of them has proved entirely satisfactory, though some of them seem to meet certain requirements in its production. Humidity of climate as in shaded valleys, qualities of the drinking water, conditions of soil, individual predisposition, heredity, state of ventilation, occupations which fill the veins of the head and neck, as blowing wind instruments, climbing mountains, carrying loads on the head, working in a stooping position, etc., etc.

In the female, her peculiar functions, as menstruation, preg-

* Read at the meeting of the Canadian Medical Association, at Ottawa, September 21st, 1892.

nancy, parturition and the menopause, have no doubt much to do with the development and perpetuation of bronchocele.

The parts of the world in which it is endemic may throw some light on the etiology of goitre; nevertheless, such discrepancies arise in any theory to be deduced from these, that but little reliance can be placed upon it.

In Europe, the Alps, Pyrenees, Carpathian Mountains, the Black Forest, Thuringia, the Hartz, Erzegebirge, Riesengebirge, are the localities in which goitre is most common according to Lücke; and in America, the Cordillĕras; in Asia, the Himalayas; whereas the mountainous parts of Norway and Sweden, the Highlands of Scotland and the Appenines are comparatively exempt. But there are plains where goitre is very common, as those of the Rhine, Silesia, portions of France, the Punjaub, the valley of the Orinoco, and the plains of Northern Italy, while our own Province, which is certainly flat enough, contains a very fair proportion of goitrous subjects. And just here I may notice one condition which has been enumerated as a cause, namely, the abundance of calcareous matter in the drinking water. Every woman that washes clothes or boils the tea-kettle for a lengthened period is certainly well aware that our Canadian water contains an abundance of lime salts, and hence, as goitre is not at all uncommon in our country, the drinking water may have something to do with it. Low sea-coasts are said to be the most free from this malady, although certain low-lying islands where it prevails are quoted as proofs to the contrary.

The disease has been observed amongst both the aborigines of the country and the negroes, but not to any great extent, so that these races, in this country at least, are almost free from it.

In the valleys and gorges of the Alps cretinism or idiotcy is frequently associated with goitre, and this condition associated with a diseased and useless gland opens up the question of its removal, which we shall deal with later on.

Mr. Bowlby, in his Surgical Pathology, defines the term goitre as "any enlargement of the thyroid gland which is not caused by inflammation or malignant growth." He adds further, "its causes have been much discussed and are not yet satisfac-

torily settled." Mr. Lemon defines goitre as "all tumefactions of the thyroid gland not due to inflammatory or malignant disease, or to the immigration of parasites." Professor Gross simply says "goitre, technically termed bronchocele, is a chronic enlargement of the thyroid gland." Mr. Timothy Holmes refers to goitre as an endemic enlargement of the thyroid gland, and refers to it also as the "Derbyshire neck," from its prevalence in that part of England called Derbyshire.

From all these definitions, then, we gather that neither the pathology or the causes have entered into its name; that is to say, the name goitre, from "*guttur*, the throat," has not been differentiated into different pathological conditions as some other long known diseases have been, but stands to-day just as it was known to our great-grandfathers; showing us thus how little is yet known about it.

As so little seems to be known of the causes and of the true pathology of goitre, I presume we cannot do better than to adopt Mr. Bowlby's classification and pathology, as they seem to accord with clinical observation, besides being about all that is known concerning the structure.

First, then, we have *simple hypertrophy*. In this there is an overgrowth of gland tissue not differing in any way from the healthy gland, whether the whole gland be enlarged, or whether distinct and separate portions enlarge in the form of adenomatous nodules. In this variety the enlargement is usually symmetrical, both lobes as well as the isthmus being affected by the overgrowth. This kind is that which is most common in young females about the period of puberty and, in accordance with my observations, this swelling often subsides spontaneously or is removed by very simple treatment. More often, perhaps, instead of disappearing entirely, it remains stationary for a number of years and then assumes activity again, and grows slowly to an enormous size, extending from ear to ear and almost filling the space from the chin to the sternum. This is the variety which, if it grows rapidly, produces the greatest interference with the circulation, respiration and nerve functions of the nerves of the larynx.

Second, *cystic goitre.* This variety may be a further pathological development in the course of a simple hypertrophy, or it may occur in a thyroid gland hitherto healthy. The cysts are formed by a mucoid or colloid degeneration of the walls separating the vesicles of the gland, thus permitting many to be opened out into one cavity and to form cysts of various sizes. Many times one single large cyst results, but often the cysts are multiple, and a number of these smaller ones occupy the whole substance of the gland. The fluid contained in these cysts varies in its character according to the integrity of the cyst wall. When no capillary oozing of blood has taken place it may be transparent like the fluid from a hydrocele, but when the coats of the vessels have been ruptured by the distension or destruction of a portion of the cyst-walls the fluid may be dark and bloody, with a grumous or coffee-ground-like deposit.

Third, *fibrous goitre.* In this there is an excess of the fibrous or connective tissue over the gland tissue, and it sometimes becomes hard almost like scirrhus and at other times large and pendulous, hanging to the neck by a pedicle composed of skin, vessels, nerves and connective tissue. I remember one case, the largest I ever have seen, in which the goitre was pendulous and as large as the bearer's head, actually lying upon the breast. She was the wonder and disgust of the whole neighbourhood, about half-witted, in fact a very cretin, living in a shanty with a husband as simple as herself and surrounded by a numerous progeny. I used to see her frequently, but she would never allow her goitre to be interfered with, or allow anything to be done for it in the way of cure or removal.

Fourth, *pulsating goitre, exophthalmic goitre, Graves' disease, Basedow's disease.* In this form there is excessive development or dilatation of the vessels of the thyroid gland accompanied by protrusion of the eyeballs and frequently by hypertrophy of the heart. This form of goitre, which is not uncommon, is supposed to depend upon some affection of the cervical sympathetic nerves —it may be paralysis of the vaso-motor branches giving rise to chronic hyperæmia of the vessels of the gland and thus favouring the condition necessary for its production. For further information on this subject see Trousseau.

The effects of goitre on the subject of it varies according to its size, rapidity of growth, and variety. Distension of the vessels of the tumour, and, later on, of those of the head and neck, produces dizziness, headache, faintness, and even convulsions, especially if the carotids are pressed upon. I remember the case of a woman, about 40 years of age, who had been purged, bled and blistered *ad nauseam* for dizziness and headaches, the cause of whose suffering was a hypertrophied thyroid gland. Spasm of the glottis or paralysis of the recurrent laryngeal nerve may result from pressure, as I have seen in several cases. Interference with the air-passages is what we would expect, and so we find difficulty of respiration accompanied with wheezing and a "swimming of the head" after any exertion, due to hard breathing. When the tumour becomes pendulous it does not interfere so much with circulation and respiration as it does when held firmly in its natural site, no matter how large it may grow. The case I have referred to is a proof, as that woman with the large pendulous goitre did not suffer from anything I know of, except the difficulty of getting enough to eat and to wear. Exophthalmic goitre ought to be the most disastrous, as it is certainly the most unsightly, and produces the most alarming train of symptoms—bulging of the eyes, palpitation of the heart, shortness of breath, faintness and great anxiety. In a very severe case of this kind which I treated successfully as much as twelve years ago, I found a loud systolic murmur in the heart with considerable hypertrophy of the whole organ and pulsation and a marked *bruit* in the carotids. Death from bronchocele is not common, and occurs chiefly from those which grow rapidly and are tightly bound down by the fascia and muscles; still, the deformity and inconvenience resulting from goitre are such as to urgently call for relief.

Now what are we to do with bronchoceles? What methods of treatment are the most successful in either alleviating or curing the disease?

Extirpation in many of the larger ones would appear at first sight to be the quickest and most certain method of getting rid of them. On reflection, however, this method is not as practi-

cable as it would seem, and the results are not in most cases satisfactory. The older surgeons, viz., Bonetus, Severinus, Bell, Desault, and some others, who all tried it, had very bad success with their operations, the patients having nearly all died either before the completion of the operation from hemorrhage or shock, or shortly after it from exhaustion. Dupuytren removed a very large goitre from a woman after he had first tied the thyroid arteries, completing the extirpation with a very little loss of blood; but his patient never recovered from the shock, and died within thirty-five hours after the operation. Roux lost a case under similar circumstances, while Girandi of Marseilles saved two patients by it. Desault dissected out the right lobe of an enlarged thyroid successfully; Harris of New York, in 1807, removed a very large tumour from a woman with complete success; and in 1871 Prof. Green of Portland reported three successful cases in his practice. The surgical writers of twenty-five and thirty years ago, and earlier, condemned extirpation. Skey does not approve of the operation, Gross denounces it in most unqualified terms, and many others seem to share the same opinion.

Since anæsthesia and asepsis have come to the surgeon's aid and removed many of the difficulties of extirpation, another danger besides those enumerated attends extirpation of the thyroid gland—namely, the development of myxœdema and cretinism. Sir William Gull and Dr. Ord, by their investigations, showed that the extirpation of the gland or the destruction of its functions by disease was followed by a cretinoid condition and an enormous increase in the quantity of mucin found in the connective tissue of the body, the connective tissue itself being much increased. This condition Dr. Ord called *myxœdema*. About the year 1883, Prof. Kocher of Berne and the Messrs. Reverdin of Geneva observed that the same condition described by Dr. Ord supervened in all their cases of complete removal of the thyroid body, and further, that when the gland was removed in young individuals arrest of the growth of the body seemed to follow as a consequence. Semon holds that cretinism, myxœdema and the German "strumapriva" are merely different

phases of the same condition and all due to arrest of the function of the thyroid gland. Professor Paul Bruns of Tübingen reports the case of a bright, intelligent boy, 10 years of age, from whom the whole thyroid gland had been removed. Seventeen years later he exhibited all the symptoms of myxœdema, with stunted growth of the trunk and limbs, increased growth of the head, a retrograde change in the intellectual faculties, and the complete characteristics of a dwarfy cretin. Mr. Victor Horsley, of Britain, succeeded in producing myxœdema in the monkey by extirpating the thyroid gland, and so convinced is he of the utility of the thyroid gland as a mucin-excreting organ, that he believes that its removal or total arrest of its function is followed by all the conditions already enumerated, and finally by death. Prof. Billroth of Vienna, who, it is said, extirpated more thyroid glands than any living surgeon of his time, has stated that he had never seen any unusual symptoms follow after the operation. Some years ago I received two photographs—one before and one after the operation—of a woman from whom Dr. Nelson, then of Montreal, had removed a large goitre · but what has been the sequelæ following the operation I have never learned. The position now seems to be as follows, viz., in favour of extirpation, sudden relief and removal of the deformity; against extirpation, the dangers of hemorrhage, shock, inflammation, nerve injury, myxœdema and cretinism. Having made sure of the nature of the case, and decided not to use the knife, how shall we treat it?

If the patient live in a goitrous district, removal therefrom is of the utmost value; and if the drinking water is at fault, boiled water alone should be used. Residence at the seaside, with various preparations of iodine internally and externally, are the usual medicines given for goitre of all kinds. The state of the patient's general health should be looked to, the bowels regulated, the catamenial function properly kept in order, and the appetite not allowed to fail.

I have used iodide of potassium in three to five-grain doses in infusion of quassia three times a day, and sometimes tinct. iodine or Lugol's solution, alternating these with tincture of iron

or giving both at the same time, the iron preparation before eating and the iodine after if the case seemed to require such. A favourite external application of mine has been for years, an ointment made of equal parts of iodine ointment and mercury ointment rubbed together into a new ointment, and applied to the goitre twice a day.

Many years ago a "root and herb doctor," as he was called, gave me the following rule for the cure of thick neck. Take strong biniodide of mercury ointment, rub it on the goitre with a bone spatula in the morning after sunrise, the patient at the same time sitting on the east side of the house, so that the direct rays of the sun may strike upon the neck, and continuing to sit there at least one hour. I have had good success with this ointment in recent goitre, but it must be used sparingly as a few applications blister the skin. Long since, I learned that the prescription of the "root and herb doctor" is a favourite method of treating goitre in India. In acute goitres, of which I have treated several, I have found fly blister the best application, having in every case reduced large swellings in a very short time.

The continuous application of cold to the swelling by means of a coil of Leiter's tubes around the neck for three hours at a time, twice a day, and the internal use of hydrofluoric acid in 10m doses of a half per cent. solution of redistilled fluoric acid in $\bar{3}$i of water twice daily, have been recommended for the cure of goitre. The results of both these are very uncertain.

When the foregoing applications fail, injection of iodine into the gland may be tried, or it may be tried before these fail, if one wishes, for I have had some very good results from this method. The following rules are given by Semon to guide the operator in injecting iodine into goitres:

(1) Select cases in which the gland is sufficiently thickened to receive the injection into its substance, and in which interstitial fibroid changes have not progressed too far.

(2) Inject every third day into the gland-substance proper, from 20 to 30 drops of a solution of one part of iodine in twelve parts of absolute alcohol, with a clean hypodermic screw-syringe.

(3) Vary the place of injection as much as possible, and never inject into the same locality twice consecutively.

(4) Avoid wounding superficial veins and injecting air.

(5) Make sure the point of the needle is in the parenchyma of the gland before proceeding to inject: this may be known by the patient swallowing, no motion being imparted to the syringe if the needle is not in the gland; the anterior portion of the syringe rising if the needle is in the gland, and the hindermost part rising if the needle has passed through the gland and penetrated the deeper parts.

(6) Never point the needle towards the trachea or the great vessels of the neck.

(7) Inject very slowly, and carefully observe the effects of the first few drops.

Freezing the surface with ether spray is recommended to prevent feeling the prick of the needle, but I have found that touching the skin, where the puncture is to be made, with pure carbolic acid numbs the sensibility in a very short time and renders the little operation entirely painless.

With all the precautions which can be taken, there is yet a certain amount of risk in this method of treating a bronchocele; the dangers are: 1st, the iodine or air passing into a vessel with the formation of emboli and perhaps sudden death; 2nd, lesion of the pneumogastric or recurrent laryngeal nerve, followed in some instances by spasm and in others by lasting paralysis of the vocal apparatus; 3rd, suppuration and putrefaction of the goitre, blood-poisoning and death. These dangers are fortunately rare, still they exist, and no prudent surgeon would ignore them in proceeding to treat a case of bronchocele.

Cystic goitre I at first treated with the seton, and had most excellent success with it. This was the method of treatment used by Celsus; and since his time it has been practised for a while and then forgotten for a while, thus reviving and dying out alternately up to our own times. From some author I learned that the seton was very risky, although Skey is of opinion that there can be no particular danger connected with it. Gross thinks that if the case is closely watched it is no more dangerous

than any other operation, and Semon does not classify it amongst dangerous operations on the thyroid; and my own experience is decidedly opposed to any particular dangers connected with it.

Of the other methods of treating cystic goitre, viz., puncture with the subsequent injection of an irritant fluid, incision and excision, I have adopted the first, and have found it, in five or six cases operated on, eminently satisfactory. The procedure I have advocated is that followed by Sir Morell Mackenzie,—first emptying the cyst with a trocar and canula, if not very large, but if very large, emptying it gradually by drawing off a portion every day or two till all the fluid is withdrawn. The canula is left in the cyst and fastened there, the outer end being stopped with a plug of soft wool, which can be taken out whenever there is fluid to be let out of the cavity. Through this canula, whenever the cyst is emptied, I inject two or three drachms of a solution of perchloride of iron in water, one part of the former to three or four of the latter, then plug up the canula and leave that and the iron solution in the cyst. This solution I allow to remain for seventy-two hours, at the end of which time I withdraw the plug and allow the contents of the cyst to escape. If the fluid is thin and serous, or quite thin and bloody in character, I use another injection, which I allow to remain from twenty-four to thirty-six hours; the object being to set up a moderate degree of purulent inflammation in the lining membrane of the cyst, so that contraction and permanent closure may follow. The canula is constantly retained in the cyst and is kept plugged except when the contents of the cyst are to be withdrawn. When the discharge ceases to be bloody I apply linseed meal poultices to the neck and keep them applied until the discharge is thoroughly purulent, which may be three or four weeks or even longer. As soon as healthy pus begins to discharge the plug may be left out, and when the discharge notably diminishes, the canula may be withdrawn. The hard nodule that results from the closed sac I treat with iodine ointment or ung. iod. and ung. hdr. ää. I have cured cases by this treatment in from six weeks to six months, and I highly approve of it. Internal treatment should, of course, be such as would

be suitable to any other variety of goitre, and varied to suit the circumstances of the patient.

Exophthalmic goitre is best treated by iron, iodine, digitalis and saline purgatives. I have in my mind now the case of a girl, then about 18 years of age, whom I treated on these lines twelve or fourteen years ago. She was at the time in a very unpromising condition, and her friends gave her up for lost. With iodine, iron and digitalis, bitter tonics, and occasionally sulphate of magnesia internally, and tinct. iodine and soap liniment, alternating with iodine and mercury ointments, mixed in equal parts, and fly blisters, externally on the goitre, this young woman recovered to such a degree as to have lived ever since without experiencing any trouble from her goitre. Trousseau recommends, as wonderfully effective in such cases, the iodide of starch, which he directs to be made extempore by adding from three to eight minims of tincture of iodine to a glass of rice-water.

The foregoing is an outline of my views concerning goitres and of my method of treating them, and I hope that some hints thrown out may be beneficial to somebody in the rush and hurry of practice.

FRACTURE OF THE SKULL FROM THE DISCHARGE OF A SHOT-GUN INTO THE LEFT ORBIT.

By Wyatt Johnston, M.D., Montreal.

(From the Pathological Laboratory of McGill University.)

Owing to the meagre amount of medical literature about the above-mentioned injury, which must be fairly common, and which is of considerable importance from a medico-legal point of view, I have given the results of the autopsy in some detail.

The leading points of the case in point are briefly as follows: George Clay, a coloured man, aged 39, Pullman car porter, in easy circumstances and with no known enemies, left his house at 11 A.M. on Wednesday, April 20th, 1891, to go shooting muskrats and pike in the creeks near Lachine, P.Q. He was thought to have about $60 in his purse, and carried a revolver

in additlon to an old double-barreled, muzzle-loading shotgun. Having expressed the intention of returning for supper the same evening his friends were alarmed when he did not appear. Two days later his body was found, face downwards, in a creek near Lachine, at a point where it passed into a railway culvert, and where a rough bridge was formed by a telegraph pole and a plank lying obliquely upon it. A substance resembling blood and brains was found on the upper surface of this plank and the body lay beneath it in the water. His hat lay in a bush close at hand. A suspicious feature of the case was that the gun was found twenty feet from the body, lying propped up against the railway embankment. The right barrel had been fired. Neither money or revolver were found on the body, though the watch was not missing, and was found to have stopped at six o'clock.

The other circumstances of the case are irrelevant for my present purpose.

A medical man practising in the parish having been called upon to perform an autopsy, deposed to the presence of a gunshot wound of the left orbit, passing in a direction obliquely upwards to the vertex, and an appearance resembling a burn of the left cheek; also a very extensive comminuted depressed fracture of the skull without accompanying hemorrhage. A partial examination only was made, the brain not being removed. About twenty grains of shot were found near the vertex.

The opinion given was to the effect that the gunshot was accidental and had caused death, but that after death the head had been subjected to violence, leading to the fracture of the skull. This finding not being satisfactory to the jury, an examination of the body was ordered, and I happened to be the person selected to perform it.

The only really suspicious element in the case was the distance from the body at which the gun was found, but this was subsequently reconciled with the theory of accidental death by the deposition of a body of Oblat Fathers from a neighbouring monastery, who, while out taking a walk in the afternoon of the day following the tragedy, and twenty-four hours previous to the finding of the body by the deceased's relatives, saw the gun

lying on the plank beneath which the body lay. These gentlemen did not feel at liberty to mention the fact of their having seen the body at all until about a week later.

This explanation of the gun being found at a distance from the body was compatible with a theory of accidental death, and the experimental evidence that a gunshot could produce all the injuries found in the deceased of course disposed of the idea of injury to the skull being due in any part to blows on the head inflicted after death, and led subsequently to a verdict of accidental death being rendered.

REPORT OF THE RE-EXAMINATION OF THE BODY OF GEORGE CLAY.

Examination made on the premises of Mr. Armstrong, undertaker, of Lachine, at 3 p.m. on April 25th, 1892, five days after presumed date of death.

The body, which was identified in my presence as that of the deceased George Clay, aged 39, was that of a well-built, well-nourished coloured man, of middle height. Rigor mortis present at all joints. No signs of decomposition. The previous examination had been confined to an examination of the injuries in the head, the only dissection made being an incision in the scalp extending from the root of the nose across the forehead as far back as the vertex. This incision had been closed with sutures. The body was lying in a coffin and was dressed in burial clothes. The face bore signs of having been cleaned since the discovery of the body. A careful examination of the whole body after removal of all the clothes failed to show any injuries or marks of violence excepting those subsequently mentioned in the head. None of the bones were fractured. The hands were open and showed no marks to indicate a struggle. The dirt beneath the nails appeared undisturbed.

Head.—In the region of the left orbit is a large, rounded, lacerated wound, 1¾ inches in diameter, extending from between the left eyebrow to the level of the malar prominence. The edges of the wound are thin, torn and blackened, and show traces of small black grains apparently gunpowder. The entire left eyeball and the contents of the left orbit had been displaced.

The hair and eyebrows were not burned. There were no signs of the skin of the face being burned except at the margins of the wound.* The nostrils were filled with clotted blood. The outline of the cranium showed flattening and depression over the vertex and in the region of the left temple. On pressing lightly with the hands, the cranial bones could be felt to move and crepitate on one another. Owing to the previous examination having disturbed the relation of the parts I was unable to determine what the exact position of the bones had been immediately after the injury as a direct consequence of it.

The scalp was reflected in the usual manner after making an incision from behind the ears passing over the vertex. The scalp was found to be remarkably thick and dense. It showed no trace of external injury. The tissues between the scalp and the bone showed nothing abnormal except a slight amount of ecchymosis in the left parietal region, near the vertex.

After removing the skull-cap by sawing around it below the level of the orbit, the brain was examined. All the pieces of bone were carefully preserved, but it was subsequently found that the portions of bones corresponding to the left lower parietal and frontal regions were missing. Whether this was due to their having been removed at the first examination and not replaced I am unable to say. From the appearance of the soft tissues in this region it appeared as if the injury to the bones had been more severe in this region than elsewhere.

The dura mater, especially in the anterior portion of the falx, appeared to be much lacerated, but the disturbance due to the previous examination made it impossible to state how much of this laceration was due to the effects of the gunshot.

From beneath the skull-cap and in the brain tissue near the vertex I removed 48 grains of No. 4 shot. Most of the grains

* In the report of the previous autopsy a statement was made to the effect that there was a burn on the left cheek. I was not able to find any trace of this at the time when I made the second autopsy. The explanation of this apparent discrepancy probably is that the appearance described as a burn was due to blackening of the face by soot from the powder-smoke. This might be mistaken for a burn. The soot had probably been washed off by the undertaker in laying out the body. In my experiments with gunshot wounds of dead bodies I found always extensive blackening of the skin from smoke, but no burning.

were much flattened. They weighed altogether half an ounce. Some of the grains were found in the fissures caused by the fractures in the bone.

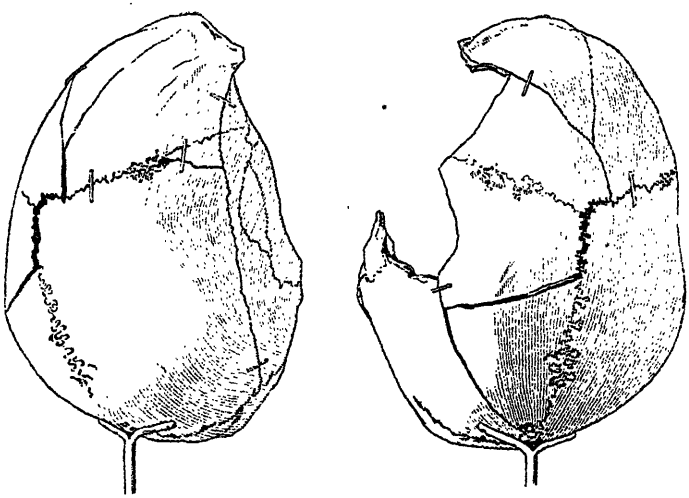
The brain was found to be firm and in good condition ; it had not been removed or disturbed at the previous examination. It showed a lacerated area of between two and four inches in diameter, extending obliquely upwards and backwards from the left orbit to the vertex. The laceration was confined to the neighbourhood of the median line, and involved the anterior extremity of the corpus callosum and the inner surface of both hemispheres anteriorly. The left hemisphere was more extensively lacerated than the right, but the inner frontal and orbital lobes on both sides were almost completely disintegrated.

There was very little hemorrhage along the course of the wound, and no large blood-clot was seen. The brain tissue contained a considerable quantity of blood in its vessels and was not pale. The ventricles were normal and free from blood-clot. The ganglia at the base lay outside the track of the wound and were not injured.

After the removal of the brain the posterior half of the left eyeball with the optic nerve attached was found lying to the right of the optic chiasm.

At the base of the skull there was found extensive laceration and fracture in the vicinity of the left orbit, the injury extending over an inch to the right of the median line. The bones of the orbital plate of the frontal, together with the lesser wing of the sphenoid on the left side and the turbinated and ethmoid bones, were comminuted into minute fragments. Except in this region, the base of the skull was free from fracture, and the lines of fracture subsequently described in the skull-cap did not extend as far down as the base.

The whole of the skull-cap was removed to Montreal and prepared and mounted by Mr. J. Bailly, articulator. The location of the lines of fracture will be understood from the following description and from the accompanying



(Fig. 1.)

The cranial bones were thicker and denser than in the case of European skulls, though not unusually thick for an African. The diploe was scanty and the tables relatively thick. The measurements were : thickness in occipital region. 1 cm, of which 5 mm. was taken by the outer table, 3 mm. by greatly sclerosed cancellous tissue, and 2 mm. by the inner table. In the parietal region the total thickness was 7 mm., of which 2 mm. was occupied by outer table, 1.5 mm. by the inner table, and 3.5 mm. by the diploe. The length from glabella to occipital protuberance was 19 cm. (7.5 inches) ; the diameter in mastoid region was 13 cm. (5.3 inches) ; and in the anterior temporal region, 9 cm. (3.5 inches). The skull outline was somewhat unsymmetrical and the thickness in particular spots varied considerably from the means given, being at one point in the right temporal region only 0·5 mm. (one-fiftieth of an inch). Both tables were equally involved in the fracture, and nowhere was any splintering of the inner table observed.

The following lines of fracture were observed, eight in number, including separation of the sutures :

No. 1—A fracture extending forwards from a point in the

coronal suture, half an inch to the right of the middle line and running to the left external angular process of the frontal bone.

No. 2—A fracture branching off from No. 1 at a point one inch anterior to the coronal suture and extending to the inner third of the right supra-orbital ridge.

No. 3—A separation of the anterior, 1½ inches, of the sagittal suture.

No. 4—A crooked line of fracture from the left frontal eminence to the left parietal eminence.

No. 5—A continuation of No. 4 from the left parietal eminence to the posterior extremity of the sagittal suture in the region of the Wormian bones.

No. 6—A line of fracture extending from the posterior extremity of No. 3 an inch from the anterior extremity of the sagittal suture and running to the left parietal eminence at the junction of Nos. 4 and 5.

No. 7—A curved line of fracture with the convexity upwards extending from the right external angular process to the right limb of the lambdoidal suture, passing through the parietal bone just above the squamous suture.

No. 8—A separation of the right half of the coronal suture extending three inches from the coronal suture and then continuing as a fracture of the parietal bone and joining No. 7 at a point half an inch posterior to the coronal suture.

On the inner surface of the cranium were seen eighteen small round marks of lead on the bones; these were scattered over an area four inches in length by two inches laterally, and lay along the vertex. Lead marks were also seen on the fractured edges of the bones. None of the shot appeared to have penetrated the bones.

The thoracic and abdominal organs were examined and found free from all traces of violence. The abdomen, on opening, showed the peritoneum to be smooth and the position of the viscera normal. The stomach was very small and looked contracted. The level of the diaphragm corresponded to the third space on the right side and the fourth rib on the left side. The pleural cavities each contained about four ounces of clear reddish

serous fluid. The lungs were crepitant throughout; the bases felt sodden; on section both organs were found to be œdematous. Both lungs contained a fair amount of blood; the bronchi were found free from foreign substance; the bronchial mucosa was pale. The heart was small and its ventricles contracted; valves normal. Spleen small in size, normal. Kidneys normal. Bladder contained about 4 ozs. of clear urine. Liver normal, contained a fair amount of blood. Stomach small and nearly empty; contained about two ounces of fully digested food; mucosa normal. Intestines normal.

Microscopical examination of the blood-stained substances found on the plank across the creek showed them to contain brain tissue, recognised in the form of granular detritus and myelin drops. They also contained red-blood corpuscles averaging seven to eight micromillimeters in diameter.

Summary.—The only injury found is a severe gunshot wound of the left orbit, entering the skull in an obliquely upward and backward direction, and lacerating the brain in the area through which it traversed. The severity of the injury was in itself sufficient to cause death. That death was probably not quite instantaneous is probable from the œdema of the lungs, but the absence of severe hemorrhage shows that it must have very soon followed the injury. Loss of consciousness must have been instantaneous from the severe shock. The oblique direction of the wound makes it one which could not well have been intentionally caused by a weapon in the hands of another person than the victim, as it would be impossible to take aim so as to produce this wound except under unusual circumstances, leading to the victim being either several feet higher up than the assailant or else lying down face uppermost. The wound is one which could very well have been caused accidentally by the discharge of the gun while the muzzle was grasped by the hand of the deceased.

The condition of the stomach agrees with the hour at which the watch stopped, placing the hour of death and immersion in the water at 6 P.M. on April 20th, the day of disappearance.

A point of special interest was the totally different character of the cranial fracture in this case from the appearances met with in fractures produced by direct violence from without, such as results from blows or a fall on the head, etc. The difference consists in the marked tendency to separation of the sutures in the case of the gunshot injury of the cranial vault from within, and the fact that the lines of fracture do not tend to run across the base of the skull. This distinction can be readily explained on mechanical grounds when the totally different relation of an arched cavity like the cranium to external and internal shocks is borne in mind. An expansive force acting from within would naturally tend to separate the sutures, while a crushing force acting from without would have no such tendency. An external force impinging on the roof of the cranial arch makes itself felt earliest and most severely at the base, while an internal force directed upward expends itself entirely upon the roof of the skull.

That this difference in the distribution of the lesions has not previously been noted is perhaps due to the fact that the commonest form in which gunshot or pistolshot wounds at short range present themselves for examination is in the case of suicides, and when the shot is fired through one of the natural orifices, the mouth is that commonly chosen, in which case the base of the sphenoid bone lies directly in the line of fire, and is, naturally, shattered. In cases where the entire skull is not shattered to fragments, the scalp is perforated by the bullet in its exit.

In the present instance it was my fortune to meet with a case where a most extensive fracture of the skull accompanying a gunshot wound of the orbit, made at short range, was not associated with any wound of exit or injury to the scalp.

Thinking that injuries of this nature arising from the careless handling of firearms must be fairly frequent, I carefully searched all the available sources of information in the shape of text-books on medical jurisprudence and medico-legal literature, particularly the files of the *Viertel-jahresschrift für gerichtliche Medicin*, but was unable to find any case where a gunshot wound had fractured the skull from within without producing a wound of

exit. I was also disappointed in my expectation of finding parallel cases reported among the forty thousand cases of gunshot wound of the head analysed and tabulated in the *Medical and Chirurgical History of the War of the Rebellion*, or in any special treatises on gunshot wounds and the museum catalogues which I was able to consult.

In anticipation of a possible expression of opinion to the effect that there is no inherent improbability of a fracture of the skull from an injury such as is recorded here, being unaccompanied by any evidences of injury to the scalp, I must state that the experimental investigation on the production of fractures of this nature was undertaken under conditions where the medical evidence at a previous autopsy had led to the presumption that my fracture of the skull had been produced after death by a separate act of violence independent of the gunshot, and that it was necessary to produce objective evidence sufficiently convincing to change the views of a coroner's jury.

The medical evidence given at the first autopsy had led to the presumption that the fracture of the skull was due to a separate act of violence inflicted through blows from a blunt, smooth instrument, but my own examination convinced me that the gunshot wound was capable of having produced all the fractures found in the skull.

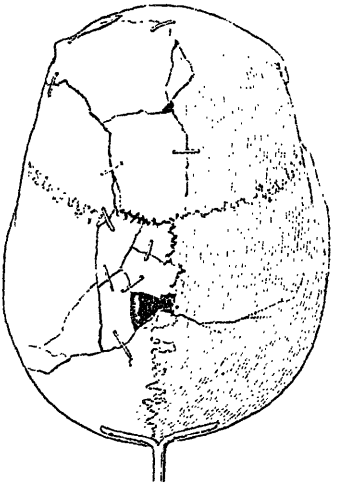
Finding that there are no existing records of autopsies on injuries of this description, I obtained permission from the Attorney-General for the Province of Quebec to make some experiments in order to determine this point. In making these I received valuable assistance from Mr. Bailly.

The following details were observed in my experiments: I employed the gun used by the deceased, using a charge of powder slightly less than 2 drs. to correspond with the amount contained in the measuring cup of the powder flask found on his body: the charge of shot used was three-quarters of an ounce, as this amount corresponded with the amount found within the within the skull.

It will be remembered that the whole effects of the charge were concentrated within an area of an inch and three-quarters,

as this was the size of the wound of the face. To prevent the shot from scattering more widely than this, it was found, by shooting at a plank at various distances, that the distance must not exceed three feet.

Having procured a suitable anatomical subject, and taking a somewhat smaller charge of powder corresponding with the thinner skull of my subject, a charge was fired at a range of two and a half feet into the left orbit, imitating as nearly as possible the direction of the wound in the case of Clay. A fracture of the skull (shown in Fig. 2) was produced, which was practically identical with that found in Clay's skull, and the scalp was also found to be practically uninjured, not being perforated by the shot.



(Fig. 2.)

Setting aside the fact that the fracture of the experiment happens to be somewhat more severe than that in Clay's case, as might naturally be expected in dealing with a much thinner skull, there is a wonderfully close resemblance in what I may term the quality of the injury in both cases. Of the eight lines of fracture described above in Clay's skull, no less than seven found their counterparts in the fracture experimentally produced.

A still more striking proof of the close relation between the experimental fracture and that of Clay's skull is that in both there was extensive separation of the coronal and sagittal sutures. In fractures of the skull from the effects of blows or falls on the head, this separation of the sutures appears to be most unusual, if it ever occurs at all.

In the museum of McGill Medical College, amongst numerous specimens of fracture of the skull there is only one which presents this special feature, and this is a case of gunshot wound. The reason of this seems evident when the arched form of the cranial roof is taken into account, as external pressure or violence would tend to press the sutures more closely together, whereas pressure or shock from within would tend to separate them.

That the charge did not penetrate the skullcap and scalp and produce a wound of exit is apparently due partly to the thickness of the skull and partly to the elastic resistance afforded by the extremely thick scalp. In this connection the scattered position of the shot over an area of eight square inches, as indicated by the lead-marks on the inner table, must also be taken into account. The distance of the muzzle of the gun from the head also modifies the effect of the shot, and an increase of the distance lessens the tendency to perforation. Thus I found in another experiment, that with the same charge fired at a distance of one foot only, the shot passed quite through skullcap and scalp and buried themselves deeply in a plank placed behind. That the fracture was in any measure caused by the expansion of gas due to the explosion of the powder does not seem probable. In a third experiment we placed the muzzle of the gun directly against the left eye of a subject with a very thick skull, and with the same charge of powder as in the last-named experiment the whole of the top of the head was completely blown off and the brain entirely disintegrated. In view of the fact that at the intermediate range of one foot a circumscribed perforating lesion was produced without any general, diffuse explosive effect, it is improbable that the explosive force of the shot fired at two and a half feet was the immediate cause of the fracture in Clay's skull.

Another point worthy of consideration in this case is, that the fractures did not run along the base either in the original case or in the experimental fractures. Now it is well known that the most delicate test of violence acting on the cranium from without is the production of a fracture at the base, the force being concentrated there by means of what we are in the habit of calling *contre coup*. Fractures at the base uniformly occur as the result of a blow on the vertex too weak to fracture the bones of the cranial vault, and I have never examined a case of extensive fracture of the skull from external violence without having found likewise fracture of the base.

In addition to the direct and indirect evidence in favour of the violence acting from within rather than from without in the case of Clay, I cannot conceive how such extensive injury of the bones could have been brought about by external violence without leaving traces of injury to the scalp.

The assumption that two separate acts of violence were needed to produce the injuries found in Clay's body seems unnecessary.

As already stated, my reason for reporting the case at such length was the absence of records of similar cases from medical literature. The opinion given at the first autopsy that two separate modes of injury had occurred, though to my mind quite erroneous and "far-fetched," could best be controverted by experimental evidence.

Anyone trusting to the information given in textbooks would be completely at fault to find any precedent for assuming that the gunshot had produced all the injuries.

I may also correct a misleading statement current in medico-legal textbooks to the effect that fractures and lacerations unattended by hemorrhage have necessarily been produced post-mortem. It was shown by Arnold Paltauf of Vienna, now three years ago (*Wiener klin. Wochenschr.*, No. 37, 1889), that extensive fractures of the skull, ribs and other bones, and even rupture of the liver, may be unaccompanied by any hemorrhage even when the patients live for several hours after the injury.

provided that the general blood-pressure is lowered to nearly *nil* by either a profound condition of collapse from shock or a copious hemorrhage from other parts. Blood cannot be extravasated into the tissues unless the intra-vascular pressure at the point of rupture exceed the resistance offered by the tissues.

I would point out in conclusion that my results, while correcting and explaining in some respects those of the colleague who performed the first autopsy, also established the accuracy of his statement that the case was one of accidental death.

My thanks are especially due to Dr. F. J. Shepherd for having furnished me with anatomical material and facilities for the experiments, without which a successful result could not well have been obtained in the short interval afforded by the adjournment of an inquest.

Correspondence.

OUR LONDON LETTER.

To the Editors of THE MONTREAL MEDICAL JOURNAL.

DEAR EDITOR,—After completing their college course many Canadians go abroad to gain further knowledge in the science of medicine and surgery before settling down to their life-work in the practice of their professsion.

Very few of those who thus go abroad have definite intentions of what they propose to do, and hence, in nearly every instance, three months or so elapse before any real work is accomplished.

It is in hope that valuable time may be saved to those, who for the first time intend to visit England, that the present article is written.

The time spent abroad by Canadian graduates varies from a period of six months to two or three years, and the question naturally arises how that time may be most profitably employed. The following classification may be made:

1. Those who intend to remain less than one year.
2. Those who remain a year or more.

For those who intend to remain less than a year it is generally conceded that the time may be occupied much better in

doing hospital work and in learning more of special subjects than is taught in the ordinary medical course.

Thus a good deal of valuable information may be obtained from attendance at special hospitals for children, women, diseases of the eye, throat, skin, genito-urinary and nervous diseases. During this time the General Hospital need not be neglected.

For those who are to remain a year or more, it is, perhaps, advisable to obtain a British qualification.

The possession of such proves that the man has a good general knowledge of medicine and surgery, and gives him a certain standing with his medical brethren.

It has also its effect on the general public, who look on him as a man who has travelled, and hence supposed to have a certain amount of experience and liberal-mindedness which travel alone brings, while his qualification may be termed the "Hall mark" of his medical education.

And, finally, it provides a fixed aim for a young man in a large city, which aim apparently seems essential to a certain few.

Two degrees are generally striven for:

1. The triple qualification of Edinburgh.
2. The double qualification of London.

The latter is decidedly the better; while the former may be obtained in less time, and is less expensive, it is not as significant of thorough knowledge or held as high in public estimation.

The following comparison may be made of the two degrees:

The requirements for the Edinburgh degree are essentially the same as for the M.R.C.S., L.R.C.P. (London).

A final examination in medicine, surgery and midwifery is only required for the Edinburgh qualification, while for the English a primary examination (in anatomy and physiology) is required in addition to the final.

The hospital facilities in London are much superior to those of Edinburgh.

The fees for the triple qualification (Edinburgh) are twenty-five guineas, twenty of which are returned if unsuccessful; for the English qualification, thirty-five guineas, none of which are returned.

To remain a year in London, obtain the qualification, all expenses would be covered by $800 to $1,000. In Edinburgh less.

Requirements for the English qualification: Candidates who commenced their professional studies on or before October 1, 1884, may go up for the M.R.C.S. or L.R.C.P. alone. Those who commenced their studies after that time must take the double qualification M.R.C.S. and L.R.C.P. (Lond.)

Besides being certified for four winter sessions and one summer session, as in Canadian colleges they must have additional certificates for—(*a*) One other summer session. (*b*) Fifteen months medical and surgical practice (a certificate of being a pupil to a registered practical practitioner for the above period will be sufficient.)

These periods bring the time engaged in professional studies to 45 months, the length of time required by the Conjoint Board.

(*c*) Attendance on not less than twenty cases of midwifery.

(*d*) Having been a clinical clerk in medicine for the period of six months.

(*e*) Having been a clincial clerk in surgery for the period of six months.

(*f*) Having performed operations upon the dead subject to the satisfaction of their teacher.

(*g*) Vaccination. (This must be obtained in England. This can be easily done. Fee, one guinea.)

They shall require to make an affidavit of being twenty-one years of age.

The examinations for the double qualification are three in number, and are held every three months, *i.e.* January, April, etc.

The first examination is granted to colonial graduates, but the fee, ten guineas, must be paid.

The second examination consists of anatomy and physiology. Fee, 10 guineas. These subjects may be passed separately, but both must be passed before the candidate may write on the third or final examination.

If referred (see note) he must pay three guineas for re-examination in each subject failed.

"Referred" is a term used to denote that the candidate has been unsuccessful, and that he has been ordered to resume his studies in the subject failed for a certain period (generally three months.) He must also obtain certificates of attendance on the subject for that time.

The final examination consists of surgery, medicine and midwifery. Fee, 15 guineas. The subjects may be taken separately and passed separately.

If referred he must pay five guineas for re-examination in surgery and medicine ; midwifery, three guineas.

The subjects for the second examination—anatomy and physiology—are generally taken up the first three months, and may be most conveniently studied at Cook's School of Anatomy and Physiology, 40 Brunswick Square, W. C.

The anatomical dissections in the museum of the Royal College of Surgeons should also be carefully gone over.

The examination on each subject consists of a written paper of six questions and a viva voce or oral examination twenty minutes in duration.

The following questions have been asked. Three questions shall only be given.

In anatomy :—

1. Describe upper half of ulna, including attachments of muscles and ligaments to it.

2. Course and relations of inferior vena cava. Enumerate its tributaries.

3. Describe the third ventricle of the brain.

In the viva voce the condidate is examined on dissections and on the bones.

In physiology :—

1. Describe the process of respiration—first, in the lungs; second, in the tissues.

2. What is the composition of bile ? The quantity daily secreted ? What becomes of its various constituents when discharged into the duodenum ?

3. Explain what you understand by a reflex action, giving three examples, stating in each case the nerves concerned.

In the viva voce histological specimens are given, and questions arising from such are asked.

The final examination consists in surgery, medicine and midwifery.

Surgery may be taken next; and, as the examination is a very comprehensive one, three months should be set apart for its preparation.

In preparing his clinical work the candidate is earnestly

warned against running from one hospital to another. Choose one general hospital and stick to it. Live beside it if you can.

The general hospitals which offer most advantages to colonial graduates are London, Middlesex and University College Hospitals. In the hospitals, classes are held every three months for those going up for examination, which one may take advantage of.

Surgical pathology can be studied in the museum of the Royal College of Surgeons.

The examination in surgery consists in a written paper of six questions, a clinical examination of twenty minutes, a viva voce on surgical anatomy, bandaging and instruments, of twenty minutes and a viva voce in surgical pathology twenty minutes.

On the paper the following questions have been given:

1. Give the relations of the tonsil; its arterial and nerve supply. State circumstances under which hemorrhage may occur, and give various means of treating it, stating that which you would adopt.

2 Describe the immediate and secondary effects, which may follow a punctured wound of the knee-joint with appropriate treatment.

3. Describe a case of acute glaucoma, and give its pathology and treatment.

In the clinical examination one may get cases of unreduced dislocation of the elbow joint, synovial cyst in the popliteal space, tubercular testicle, recurrent cancer of mamma (in the male), interstitial keratitis, etc.

In the surgical anatomy one may be asked to mark out superficial nerve supply of buttock, incision for ligature of brachial artery. Mark out the kidney. Splints and instruments are given one to name and describe.

The viva voce in surgical pathology consists in questions arising from specimens from the museum of the Royal College of Surgeons. Different tumours, necrosis of tibia, fracture of base of skull, atheroma of aorta, stricture of the urethra, may be among the specimens shown.

The examination in medicine consists in a written paper of six questions, a clinical examination of twenty minutes and a viva voce of twenty minutes in pathology.

The following questions have been asked on the paper:

1. Causes, symptoms and physical signs of empyæma.

2. Symptoms, diagnosis and medical treatment in the case of superficial tumor of the brain, involving the right Rolandic region of the cortex.

3. Describe the morbid anatomy of cirrhosis of the liver, its causes, symptoms and effects.

In the clinical examination cases with presystolic murmur, enlarged spleen, disseminated sclerosis, phthisis, progressive muscular atrophy and dilated stomach have been shown.

In the viva voce the candidate is requested to test various specimens of urine. Microscopic specimens are given him, and also gross pathological specimens as melanotic sarcoma, liver, typhoid and tubercular intestines and aneurysm of aorta.

In midwifery, comprising gynæcology, there are two examinations—a written paper of six questions and a viva voce of twenty minutes.

The following questions have been set in the paper:

1. Describe the normal mechanism of delivery of the after-coming head, the chin being forward and to the right. From what causes may there be difficulty in delivery of the after-coming head, and how would you treat each kind of difficulty?

2. Enumerate the causes of post-partum hemorrhage. Give differential diagnosis and describe and explain the treatment you would adopt.

3. Give the differential diagnosis between the gravid uterus of the seventh month and ovarian tumor, ascites and a fibroid of the same size.

In the viva voce pathological specimens and instruments are shown. You may be asked to apply the forceps, to deliver the after-coming head, using fœtal skull and pelvis.

Taking the examinations as a whole, it is more searching, comprehensive and practical than those of the Canadian colleges.

When the examinations are over and the degree obtained, one may take up special work in the many special hospitals, or go on the continent for special work.

Certain positions, as assistant to medical men in the country, may be obtained, or as surgeon to one of the various steamship lines.

In conclusion, the question of a degree ought to rest on the time to be spent abroad. If one has plenty of time at his disposal he will never regret that portion spent in obtaining his British qualification.

Yours truly,

J. C. CLEMESHA.

OUR PARIS LETTER.

The Skin Department at the St. Louis Hospital.

To the Editors of The Montreal Medical Journal.

Dear Editors,—A few words about this hospital—which is one of the oldest, as well as at the present time, one of the largest and most important centres for skin disease—may be of interest.

The hospital buildings are extensive, covering a large area of ground, and are arranged in the form of a quadrangle, with numerous detached buildings forming a second and larger square, the whole being enclosed by a stone wall. They have, for the most part, a venerable and time-stained look, indicating their antiquity, and were, indeed, erected more than a century ago, long before the advent of modern ideas on the subjects of hygiene and ventilation. These defects are, however, being remedied, and a new and more modern building has recently been provided for the accommodation of the library, museum and out-patient department.

The hospital contains upwards of 1,200 beds, and of these more than 700 are devoted exclusively to skin affections. In the out-patient department between 300 and 400 attend daily.

The hospital staff is divided into six more or less independent sections, each having its own wards, its own rooms and laboratories for pathological investigation, for clinical demonstrations, etc., and each presided over by one of the attending physicians, who is amply and ably assisted by some four or five qualified men attached to his department. Each section has, too, one morning in the week for seeing out-patients. Here, in the out-patient department, where so many have to be seen in a limited time, but little opportunity is afforded for the investigation of individual cases. No histories are taken, and in many cases no definite diagnosis made.

Indeed, little more is here attempted than a preliminary sorting out of the patients. As many of the more urgent or interesting cases, as there is room for, are admitted, others are told to return to the wards and laboratories on special days for further investigation and treatment, and the remainder are prescribed for rapidly, a free use being made of bath tickets, of which more anon. During the rest of the week the work of the section consists largely of working up the material thus collected, in addition, of course, to the continued care of the patients already in its wards. The bath-house is one of the features of the St. Louis Hospital, and was, indeed, one of the first institutions of the kind established on a large scale. Here provision is made for medicated baths of all kinds—starch, sulphur, alkaline, hot air, mercurial, etc.,—and, as already mentioned, a very free use is made of them in treating the patients not admitted to the hospital. Over 500 baths are here given daily. Patients are received two or three times a day, at prescribed hours, and are at once distributed into the several departments, according to the colors of their tickets, which indicate the treatment ordered. Simple starch and alkaline baths are those ordered in most cases; a large number, too, are always sent to the rooms in which the so-called "rapid cure" for scabies is carried out. This treatment has been in use now at the St. Louis (where, indeed, it may be said to have been invented) for many years, and seems to be as efficient and satisfactory as can be expected under the circumstances. The process is as follows: The patients strip and are directed to rub themselves thoroughly for ten minutes with "Savon noir," a semi-soft potash soap, with which they are provided in ample quantity. They next spend forty minutes in a warm bath, where the soap is allowed to dissolve without friction. After this they are rubbed from head to foot with an ointment containing sulphur and mercury, which is to be allowed to remain on, under the clothes, for 24 hours. Next day they return for a warm bath, and at the same time have their clothes disinfected. Upwards of fifty patients undergo this treatment daily, and, as might be expected, tender skins sometimes suffer somewhat severely, and secondary eruptions are not uncommon. When scabies is so common as in Paris, however, some such treatment on a large scale is absolutely required.

Another feature of the St. Louis Hospital is its museum. This contains an unrivalled collection of wax models, representing in a very life-like manner some of the many specially interesting cases which have been here studied and treated. Of these there are at present about 2,000 specimens, arranged and catalogued, and this number is being added to from time to time. Some of those recently executed by Mr. Barretta reproduce with marvellous accuracy the pathological conditions which they represent, and, as may be easily imagined, they afford immense assistance to both teacher and taught.

But little space remains. It is not possible to speak at length of the many specialists who have been, and are, associated with the St. Louis Hospital, and whose investigations have been for the most part carried out within its walls; but no account, however brief, of this centre of dermatological work can be concluded without at least mentioning the names of such men as Ricord, Hardy and Fournier, of Vidal, Hallopeon, Besnier and Brocq, who have so largely contributed to its reputation and helped to make it what it is.

Yours truly,

RANKIN DAWSON.

Reviews and Notices of Books.

The Diseases of the Stomach. By Dr. C. A. Ewald, Extraordinary Professor of Medicine at the University of Berlin, Director of the Augusta Hospital. Authorized Translation from the second German edition, with special additions by the author. By Morris Maryes, A.M, M D., Attending Physician to Outdoor Department, Mount Sinai Hospital, New York City. With thirty illustrations. New York: D. Appleton & Co. 1892.

Ewald's work on the Diseases of the Stomach has been received in Germany with great favour. It is the standard work in this department of medicine. It is founded on an extensive and accurate experience in the practical management of diseases of the stomach. Its appearance in English is timely, for up to the present there is no work relating to this subject that represents the recent advances made in gastric pathology and therapeutics. Full descriptions are given of the more recent methods for determining the factor at fault in the various functional affections of the stomach. The English translation is practically the same as the third German edition, the author having added to the translation of the second edition. The translator's work has been well and carefully performed.

A Manual of Medical Jurisprudence. By Alfred Swaine Taylor, M.D. Revised and edited by Thomas Stevenson, M.D. Eleventh American from the twelfth English edition, edited by Clark Bell, Esq. Philadelphia: Lea Brothers & Co. 1892.

Taylor's Jurisprudence has long been the standard text-book on this subject. Much new matter has been added by Dr. Stevenson in the twelfth English edition, and Mr. Clark Bell has thoroughly revised all prior English and American editions. He cites nearly 700 cases and authorities to aid counsel in preparing briefs and medical experts in understanding the present state of the law in the various States of the Union. In its present

form it is almost encyclopædic in character, and will be valuable for reference not only from the medical but also from the legal standpoint. Mr. Clark Bell has been long known as an active member of the Medico-Legal Society of New York, has been its president, has edited several valuable series of medico-legal papers, and has been elected President of the American International Medico-Legal Congress of 1893. He is in every way qualified for his work, and has edited his present work in a manner creditable to himself and his profession.

Accidents and Emergencies. A Manual of the Treatment of Surgical and Medical Emergencies in the Absence of a Physician. By CHARLES W. DULLES, M.D., Fellow of the College of Physicians of Philadelphia and of the Academy of Surgery; Physician to the Rush Hospital, etc. Fourth edition; thoroughly revised and enlarged, with new illustrations. Philadelphia: P. Blakiston, Son & Co. 1892.

This manual is written to give instruction for the treatment of the ordinary emergencies which may arise from accident or illness. It is not at all elaborate in its directions, but is as concise as is compatible with clearness. It is a popular book, written for the public, not the medical profession. In the directions for strapping fractures of the ribs, the strapping should not be stopped at the middle line, but be carried a couple of inches past. Again, albumen is a more reliable antidote for corrosive sublimate than tannin, and therefore should have first place. The book is well printed and the illustrations clear, and it admirably accomplishes the purpose for which it is written.

Memoranda on Poisons. By THOMAS HAWKES TANNER, M.D., F.L.S. Seventh American edition from the last London edition. Revised by JOHN J. REESE, M.D., late Professor of Medical Jurisprudence in the University of Pennsylvania. Philadelphia: P. Blakiston, Son & Co.

This is a handy little manual on a very important subject. There are some slight changes in the text from the last edition so as to bring the work up to date. It is a book for use in

every-day practice, and can be recommended to the busy medical man as giving the necessary information in a clear and concise manner.

Practice of Medicine. By EDWIN T. DOUBLEDAY, M.D., Member of N. Y. Pathological Society, and J. D. NAGEL, M.D., Member of N. Y. County Medical Association. Students' Quiz Series, No. 6.

Gynæcology. By G. W. BRATENAHL, M.D., Assistant in Gynæcology, Vanderbilt Clinic, New York, and SINCLAIR TOUSEY, M.D., Assistant Surgeon, Out-Patient Department, Roosevelt Hospital, N. Y. Students' Quiz Series, No. 12.

Anatomy (Double Number). By FRED. T. BROCKWAY, M.D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, New York, and A. O'Malley, M.D., Instructor in Surgery, New York Polyclinic. Being Vol. I. of the Students' Quiz Series, edited by BERN B. GALLAUDET, M.D , Demonstrator of Anatomy, College of Physicians and Surgeons. New York ; Visiting Surgeon, Bellevue Hospital, New York. Pocket size 12mo., 367 pages, 15 illustrations.

The Students' Quiz Series. Edited by BERN B. GALLAUDET, M.D., Demonstrator of Surgery, College of Physicians and Surgeons, New York. Vol. XIII. Diseases of Children, by C. A. Rhodes, M.D., Instructor in Diseases of Children, New York Post-Graduate Medical School. Pocket size, 12mo., 170 pages. Philadelphia: Lea Bros. & Co. 1892.

These form four more numbers of the series which we recently noticed in our columns. They are fully up to the high standard of the others, and are, like them, in the form of question and answer, which form is so popular at the present time.

The Physician's Visiting List for 1893. (Lindsay and Blakiston's.) Forty-second year of publication. Philadelphia : P. Blakiston, Son & Co.

This well-known Visiting List requires little recommendation.

Its popularity for so many years is the best proof of its excellence. As usual it contains the hints for emergencies, table for calculating the period of utero-gestation, analysis of urine, and many other matters of every-day use. The dose table has been rewritten and rearranged, and there is a description of the newer remedies. It is arranged for 25, 50, 75 and 100 patients, dated or undated, interleaved for memoranda or not. It is well bound and its compactness is a great feature; and being published in so many different styles, it is suitable for all classes of practice.

The Medical News Visiting List for 1893. Philadelphia: Lea Brothers & Co.

This List has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with the most approved remedies, and a table of doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers, and the Ligation of Arteries. The classified blanks (176 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. Four styles are now published: weekly (dated, for 30 patients); monthly (undated, for 120 patients per month, and good for any year); perpetual (undated, for 30 patients weekly per year); and perpetual (undated, for 60 patients weekly per year). This last style consists of 256 pages of assorted record blanks, without text. The Medical News Visiting List adapts itself to any system of keeping professional accounts. Each style is in one volume, bound in handsome red leather, with pocket, pencil, rubber, and catheter-scale, price $1.25. When desired, a Ready-Reference Thumb-letter Index is furnished, which is peculiar to this Visiting List, and will save many-fold its small cost (25 cents) in the economy of time effected during a year. In short, every need of the physician seems to have been anticipated in the Medical News Visiting List.

Society Proceedings.

ANNUAL MEETING OF THE MONTREAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The annual meeting of the Montreal Branch of the British Medical Association was held in the Medico-Chirurgical Society Rooms, on Wednesday, the 7th December, 1892, for the election of officers for 1893, and the transaction of routine business.

The following officers were elected :

President—Dr. Hingston (re-elected).
Vice-President—Dr. Roddick.
Hon. Secretary—Dr. J. C. Cameron (re-elected).
Hon. Treasurer—Dr. James Perrigo (re-elected).
Council—Drs. Girdwood, James Bell, and Proudfoot.

It was decided that applications for membership would be received from practitioners in good standing residing in other parts of Canada not under the jurisdiction of other Branches of the Association.

It was also decided that regular meetings be held on the first Wednesday of February, May, October and December for the election of members, reading of papers, etc.

The PRESIDENT (Dr. Hingston) gave a short account of the annual meeting held this year at Nottingham, where he delivered the address on Surgery. He spoke of the great kindness and hospitality shown him, and the interest taken by the officers and members of the Association in the success of the Colonial Branches.

After the election of several new members, the meeting adjourned.

[The annual subscription is $5.50, payable in January of each year, which, among other things, entitles the member to receive the British Medical Journal for the year. Applications for membership should be addressed to the Hon. Secretary, Dr. J. C. Cameron, 941 Dorchester street, Montreal.]

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, October 28th, 1892.

J. B. McCONNELL, M.D., IN THE CHAIR.

Dr. W. S. Morrow and Dr. A. E. Orr were elected members.

The resignation of Dr. J. B. A. Lamarche was accepted.

Interscapulo-Thoracic Amputation. — DR. SHEPHERD exhibited a patient from whom he had removed the upper extremity, performing an interscapulo-thoracic amputation. The patient was now in perfect health. This case had already been reported to the Society. The patient was discharged from hospital well in three weeks.

Inguinal Colotomy.—DR. SHEPHERD reported a case of inguinal colotomy where Maydl's operation had been performed for old and extensive syphilitic stricture of the rectum. The patient, a woman aged 35, had suffered for years from a gradually increasing stricture of the lower bowel, which had from time to time been treated by incision and the passage of bougies. So this summer, coming again under his care at the Montreal General Hospital, he advised inguinal colotomy, which was consented to. The operation, a modification of Maydl's, was performed without difficulty. An incision was made in the left inguinal region, internal to anterior-superior spine of ilium, about two inches long, the peritoneum opened and the sigmoid flexure sought for. This was easily found, the bowel pulled out, and a glass rod pushed through the mesentery or rather meso-colon. No sutures were used, the bowel being left *in situ* covered with dry dressings. At the end of four days the bowel was opened transversely with the thermo-cautery, and at the end of ten days the whole thickness of the bowel was burnt through with the thermo-cautery and the glass rod lifted out, leaving a double-barrelled opening composed of the cut ends of the bowel. After a time the ends of the bowel retracted and a satisfactory false anus resulted. The first operation took about three minutes, the subsequent ones were performed without ether and were nearly painless. The operation is such a simple one that the merest tyro could successfully perform it if only he makes the

operation strictly aseptic. The patient is at present in good health, and quite satisfied with the relief afforded by the operation. It was not strictly a Maydl's operation, as that surgeon uses sutures; rather it was Réclus' modification of Maydl's operation.

Dermatitis Exfoliativa.—Dr. Shepherd exhibited a case of dermatitis exfoliativa in a man aged 55. The eruption was very typical, and commenced first as an eczema of the legs some thirty years ago. It now involves the whole body, the back looking like the bark of an old birch tree. Dr. Shepherd stated that at one time this affection, which is sometimes called *Pityriasis Ruber* was thought to be a fatal affection, but recently opinion has changed, many cases living to old age. The patient shown was seen to be a man in perfect health; only within the last few months has the disease invaded the whole surface of the body. Dr. Shepherd said that he had at present under his care at the General Hospital another case of the same disease, but in the acute stage, the patient not being in a fit condition to be brought out. His temperature ranged from 99° to 101°, and the whole surface of the skin was intensely red and covered with raised papery flakes of desquamating skin, several quarts of scales being at times taken from his bed. In this case the nails came off and the skin of hands and feet was shed in one piece. The patients were treated with a lotion of calamine, oil and lime-water, which gave great relief.

Dr. Foley thought that the treatment suggested by Stephen Mackenzie was the best in such cases. During the acute stage an application of glycerole of lead ℥i, glycerine ℥i, water Oi, should be used; the patient should sleep between blankets. When convalescent a diuretic should be administered with or without quinine, to be followed by hypodermics of pilocarpine and vapour baths.

Dr. Lafleur asked if the case had begun with a scarlatinaform rash. He had seen a case in Baltimore which began with a severe rash. She had had scarlatina in childhood, and the late appearances were the same as, though less marked than, in this case.

DR. SHEPHERD had not seen the case in the early stage. He cited a case of a boy who had five attacks, consisting of rigors, fever and rash, and had been treated for scarlatina, but it was no doubt this disease. Quinine will sometimes cause the same condition, as in the case he had reported last year.

Fracture of Tibia in a Partridge.—DR. SHEPHERD showed for Dr. Clarke, of Tatamagouche, N.B., the limb of a partridge in which the tibia had been broken and over an inch of new bone formed and united the broken ends. A piece of the original tibia, over an inch long, was coming away as a sequestrum.

Pelvic Dermoid Cyst Removed from a Woman Six Months Pregnant.—DR. WM. GARDNER exhibited the specimen and related the following history: Patient is married fourteen years; has had three full-term children, the last seven years ago. In December, 1890, the tumour was diagnosed and operation advised. Menses absent since April 2nd, 1892. Six weeks ago, when already pregnant to four or four and a half months, had a severe attack of pelvic pain, requiring full doses of morphia. When examined, it was discovered that the tumour was adherent to the floor of the pelvis. Operation was done on October 1st. The tumour was of the left ovary, and being successfully shelled out from its bed of adhesions in the floor of the pelvis, was then easily brought to the level of the abdominal incision and tied off, catgut ligature being used. The size of the tumour was that of a medium orange. It was filled with sebaceous matter and hair, and also contained one tooth. The cyst-wall contained some leathery blood-clot. The recovery was smooth and without any interference with the course of pregnancy. The nature of the tumour and the fact that it was adherent in the pelvis rendered its removal an absolute necessity to save the patient from very great danger from the passage of the child during labour.

DR. BULLER, the retiring President, then read the following address:—

Gentlemen,—When you conferred upon me the honour of the chairmanship of this Society for the past year, I was well aware that the position was one that would be difficult to fill with credit to myself or to your entire satisfaction, coming, as you decreed

I should, immediately after such an illustrious leader in the profession as you will all acknowledge my predecessor was and still continues to be. Nevertheless, I believe I may say, without fear of contradiction, that the devotion of this Society, individually and collectively, to the cause in which and for which it labours enables me to chronicle one of the most successful, and in some respects perhaps the *most* successful year since its organization. This is as should be, for there is no such thing as standing still in the profession to which we belong; none of us can afford to sit down and rest upon laurels won or reputations established without imminent peril of losing the prize for which we have striven. As it is with each individual, so it is collectively—we must choose between progress and retrogression.

I congratulate the Society that the past year has been one of progress, as shown by the records I shall now present. We have added a goodly number to our list of membership. The average attendance has been a little larger than during any previous year—29.8, or .6 more than last year—and the character of the work done has not been surpassed by that which has been accomplished under any of my predecessors.

I have arranged the contributions of each member, as far as possible, separately, and although this may make dry reading, it forms a sort of ready reference to the work done by the Society, and this, I take it, is the object of a resumé of our annual proceedings. If this lends an undue prominence to certain names, it is because those who bear them have done good work and are well worthy of recognition. As for those who have done little, it may be the means of stimulating them to greater efforts. But, after all, the non-workers are deserving of much credit for regular and faithful attendance. It is nobler, perhaps, to do good silently than with a flourish of trumpets.

The work of the Society has, as usual, been characterized by great interest in pathology, as evidenced by the large number of pathological specimens exhibited. Several of the younger members of the Society have shown a laudable enterprise in this direction. It is to be hoped their example will be followed, in the future, by increasing numbers of the junior members of our

Society. Our heartiest thanks are due several members of the Society who have come long distances to be present at our meetings. These non-resident members of the Society have favoured us with quite a number of valuable papers and reports of cases.

The living cases exhibited have been unusually numerous and highly instructive. A glance at the list of papers and written communications will give a better idea of the merit of this work than any words I could employ in eulogizing the writers or that which they have written.

To Dr. Shepherd we are indebted for a long list of dissecting-room specimens as rare as they are interesting and instructive.

The work of the Society has not been confined this year to the limits of its own meetings. A great and unusual interest has been shown in matters affecting the public welfare, and I cherish the belief that the prestige of our Society has been materially augmented by publicly advocating such measures as may lead to improvement in the sanitary condition of the city, the more efficient administration of justice in all cases of a medico-legal character and in the prevention of epidemic diseases which threaten our country from without.

In a Society so large as ours has become, we must expect every year to have one sad duty to perform—viz., to deplore the departure of some to the great unknown. In the past year I am thankful to say the hand of the destroyer has been graciously withheld, save in one instance. We mourn the loss of Dr. J. J. Dugdale, whom most of us have known for many years as a quiet, unassuming, painstaking, conscientious and honourable practitioner. He lived to do good, and will doubtless receive the reward of true merit.

To facilitate the working of the Society, it was deemed advisable to revise the constitution and by-laws. This has been duly accomplished after thorough discussion and consideration of each and every clause therein contained.

I desire to express my high appreciation of the work done by our indefatigable secretary, Dr. Kenneth Cameron. It is through his untiring zeal and energy that materials have been supplied

to sustain that general interest in our proceedings which is essential to the success of every medical association.

The subjoined synopsis of our proceedings for the past year is the briefest possible record of the work done by each individual member.

It remains, gentlemen, for me to thank you all for the kindness and courtesy I have on all occasions met with from every member of this Society, and more especially from those with whom I have been officially associated in the meetings of our council, for with such a council the office of president has been a pleasure, without their advice and association it would have been a difficult and laborious task.

Pathological Specimens.

Dr. Bell—

A pedunculated tumour and a small calculus removed from the bladder of a man aged 68.

Vesical Calculus.

Photograph of a warty growth around the anus of a young man.

A branched renal calculus removed from a man of 36.

A double multilocular cyst of ovary which had ruptured and caused fatal peritonitis.

A small renal and several small vesical calculi.

Sarcoma of femur, with history of the case.

Dr. Shepherd—

Vesical Calculus.

A kidney recently removed ; ditto, a branched calculus.

A kidney which he had removed, the case having terminated fatally from hemorrhage eleven days after operation.

A femoral vein in which a fragment of a fog signal had been imbedded.

Drs. Bell and Mills exhibited photographs of lepers from Honolulu and from British Columbia.

Dr. Alloway—

A specimen of vulvo-vaginal cyst.

Hæmatoma of Fallopian tubes and ovaries.

Carcinoma of ovary removed by him; with some interesting remarks on the relief of collapse following the operation by injecting warm salt water into the abdominal cavity.

Dr. Hingston—

Two lower maxillæ removed for cancer.

An astragalus enucleated by an accident.

Dr. A. E. McGannon of Brockville—

A rare specimen of ovarian tumour in which both bone and cartilage structure were found.

Dr. Lockhart—

A pedunculated fibroid removed from left labium minor.

Dr. George Brown—

A specimen of intussusception from a boy, aged 10, who died of obstruction of the bowels.

Dr. Finley—

A specimen of plasmodium malariæ and one of double hydrosalpinx.

A fibroid heart.

Perforated intestine from typhoid fever patient.

Abscess of the brain; clinical history by Dr. Hutchinson.

Several specimens of miliary tuberculosis; clinical history by Dr. Wilkins.

The heart of a man who had died of angina pectoris; clinical history by Dr. Ross.

Aneurism of the descending aorta; clinical history by Dr. Hamilton.

Specimen from a case of general miliary tuberculosis.

Enchondroma of humerus which, together with the scapula, had been removed by Dr. Shepherd.

Drs. Finley and Armstrong—

A hand removed for epithelial cancer.

Dr. William Gardner.

Two ovarian tumours.

The uterus and ovaries removed from a young woman, aged 26, in the fourth month of pregnancy, complicated with cancer of the cervix uteri.

A small ovarian tumour filled with papillomata.

A large uterine myoma removed by total extirpation.

A uterus removed for cancer by the vaginal method.

Dr. Lafleur—

Two specimens of Perforation of typhoid ulcer.

Hypertrophic cirrhosis of liver.

Atrophic cirrhosis of liver.

Myocarditis; clinical history by Dr. Stewart.

Enchondroma of Ilium.

The heart and other organs of a case that had died of mitral stenosis; clinical history was related by Dr. James Stewart.

Sarcoma of testicle.

Tonsils and glands of a case of lymphatic leukæmia; clinical history of case by Dr. Schmidt.

A specimen of malignant endocarditis.

Thrombotic softening of the pons varolii.

Echinococcus cyst of liver.

Cæcum and appendix of a patient who had died of acute suppurative appendicitis.

General tuberculosis in a child seven months old.

Microscopic specimens of cancer of the ovary and peritoneum; clinical history by Dr. Finley.

A retro-pharyngeal tumour; clinical history by Dr. Bell.

Multilocular cyst of ovary (Dr. Bell's case).

Dr. A. Lapthorn Smith—

Ovarian cyst with chronic salpingitis, with report of case.

Cancer of the liver, from a patient whose breast he had removed last summer.

A breast recently removed for cancer, with microscopic sections of the latter.

A polypus of the uterus.

Dr. Smith also showed a new portable laparotomy table designed by himself.

Dr. T. F. Robertson of Brockville—

Fibromatous uterus, with detailed history of case.

Dr. J. B. McConnell—

Sections of sarcoma of forehead, schirrus of breast, and epithelioma of rectum.

Exhibited tube cultures of the bacillus of diphtheria.

Dr. Wyatt Johnston—

Specimens of bothriocephalus latus.

Gunshot fractures of skull.

Living Cases Exhibited.

Dr. Shepherd exhibited a man with an enormous enchondroma of ilium. The same case after successful removal of the growth.

Dr. James Stewart exhibited a young man suffering from Friederich's disease in a very marked degree. He also showed a man suffering from chronic alcoholic poisoning.

Dr. James Bell exhibited a child, five years old, as an example of extensive tuberculosis amenable to surgical treatment. Also an infant on whom he had operated successfully for spina bifida.

Dr. Shepherd showed a woman upon whom he had performed resection of the intestine.

Dr. Hingston exhibited a young woman whose skull he had trephined on account of intense and persistent headache. The report of this case was unfortunately much lacking in detail.

Dr. Armstrong exhibited a man on whom he had operated for appendicitis "during the interval." This was the occasion of a long and most instructive discussion on the subject of appendicitis in all its bearings.

Dr. Bell exhibited a boy for whom he had performed excision of the wrist.

Dr. Armstrong exhibited a case upon which he had operated for contraction of the muscles of the calf of the leg.

Dr. Hingston showed a young man whom he had trephined for depressed fracture of the skull with hemiplegia of twelve years duration.

Dr. Shepherd exhibited a child perfectly recovered from a compound fracture of the skull with considerable loss of brain substance.

Papers.

Dr. A. L. Smith—On two cases of puerperal peritonitis.

Dr. Shepherd—Report of case of umbilical fistula in an infant completely cured by operation.

Dr. Armstrong—"Salpingitis," with special reference to surgical treatment.

Dr. Springle reported a case of rapidly fatal acute meningitis, a sequence of chronic suppurative otitis media.

Dr. Shepherd reported a case in which he had removed a branching calculus from the kidney.

Dr. Springle reported a case of placenta prævia centralis, in which both mother and child were saved. Also a case of nephro-lithotomy, and exhibited the stone.

Dr. Schmidt—Report of a case of Friedreich's disease.

Dr. Duquet read the report of the Medico-Psychological Society of Great Britain and Ireland on the care of the insane. This paper elicited considerable discussion.

Dr. Shepherd reported a case of profuse rash following the administration of a very small dose of quinine.

Dr. J. E. Molson read an interesting paper on the diagnosis of aneurism of the descending aorta.

Dr. McConnell—Acute yellow atrophy of liver.

Dr. A. E. McGannon—On extra-uterine fœtation.

Dr. Smith read a report on five cases of laparotomy.

Dr. James Bell—On gastro-enterostomy.

Dr. Finley—Notes of a post-mortem on a patient who had died of hemorrhage into the right ventricle. The clinical history was given by Drs. Armstrong and Hutchison.

Dr. Smith—On seven cases of dysmenorrhœa treated and cured by galvanism.

Dr. G. T. Ross—On arterio-sclerosis.

Dr. Bruere—On local motor paralysis after poisoning by charcoal vapour.

Dr. Buller—A short paper on a case of herpes zoster ophthalmicus.

Dr. Johnston—Notes on the results of a post-mortem on a man who had died from intestinal obstruction caused by an impacted gall-stone.

Dissecting-Room Specimens.

Dr. Shepherd presented two greatly atrophied stomachs obtained from two subjects that had died insane, and explained that this peculiarity is not infrequent among that class of persons. A third specimen showed an unusual diverticulum of the urinary bladder. Also

A specimen showing persistence of the right aortic root.

Calcification of the dura mater.

Double paroccipital process.

Ossa supra-sternalis.

Rheumatoid arthritis of the axis and atlas.

Meckel's diverticulum.

A fœtal puppy without mouth or eyes.

Skeleton of a double human monstrosity after the type of the Siamese twins.

A secondary astragalus.

A great toe which had been crushed off.

A fissured sternum.

Separation of lamina of fifth lumbar vertebra.

Kidneys with irregular blood supply.

Cases in Practice.

Dr. F. W. Campbell related a case in which excessive swelling of the finger necessitated removal of a ring. The operation was extremely difficult.

Dr. Hingston related the history of a case in which he had removed the spleen weighing 14 lbs.

Dr. Smith—A report on a case of ruptured extra-uterine pregnancy upon which he had operated unsuccessfully.

Dr. Wilkins described a case of malingering.

Dr. Johnston—A case of pronounced chlorosis in a man.

Selections.

Safe and Perilous Occupations.—Some one has facetiously observed that of all occupations that of the assassin is the most conducive to longevity. Certain it is that no sooner is a person known to have committed murder than all the safeguards that human ingenuity can devise are thrown around him, and everything possible is done to prolong his days on earth in comfort, ease and even luxury. If the vast sums of money, the valuable time, the brilliant talent, the profound learning, the restless energy, and the nauseating sympathy now wasted upon murderers were applied to improve the sanitary condition of our schools it would be more humane, and the result would be increased health, wisdom and morality. There were twenty-nine homicides recorded in this city last year, and the number not recorded probably reached up into the hundreds, for there are many here who live by taking human life, and advertise their bloody trade openly in the newspapers; yet we feel sure that it would be a profitable business venture for any insurance company to issue policies at reduced rates on the lives of this great army of assassins, from the bold and venturesome highwayman to the sneaking and cowardly abortionist.

Among the learned professions, that of pointing the way to heaven keeps its votaries longest on earth, while those who engage in holding others back or smoothing their path, if go they must, glide swiftly on themselves and soon lose their feeble grip on worldly things; thus, according to English statistics, the death rate among physicians, between 25 and 65 years of age, is more than twice that of clergymen of the same age, lawyers keeping about equally distant in the race for immortality between those who preach and those who practice. Of course, it is easy to see why medical men die young: irregular habits, loss of food and sleep, exposure to the extremes of weather, jolting and shaking over rough roads, inhaling microbe-laden dust or the foul air of a close carriage, the constant mental strain of weighing diagnostic symptoms and therapeutic indications with the fear of erring when human lives are at stake, and last, but not least, alas, with many of us, the worry expressly forbidden

by the Master according to St. Matthew 6 : 25-34—all these various agencies speed our journey.

Of manual toilers, those whose occupation keeps them out-doors are, with some few exceptions, the longest-lived, the exception being due to other causes, as overwork, especially muscular efforts and strains, liability to accident, and exposure to inhalation of dust and poisonous vapors. Thus, gardeners, farmers and fishermen are exceptionally long-lived, and sailors would be so but for the poor quality of food, insufficient and frequently bad water and the cramped-up, damp, dingy sleeping quarters furnished them. In these respects there has been a great improvement of late years, but much remains yet to be done. Jack's riotous living ashore and too often insufficient clothing at sea are also responsible for many of his ailments.

Carpenters and masons, whose work keeps them mostly in cities, where the air is less pure than in the country or at sea, are not as healthy as farmers or fishermen; and painters and plumbers, who are almost constantly exposed to noxious vapors and suffer more or less at all times from chronic poisoning, die comparatively young.

Tailors and shoemakers, who not only live in a foul atmosphere, but also sit all day in such a cramped position that respiration and digestion are interfered with, as well as drapers, wool and cotton workers, cutlers, file-makers and printers, are liable to phthisis.

Liquor-sellers and hotel waiters are extremely short-lived, their death-rate being respectively two and three-quarters and four times as great as that of clergymen.

Railroading and other occupations, requiring one to be more or less constantly on the road, are extra hazardous, not so much because of the accidents to which one is exposed, as because of the continued jarring, the superheated and foul air in the car and severe draughts every time a door or window is opened, and the fine dust which settles not only in the air passages, but almost completely clogs up the pores of the skin, throwing extra work on the kidneys and giving rise to the so-called "railroad kidney." For this reason, as well as for the broken sleep and irregular meals, commercial travellers are undesirable life-insurance risks.

To be a capitalist, whether busy or idle, is somewhat risky;

for, besides being a target for dynamite bomb-throwers, if busy, the physical wear and tear and the mental strain and anxiety of speculations will soon shatter both your mind and body, consigning you either to the madhouse or a premature grave, and, if idle, dissipation or *ennui* are apt to finish you early.

This being a general election year we should fail in our duty to the public if we did not remind our readers that they may also in their official capacity warn the people of the dangers to which the politician is exposed. On this subject we cannot do better than to quote an editorial in the *Medical Press and Circular*, June 22d, 1892 :

" The excitement associated with an approaching general election possesses a distinctly medical interest, as practitioners all over the country will shortly have another opportunity of ascertaining for themselves. Apart from the surgical injuries and solutions of cutaneous continuity caused by the impact of brickbats and missiles of a similar description, to be treated *sec. art.*, the excitement and the exhausting physical exertions which canvassing and electioneering entail upon the candidate and his chief agents determine a tangible proportion of breakdowns. It has often been noticed that the election is barely over before a certain number of the candidates collapse and are forced to retire from active political life. Indeed, one is surprised that life insurance companies do not insert into the conditions of the grant of a policy a saving clause relieving them from all responsibility during the electoral period. Given a mature age and a sturdy determination to succeed, the position of a parliamentary candidate certainly falls within the category of dangerous occupations. The wonder, indeed, is that a larger number do not give way under the strain, but the effects cannot be measured by immediate mortality. The moment seems opportune to advocate the value of bloodletting in heart failure. Such an operation, carried out on a public platform with promptitude and despatch on a syncopal chairman or lecturer would be enough to secure a popular reputation for the operator, especially if by good luck the victim survived the ordeal."

Several defeated Presidential candidates have lain down and died shortly after their defeat, and Generals Garfield and

Arthur might have been alive to-day had they left politics alone.

From what we have said it follows that if you would enjoy a happy life, as well as a long one, and be prepared to go to a better place when your time comes, practice not, but rather preach; spend not your days in houses built by man, but under God's fair sky; seek not wealth, for "it is easier for a camel to go through the eye of a needle than for a rich man to enter the kingdom of heaven;" keep the ten commandments and read and *heed* daily the Divine injunction: "Take no thought for your life, what ye shall eat or what ye shall drink; nor yet for your body, what ye shall put on."—*Pacific Medical Journal, August*, 1882.

Preparation of Catgut Ligatures.—In a paper by Dr. A. H. Tuttle, of Cambridge, read before the Gynæcological Society of Boston, June 9th, 1892, the author gives the variety, preparation, and uses of animal ligatures and sutures. He details the various methods of preparation, as follows:—

Klemm prepares his gut by repeated washings in 5-per-cent. alcoholic solutions of sublimate, until there is no turbidity. It is then stored in absolute alcohol.—*Archiv fur klin., Chirur.*, Bd. xii, Heft. 4.

Sir Joseph Lister made a solution containing one part chromic acid and 4,000 parts of distilled water, to which were added 200 parts of pure carbolic acid. In this solution catgut, equivalent in weight to the carbolic acid, is placed and allowed to remain forty-eight hours. It is then taken from the solution, dried and stored in 1-to-5 carbolic oil, when it is fit for use.—*Trans. Am. Assoc. of Obstet. and Gynæcol.*, September, 1890.

Macewen prepares his catgut by immersing it in a watery solution of chromic acid, 1 to 5, and adding one part of this to 20 parts of glycerin. At the end of two months it is removed and kept for use in 1-to-5 carbolic acid and glycerin.—*Annals of Anatomy and Surgery*, p. 128, 1881.

Reverdin takes crude catgut, which has not been preserved in fat, exposes it for four days to a constantly increasing temperature, until it reaches a maximum of 140° C. (284° F.), and then places it for a day in oil of juniper, when it is stored in alcohol.—*Lyon Medical*, June 1, 1890.

Larochette exposes the gut to heat until it reaches a maximum of 140° C. (284° F.), stores it in boiled olive-oil containing 10 per cent. by weight of carbolic crystals.—*Boston Med. and Surg. Journ.*, July., 1891, p. 13.

Bryant places crude catgut in a solution of bichloride (1 to 100) for ten minutes, then into a weaker solution (1 to 1,000) for twelve to fourteen hours; it is then wound on bobbins and kept in absolute alcohol.—*Manual of Operative Surgery*, p. 41.

Kocher places the gut in oil of juniper for twenty-four hours, and stores it for use in absolute alcohol.—*Ibid.*

Partridge cuts the gut into one-foot lengths, and places it in ether for five days; it is then removed and placed in Bergmann's solution (corrosive sublimate, 5 grains; water 31½ ounces; alcohol, sufficient to make 1 pint), and kept for ten days; it is stored for use in a solution of equal parts of ether and alcohol, saturated with iodoform.—*The Medical Calendar*, p. 67.

Clinton Cushing uses the best violin catgut strings, which are placed in a large, open-mouthed bottle, filled with sulphuric ether, for forty-eight hours; when removed they are nearly white as the ether removes the animal oil. They are then placed in a mixture of three parts alcohol and one part juniper-oil, with the addition of three drachms of hydronaphthol in each quart of the fluid. After remaining in this mixture for ten days they are ready for use.—*Trans. Amer. Assoc. of Obstetricians and Gynecologists*, vol. ii, 1889, p. 169.

G. W. Fowler winds catgut on ordinary spools which have been boiled in soda, and places them in a jar containing one pint of alcohol for every fifty metres of gut; the jar is then placed in a water bath or milk sterilizer, and the alcohol boiled for one hour; 95 to 97 per cent. alcohol is used.—*N. Y. Med. Record*, August 16, 1890.

Curtillet sterilizes the catgut by heating for one-half hour, in a partially closed glass vessel, at a temperature of 140° C. (284° F.), which is gradually raised to 150° C. (302° F.) It is then placed in absolute alcohol, and is ready for use. Thus treated, it will remain, for an indefinite time, sterile, strong and pliant.—*Medical News*, June 13, 1892, p. 669.

Mass. General Hospital: The catgut is soaked in ether for

several days, and is then placed in an alcoholic solution of corrosive sublimate, 1 to 1,000 (95 per cent. alcohol). In some cases it is sometimes boiled in alcohol, in a closed jar, for half-an-hour, and then preserved in absolute alcohol.—*Boston Med. and Surg. Journ.*, October 8, 1891.

Boston City Hospital: The catgut is allowed to stand for twenty-four hours in aniline-oil, and is then heated, while still in this oil, to 115° C. (239 F.) for fifteen minutes. Then transfer to a 10-per-cent. solution in alcohol, until it is soft enough for use, and then to a 3 to 4 per cent: solution of glycerin in alcohol, so as to render it less slippery.—*Ibid.*

Children's Hospital: The catgut is first scrubbed with yellow soap, and allowed to stand in ether forty-eight hours; in corrosive sublimate (50 per cent.), forty-eight hours; and finally preserved in solution of sublimate, 15 grains; glycerin, 2½ ounces; absolute alcohol, 31 ounces.—*Boston Med. and Surg. Journ.*, Oct. 8, 1891.

Brunner scrubs the raw catgut with strong potash soap, then places it either directly into corrosive sublimate 1 to 1,000, or after leaving it one-half hour in ether. It is finally stored in solution of sublimate, 1 part; absolute alcohol, 900 parts; glycerin, 100 parts.—*Ibid.*

Roswell Park immerses the catgut in benzine or ether; it is then dried and soaked in 1 per cent. sublimate solution for one or two days, again dried, placed in juniper oil, and finally preserved in alcohol containing corrosive sublimate 1 to 1,000.—*Am. Journ. Med. Science*, November, 1891.

Billroth's Clinic: Catgut is first washed with potash soap; it is then laid in ethylic ether twice, for twelve hours each time; then dried and sterilized in a dry chamber, by raising the temperature to 121° C. (250° F.) It is then immersed in a solution of sublimate, 1 to 1,000 for twenty-four hours. It is stored in absolute alcohol.—*Medical Record*, April 25, 1891.

William Goodell places the prepared catgut in ether for twenty-four to forty-eight hours, according to the size of the gut; if of the larger size, the ether is changed once. The gut is then immersed for forty-eight hours in a 1-to-1,000 alcoholic sublimate solution. Wound on glass spools it is preserved in a mixture of two parts juniper oil, and one part alcohol, which is occasionally changed. When used it is trans-

ferred to a mixture of 1 part glycerin (sterilized by heat) to 9 of alcohol. This will last in the body from a week to ten days. —*Ther. Gazette*, January, 1892, p. 16.

From the tests of D. Braden Kyle (Satellite, July. 1892, p. 213), it seems that absolute alcohol increases the strength of the gut, and is its best preservative. Juniper oil is next, while sublimated alcohol is of the least value. Carbolized oil, as a preservative, has been abandoned in Europe.—*Journal of the American Medical Association*, July 9, 16; pp. 51, 52; 81-83. —*The Satellite.*

Non-Opiate Anodynes and Soporifics.—Under this heading Mattison (Notes on New Remedies, Oct., 1892) recommends Cannabis Indica in painful and spasmodic affections. He says: "This valuable drug, years ago popular, if now little the fashion, deserves a much larger share of professional favour." He gives the reasons for its disuse: first, fear of its toxic power; second, use of inferior or inert products; third, not giving the drug in sufficient doses to produce its effect. He further says: "Indian hemp is not a poison. There isn't a case of death on record." He strongly recommends its use in migraine, neuralgia, neuritis, uterine diseases and like painful affections. "The tincture—three grains to the drachm—may be given in doses of 10 to 40 minims; fluid extract, 5 to 20 minims; solid extract, ½ to 2 grains each hour or two. The wise way is a minimum dose at first, and repeated or increased till pain subsides, or systemic effect, without effect, proves it a failure."

Abortive Treatment of Acute Coryza.—Capitan recommends the following, used as a snuff at the beginning of the attack, a pinch being inhaled in each nostril every hour for half a day only: Salol, 15 grains; salicylic acid, 3 grains; tannin, 1½ grains; powdered boracic acid, 60 grains. If this snuff is used too long it causes eczema about the nostrils, which is probably due to the carbolic acid, resulting from the decomposition of the salol. If it is desirable to use the remedy for a longer period, a little talc or powdered boracic acid must be added, or the proportion of salol reduced to 4—7½ grains.—*Lyon Medical*, October 30, 1892.

Obstetrical Practice "Cash on Delivery."—The fees for obstetrical practice ought to be strictly cash, as, in the nature of the case, there is ample time to make provision for it. We are sorry to say, however, that these fees are not always ready at the time the services are rendered, and, in fact, are too often never paid. We commend the following from an exchange, as a piece of effective logic:

"Night of delivery, all things *secundum artem*.

"'Doctor, it is not quite convenient to pay you to-night, but, if you will kindly wait for a week, it will be all right then.' 'Oh, certainly, it will be quite as convenient then, for I never lose any money on my obstetrical cases. 'Indeed, how so? Why not? 'O, because it is getting to be a well established superstition, based on facts, that parents who allow their baby boy to start out in life with a debt on his head the first thing, are sure to have a ne'er-do well, shiftless son, and if the baby is a girl she is sure to marry a dead-beat.' A peculiar expression came over the father's face, and the mother gave an anxious, wondering look at her baby. Half the bill was paid at the next visit, and the rest soon after."

Another physician, while attending an obstetrical case where the pay is not considered good, when asked, "Doctor, is the child marked in any way?" answered, "It has only one little mark about it, but you can easily remove that." "What is that, doctor?" "It is marked 'C.O.D.'"—*The Physician as a Business Man.*

A New Remedy for Hysteria.—An interesting contribution to the therapeutics of hysteria has been recently made by Dr. Otto Wiederhold, the proprietor of a home for nervous patients at Wilhelmshohe, a health resort near Cassel. The patient on whom the method was tried was one Frau Zachmann, wife of the Imperial Consul-General at Dresden. She was 51 years of age, and was placed in the home by her physician, Dr. Berthold, with the diagnosis acute hysteria, and the statement that three doctors who examined her had found that otherwise she was in normal health. She complained constantly of pains in the lower part of her back, but no cause of such pains could be discovered,

and Dr. Berthold recommended energetic and strict treatment. After her admission to the home Frau Zachmann began at once to cry out so much as to disturb the other patients. She would not listen to reason, and when shaken by the shoulder only became more violent, her screams being so loud that they could be heard in the street. Dr. Wiederhold remonstrated with her in the presence of her husband, shaking her by the shoulder and even threatening to beat her. This went on for some time, and the lady's case, instead of improving, became more desperate. When Dr. Wiederhold entered the room she screamed at him so loudly that he was unable to speak to her. He then tried to box her ears, but she deftly warded off the blows with her arms. The desired effect was produced for a brief interval, but the next day the screaming was renewed and the patient continued to complain incessantly of bodily pain. At last she was told by the doctor that if she did not keep quiet he would have to thrash her with a stick. Next morning he was awakened by renewed shrieking on the part of the patient. Unable to bear it any longer, he dressed himself, went up to her room and thrashed her with a thin cane, the one he usually employed to correct his four-year-old son. When her cries ceased he discontinued the application. In his history of the case he further states: "After beating her with a cane I begged her not to compel me to have recourse again to such extreme measures. A few days later, however, I was obliged to administer similarly energetic punishment. While my consultation was going on Frau Zachmann screamed out so frightfully that people stopped in the street to listen. I took a riding-whip and went up to her room. She was lying in bed. I appealed to her to keep quiet, and she paid no attention to my words. I seized her by the shoulder, turned her round and gave her several lashes with the riding-whip. The fact that the weals caused by the whip were still visible two months later was not due to the severity of the blows, but to the circumstance that the patient was unable to take proper nourishment. In a healthy subject the marks would have disappeared much sooner. From that point onward Frau Zachmann was a most docile patient, which proves that the remedy I employed was efficacious." This was the fourth case in which Dr. Wiederhold had employed

this form of counter-irritation, and he considered it a perfectly justifiable procedure. Though he had studied at "Marburg, Berlin and Heidelberg, and had made a special study of the treatment of nervous complaints, and had practiced in various clinics at Bonn and Wiesbaden," he seems never to have heard of the American practice of giving such a patient ample occupation for the time being, with a full dose of ipecac, tartar emetic, or, better still, with a hypodermic of $\frac{1}{10}$ grain of apomorphia, otherwise he might have saved himself the three months' imprisonment which even a German court felt bound to impose.—*Maritime Med. News.*, August, 1892.

A Long Toilet-Pin Accidentally Swallowed, AND PASSED BY THE BOWEL AFTER FOUR DAYS.—Dr. Agustus A. Eshner reports the following case in the *Medical News* of October 22, 1892 :—

B. J., a colored girl, whose age is recorded as fourteen, but who appeared to be quite three years older, applied at the Jefferson Hospital on the evening of September 4th, stating that she had shortly before swallowed a toilet-pin, a duplicate of which she presented in evidence. As the foreign body seemed to be beyond immediate reach, the girl was advised to apply to the out-patient department on the following morning, and this she did shortly after noon. The girl stated that she felt slight pain in the epigastrium, but presented no other evidence of distress, beyond the fear of evil consequences of the accident that had befallen her. She was, however, reassured, and carefully enjoined to live upon a diet consisting exclusively of mashed potatoes and milk and to examine her stools in the hope of finding the foreign body. She returned in the course of two days, stating that the bowels had been moved, but that the offending body had not been found ; the abdominal pain had changed its seat and was now referred to the right hypochondrium. She was advised to persist in the treatment recommended. A day later she had the satisfaction of passing the foreign body, which, she stated when she brought it to me two days later, was surrounded by a layer of potato. The pin was nearly two inches long.

Cases of the kind to which that here reported belongs present certain features of interest. In the first place the

body was a fairly large one, and besides, having a sharp point, it exposed the patient to all of the risks attendant upon the presence of such a body in the gastro-intestinal tract. In the second place, foreign bodies have not always been swallowed when patients come complaining of such accidents. Within a year I have seen a woman who stated that she had swallowed a rather large plate of artificial teeth. The history was that, feeling unusually fatigued, she had, contrary to her custom, retired without removing the plate. On arising the next morning the teeth were not in her mouth, and they could nowhere be found. The woman complained of considerable abdominal pain. There was no difficulty in swallowing, and a probang indroduced into the œsophagus encountered no obstruction. The woman was placed upon a mashed-potato diet, and reported several times, but finally failed to present herself. Inquiry, however, elicited the information that the missing plate had been found in some place in which it had previously been overlooked.

A third contingency that may arise is that a person has swallowed a foreign body and that his statement be not believed. Just such a coincidence occurred within my experience in the case of the man at the Philadelphia Hospital, believed to be insane, in which the complaint of having swallowed a plate of teeth, with the accompanying symptoms, was considered to be a delusion, to which little attention was paid until the condition became threatening, when exploration revealed the presence of a foreign body in the œsophagus. Œsophagotomy was performed, and the foreign body removed, but the patient unfortunately died of a septic pneumonia.

Hygienic Effects of Spraying Fruits for Insect Pests and Fungous Diseases.—A case of fatal poisoning from such a use of the arsenical compounds, Paris green and London purple, has never been substantiated. The true danger lies in having them in bulk about the farm.

Their use against the Colorado potato beetle was at first much opposed on account of supposed danger. Recently the sale of American apples in England has been injuriously affected on account of the practice of the spraying of trees. Dr. Wm.

McMurtrie, formerly chemist of the United States Department of Agriculture, has shown that even when they were used in such large quantities as to kill the plants themselves, yet the most rigorous chemical analysis could not detect any arsenic in the plants. These results were confirmed at the Michigan Agricultural College. Experiments made at the Colorado Agricultural Experiment Station showed that even when dusted upon cabbages in such quantities as would kill all worms within a day or two, an adult would need to eat some twenty-eight head of cabbage in order to consume a poisonous dose of arsenic, provided none of the arsenic was removed in the process of cooking.

As usually used for spraying apple-trees for the codling moth, of the strength of one pound in 200 gallons of water, one would need to consume several barrels of apples at a single meal in order to absorb a fatal dose. This would need to be done very soon after the spraying, and before it had been washed off by rain. When examined fifteen days after spraying hardly the minutest trace could be discovered.

Likewise of the four copper compounds used, the Bordeaux mixture, the ammoniacal solution of copper sulphate, the eau céleste, and its modified form, many vague and misleading statements as to their danger have appeared. Every one, however, who is familiar with the situation understands that they are simply efforts on the part of selfish competitors to cripple the legitimate trade of more wide-awake rivals. Not a single authentic case of poisoning, so far as the United States Department of Agriculture can learn, has been brought to light. It is true that a few individuals have claimed that they were made sick from eating sprayed fruit, but in all such cases careful investigations have revealed that claims of this kind were absolutely without foundation. Analyses which have been made of grapes intelligently sprayed in France, Germany, America, and other countries have shown that they rarely contain more than five parts of copper in a million, the average being 2.5 to 3 parts. On this basis one might eat from 300 to 500 pounds of sprayed grapes per day without fear of ill effects from the copper. Grapes which had never been sprayed at all were sometimes found to contain two parts of copper in a million parts, these but slightly

less than the average sprayed fruit. The American wheat has been found to contain 4 to 10 parts per million of copper, with an average of 7.2 parts. There was, therefore, over ten tons of copper in the wheat exported from the United States in 1890. Beef liver contains from 56 to 58, sheep from 35 to 41 parts, while chocolate has been found to contain as much as 125 parts of copper in a million.—*Boston Med. and Surg. Journ.*, Sept. 8, 1892.

Abortive Treatment of Bubos.—Dr. Welander, of Stockholm, is the author of a method of abortive treatment of bubos, which has given him 91 per cent. of cures in cases where the treatment was instituted before suppuration occurred. He injects into the substance of the tumour a hypodermic syringe full of a one per cent. solution of benzoate of mercury, about 1 centigramme of the salt, and then applies a pressure bandage, which is re-applied twice a day. Usually one injection is enough to abort a bubo, but sometimes a second is required to complete the cure. Complete rest is a necessary adjunct of the treatment. The injection is followed by some inflammatory reaction and elevation of temperature. This gradually passes away, and in a week or ten days the glandular enlargement has disappeared. Dr. L. Létrick, of the City Hospital of Odessa, has tried this treatment on 140 cases with the following results: In 122 cases, or over 87 per cent., complete resolution was obtained. In 18 others he was obliged to incise the tumor, but in these cases suppuration had occurred before the treatment was instituted.—*Rev. de Ther. Med., Chir.*, Aug. 1, 1892.

An Extreme Case of Suspended Animation FROM CHLOROFORM RESUSCITATED BY DIRECT INSUFFLATION IN THE INVERTED POSITION. (BY A. E. PRINCE, M. D., PH. D.)—On July 22, 1882, chloroform was administered to Mr. John P——, aged twenty-eight, for the purpose of opening the mastoid cells for a supposed abscess. The gentlemen had a heart murmur, but it was believed that the administration would be unattended by especial danger, particularly as he had, within a few weeks, taken chloroform for another operation. No difficulty was at first experienced. Anæsthesia

was rendered complete and the operation was begun, but in a short time circulation and respiration were suspended, and the patient became livid. The function of which organ failed first is not known, but, from the fact that there was no pulsation at the moment of the discovery of the arrest of breathing, and that the dark color followed so quickly, it is presumed that the case was one of heart failure, which is also rendered probable by the existence of a heart lesion, which was recognized. No time was lost in temporizing, but resort was had at once to the inverted position. The man was suspended by the flexed knees from my shoulders, and subjected to a trotting motion around the operating-room. A description of this procedure will be found in the "Transactions of the Illinois State Medical Society, 1890," and in the New York *Medical Journal*, August 22, 1891. This inverted position, with a jolting motion, was continued while my strength lasted, after which I stood still, and my assistant practised the Sylvester method, the body being still inverted and suspended from my shoulders. No response followed, and he was placed on the table; to all appearances he was dead. The skin was blue; a careful auscultation revealed no signs of pulsation. Hemorrhage had ceased, the last blood being of a very dark color. No time was lost, but the patient was again lifted to the shoulders of my assistant, by whom he was trotted around the room for about one minute. At this juncture the account of the infant resuscitation by blowing directly into the mouth, published by Dr. W. E. Forest, in the *Medical Record* of April 9, 1892, entered my mind, and I called a halt, knelt down, took a deep inspiration, joined my mouth with that of the patient, and emptied the contents of my lungs into his. The chest expanded, and the diaphragm, with the weight of the intestines, was raised, and I doubt not that the flaccid heart was emptied of its passive blood. Immediately the weight of the intestines and the elasticity of the chest forced a complete expiration. This was followed by another and another, until I could see that the lividity of the lips was less, though the ashen hue of the countenance persisted. A moment was taken to auscult the heart, but no sound was discerned. The artificial expansion of the lungs was resumed and continued for about three minutes, and we noted with gratification that

the colour of the lips continued to improve. An interval was allowed for ascultation, but no effort at natural pulsation or respiration was detected. Again the inflation was resumed and continued at the rate of about twelve in the minute, for about two minutes, when the gratification was enjoyed of hearing the first natural effort at respiration. After a little time the patient was placed on a table, and the operation finished under ether anæsthesia.

This is the sixth case of suspended functions which did not respond to either the Marshall Hall method or the Sylvester method, the first five of which recovered under suspension treatment. Without this I am convinced all of these would have been lost. The foregoing is the only one that did not respond to the suspension method, and I am under unut terable obligations to Dr. Forest for paving the way to the employment of the direct inflation in the inverted position of the body.

Dupuytren's Finger Contraction.—Steele Bailey (*The Amer. Pract. and News*, August 27, 1892), reports a case of this disease caused by syphilis, gout and rheumatism being excluded. The patient was a female aged sixty-seven years. Both hands were involved, the right to a greater degree than the left. The disease began in the left thumb and after a time attacked the little finger, and by degrees spread to the ring and other fingers. At last the deformity became such that she was unable to comb her hair, to arrange her dress, to write or to perform any manual duty. There was a distinct history of syphilis contracted from her husband seven years before the contraction began, treatment for which had not been properly carried out.

A Dog Without a Brain.—Professor Goltz, of Strasbourg, has succeeded in keeping alive three dogs, after having removed the whole of the cerebral hemispheres. One lived fifty-one days, the second ninety-two days, and the third was killed after living eighteen months in this conditiou. In all three dogs the diencephalon had been more or less injured by the operation. In the case of the third dog, after he had been without his brain for over a year, he could be aroused

from a deep sleep through the sensation of a touch. If an attempt was made to take him out of his cage he showed signs of anger, snarled and barked in a more or less normal manner. He walked around in his cage without falling, or, if he fell on a slippery surface, he got up again without assistance. These movements were particularly energetic when the animal was hungry. The hearing, although very dull, was preserved, and he could be waked out of a sleep by a loud noise. In the same way the sight, although nearly gone, was sufficient to preceive a bright light. He could not smell at all; but his taste was not destroyed, as was shown by his declining to eat meat strewed with quinine. He could eat and drink—that is his tongue, jaw and pharynx moved like those of the normal dog; but food had to be put in his mouth, as he never made any attempt to get it himself. There was entire absence in all those characteristics which are understood as intelligence, reflection or understanding, but he could not be considered as a mere reflex mechanism. He had as much perception as a new-born infant. He is uneasy when he is hungry, and appears satisfied after being fed. He becomes angry if he is waked from sleep or if he is pinched. The author believes that these experiments may modify many commonly accepted theories of the functions of the cerebral cortex.—*Boston Med. and Surg. Journ.*, September 8, 1892.

Black Eye.—There is nothing to compare with a tincture or a strong infusion of capsicum annuum, mixed with an equal bulk of mucilage or gum arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's-hair pencil, and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, the treatment will invariably prevent the blackening of the abused tissue. The same remedy has no equal in rheumatic, sore or stiff neck.—*Medical Times.*

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SYMPHYSIOTOMY.

In this number of the JOURNAL we publish the history of the first case of symphysiotomy in Canada. Only three similar cases have been reported in the United States so far; the first on September 30th by Charles Jewett, the second by Anna E. Broomall on October 7th, and the third by Barton Cooke Hirst on October 10th. All four operations have been successful as regards the mother, but one child died from the compression to which the skull had been subjected during its long impaction in the pelvis. Had the operation been performed earlier this child would probably have lived. This excellent record of results shows what a future there is before this operation when performed in properly selected cases.

SMALL-POX.

Small-pox seems to be epidemic at present over a large part of the world. From Japan it was imported into British Columbia, where it is still raging. In Great Britain the disease has made great headway. In our neighbouring Republic, cases are reported in various localities. And what reason may we assign for this? The causes of epidemics are various and difficult to arrive at, but in this case the neglect of vaccination and revaccination has been the principal factor in causing the spread of this loathsome disease. For a time the pestilence has been in abeyance, until the health authorities in the various places were lulled into fancied security and neglect of the necessary pre-

cautions, when suddenly the reaper starts to gather his harvest of the unvaccinated and an epidemic results. In Warrington, Eng., one of the places where vaccination has not been enforced, there were four hundred cases at one time. Then the inhabitants awoke to the necessity of vaccination, and, as a result of the systematic performance of this operation, in one week the number of new cases fell from seventy-six to twenty-nine, and in the following week to little more than one a day. It cost Warrington at least five thousand pounds to learn this lesson, and probably the increase in the taxes will impress the fact upon the minds of the inhabitants.

This is only one instance out of many to show the necessity of preparation for war in time of peace. For some time an enquiry has been going on in Great Britain before a Royal Commission as to the efficacy of vaccination, and in many cases the authorities responsible for the enforcement of the law regarding vaccination have allowed it to lapse, on the pretext that during the sitting of the Commission the law ought to be suspended. The result is as might have been foreseen.

With small-pox all about us it behooves our own Board of Health to see that all are efficiently protected, as it is much easier to keep the enemy out than to fight him once he has gained an entrance.

KISSING THE BOOK.

In England the law has been altered relative to the practice of administering oaths in certain cases. It is no longer necessary to "kiss the Book," but the oath may be administered without this formality, each person raising his right hand while being sworn. This was done recently in Middlesex by the coroner, Dr. W. B. Gordon Hogg, and is a proceeding to be greatly commended. We have lively remembrances of our own coroner with his white locks and his Bible, the covers of which are not white and which have to be held in place by a rubber band. We were told to take the book in our right hand, and we did it reluctantly, a set of words is rapidly said, ending with the formula

" kiss the book," and with a shudder we complied, thinking ourselves fortunate if we did not gather the germs of at least seven deadly diseases. The juries, sworn on the same book, were picked up in the street and from the waiting room of the hospital, some, indeed, suffering from contagious disease, but still to satisfy a sentiment the old formula of kiss the book is still adhered to. We echo the words of the *British Medical Journal*, " It is to be hoped that we shall soon hear the last of the unseemly practice of 'kissing the book,' which is certainly not free from danger of conveying infection, and, in any case, is an uncleanly practice."

A CORRECTION.

To the Editors of THE MONTREAL MEDICAL JOURNAL.

MY DEAR SIRS,—Pardon a correction, which I think you will see is important, in the report of the few remarks which I made on Dr. Wright's excellent paper on Appendicitis at the Ottawa meeting of the Canadian Medical Association, as reported on page 430 of the December issue of your JOURNAL; for the very object of my remarks was entirely omitted.

The peculiar point in my own case, when a boy twelve years of age, was that the abscess opened and discharged *through the bladder*, and again healed without leaving any subsequent ill effects. A sudden and large amount of pus appeared in the urine, and continued in diminished quantity, until in about a week none could be found.

While cases may be on record with this termination, I do not happen to have come across any allusion to them in my reading, and for that reason I thought it desirable to mention it in the discussion, and now to call attention to the fact which had been quite omitted from my remarks.

I remain, faithfully yours,

L. DUNCAN BULKLEY, M.D.

P.S.—Allow me to express my warmest, deepest and sweetest regard for the memory of Dr. Ross, my true friend. L.D.B.

—We have received from Messrs William Wood & Co. a copy of a picture representing Professor Billroth and his clinic at the Vienna General Hospital. This is the most recent of a series of pictures which have been published to supply the demand for ornamenting offices and libraries. They are copies of India proof engravings and oil paintings, printed on extra heavy plate paper suitable for framing. The publishers have also issued a catalogue with miniature reproductions of the pictures of the series, seventeen in all. Those pictures, which we have seen, are exceedingly well got up, and while illustrating medical subjects, are at the same time of a decorative aud artistic character.

PRELIMINARY ANNOUNCEMENT of the special programme of the sixth annual meeting of the National Association of Railway Surgeons, embracing the United States of America, the Dominion of Canada and the Republic of Mexico, to be held at Omaha, Neb., the last Wednesday, Thursday and Friday of May 1893. General subject: "Injuries of the Cord and its Envelopes without Fracture of the Spine," as follows:

(1) History, by Dr. Geo. Ross, Chief Surgeon Richmond and Danville RR., Richmond, Va

(2) Anatomical Landmarks, by Dr. Jabez N. Jackson, Surgeon Wabash RR., Kansas City, Mo.

(3) Physiology of the Spinal Cord, by Dr. A. P. Grinnell, Chief Surgeon Central Vermont RR, Burlington, Vt.

(4) Experimental Research, by Dr. B. A. Watson, Surgeon Pennsylvania RR., Jersey City, N.J.

(5) An Experimental Study of Spinal Myelitis and Meningitis, by Dr. Geo. A. Baxter, Division Surgeon Chattanooga Southern RR., Chattanooga, Tenn.

(6) Clinical Aspects of Spinal Localization, by Dr. Nicholas Senn, Surgeon Chicago, St. Paul & Kansas City RR., Chicago.

(7) Diagnosis from the Standpoint of the Neurologist, by Dr. C. H. Hughes, Consulting Surgeon Missouri Pacific RR., St. Louis, Mo.

(8) Pathology and Pathological Anatomy, by Dr. Samuel C. Benedict, Surgeon Richmond & Danville RR., Athens, Ga.

(9) Prognosis, by Dr. Samuel S. Thorn, Chief Surg. Toledo, St. Louis & Kansas City RR., Toledo, Ohio.

(10) Treatment, by Dr. W. B. Outten, Chief Surgeon Missouri Pacific RR., St. Louis, Mo.

(11) Medico-Legal Aspects, by Judge J. H. Collins, Chief Counsel Balto. & Ohio RR., west of the Ohio river, Columbus, O.

(12) Statistics of the Amount of Money Paid by the Railroads of the United States, during the last ten years, for Alleged Injuries of the Spine, by Dr. F. K. Ainsworth, Surgeon Southern Pacific RR., Los Angeles, California.

(13) Clinical Report—1st, from a Medical Aspect, (*a*) Permanent Injuries, (*b*) Alleged Injuries; 2nd, from a Legal Aspect, (*a*) Settled with Suit, (*b*) Settled Without Suit, (*c*) Miscellaneous, by Dr. Geo. Chaffee, Surgeon Long Island RR., Brooklyn, N.Y.

C. W. P. Brock, M.D., President, Richmond, Va.
E. R. Lewis, M.D., Secretary, Kansas City, Mo.

Personal.

—A. B. Osborne, M.D. (McGill, '86) has been elected oculist and aurist to the Hamilton General Hospital.

—Dr. W. Stewart Philp (McGill M.D.C.M. '89, M.C.P.S. Ont.), who is spending the winter in Florida, has been recently accepted a member of the "Fla. Medical Association," after passing a most creditable examination.

Obituary.

—Deputy Surgeon-General Farron, the medical superintendent of the Edinburgh Royal Infirmary, died Oct. 15th, aged 71 years.

—Alex. Keiller, M.D., F.R.C.P., Consulting Physician for Diseases of Women at the Edinburgh Royal Infirmary, died Sept. 26th, aged 81 years.

—Julius von Beregszaszi, M.D., died recently at Bad Zandpoort, in Holland, where he had gone with his wife to enjoy a well-earned holiday. He appeared to be in his usual health when, on the morning of August 10th, he suddenly fell and immediately died. The cause of death was found to be aortic

aneurism. He was in his 46th year, and was a great favourite with students of all nationalities. His teaching as a laryngologist was excellent and his classes much sought after. His command of English was remarkable, and conduced greatly to the pleasure and profit of working under him. His loss will be deeply regretted by medical men throughout our continent.

Medical Items.

TAKES HIS OWN MEDICINE.—"The physician," says a ribald contemporary, "is the man who prescribes change, and then takes all you have."

AN ALARM BOTTLE FOR POISONS.—A Canadian named Trottier has invented a simple and ingenious device to be attached to all bottles containing poisons. It consists of a mechanism fastened to the bottom of the bottle, and so arranged that every time the bottle is lifted or moved it rings the bell. With a death's head for the eye, and a kind of death rattle for the ear, accidents ought to be avoided.

WOMEN MEDICAL STUDENTS.—The Faculty of the Columbian University in Washington have withdrawn the privileges which they have previously offered to women in the medical department. The reason assigned is that the presence of women as students kept men away, and they had no desire to become a female seminary, and that the teaching of men and women together is demoralizing to both.—*Boston Med. and Surg. Jour.*, Oct. 20, 1892.

WHAT IS IT THAT PULLS A PERSON DOWN.—It is not natural and reasonable intellectual work that injures the brain, but emotional excitement. Most men can stand the severest thought and study of which their brains are capable and be none the worse for it, for neither thought nor study interferes with the recuperative influence of sleep. It is ambition, anxiety and disappointment, the hopes and fears, the loves and hates of our lives that wear out our nervous system and endanger the balance

of the brain. A man can spend more of his strength in five minutes of unnatural mental excitement than in one day of calm, steady brain work.—*Herald of Health*, April, 1892.

—Charcot says: "Every drop of seminal fluid of a drunkard contains the germs of all the neuropathies."

—The largest child ever born, it is said, was the son of Bates, the "Kentucky Giant," and his wife, the "Nova Scotia Giantess." This infant Hercules weighed 23¾ lbs.

A NEW PROFESSORSHIP IN JEFFERSON MEDICAL COLLEGE.—At a meeting of the Board of Trustees, held on Wednesday, Nov. 30th, 1892, Dr. G. E. de Schweinitz was, on the unanimous recommendation of the Faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College. At the time of his election, Dr. de Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic and Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania.

—They do not have any uncertainty in Geneva regarding ownership of the prescription. The law says the druggist must keep it. The enactment covering this point is explained by the fact that a number of years ago a nurse obtained a prescription for atropia, and went from chemist to chemist, thus procuring a large quantity of this drug, with which she poisoned a number of her patients. The authorities did not propose to any longer provide encouragement to criminals through laxity or lack of regulations applying to the sale of poisons, and very promptly and prudently passed the law referred to.—*Pharmaceutical Era.*

—There are said to be over six thousand railroad surgeons practicing under contract. In so far as we have been able to learn, the surgeon does his work mainly for the honour of the position, an annual pass over the company's lines for which he works, and a mere pittance in money. However, as they are contented to work for nothing and board themselves, others need not bother themselves about the matter. It, however, affords an apt illustration of how large corporations fatten by withholding from the medical profession that compensation which has been fairly earned.—*American Lancet.*