Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE CANADA LANCET:

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VII. TORONTO, OCTOBER, 1874. No. 2.

Original Communications.

CANADIAN MEDICAL ASSOCIATION.

ADDRESS BY DR. MARSDEN, PRESIDENT.

GENTLEMEN :—Were I to consult my own inclination, I would not occupy any portion of the brief space of time allotted to your Annual Meeting by an address, but, as the tyrant custom requires it, I must conform, and will be as concise as possible. I avail myself of the earliest opportunity which presents itself to thank you for the honor you have conferred upon me, in electing me your President, but I regret that language fails me to express the depth of my feelings. It has often been my good fortune, during my long professional career, to have been complimented in a similar manner, but never in the same degree. When I see around me so many distinguished members of this Association who would have filled this chair so much better than myself, and when I look back and remember your—I mean our—happy choice of the able and eloquent chairman, who presided over our deliberations during the first three years of the existence of this association with so much tact, talent, and success—the Hon. C. Tupper, M. P., C.B., &c.—I feel all the more my inability to do justice to the office without your kind indulgence, although I will yield the palm to no man for professional zeal—my maxim having ever been, where the public interests of our noble and humane profession were at stake,—*semper paratus!*

One of the subjects that will engage the attention of this meeting is the proposed alteration of the By-Laws. The Committee appointed at the Fifth Annual Session of the Association, held at Montreal, in September, 1872, to amend the Constitution and By-Laws, reported to the Annual Meeting held at St. John, N. B., on this day twelve months past, and recommended, "that the plan of organization of the Canadian Medical Association adopted at the conference of the medical profession, held at the city of Quebec, October, 1867, and the Code of Medical Ethics, be continued without amendment;" and further recommended, "that a Constitution and By-Laws be adopted instead of those heretofore in force." A copy of the labors of that Committee is now before you, entitled, "proposed alterations to By-Laws to be considered at the Annual Meeting at Niagara Falls Wednesday, 5th August, 1874.

Having carefully examined the proposed alterations, I am of opinion that they will be a great improvement on the present By-Laws, with some slight changes and additions.

In Ethics, for example :

It is proposed "to continue the Code of Medical Ethics without amendment," but no provision has been made in the proposed By-Laws for a permanent Committee on Ethics. Such a committee is in fact a necessity, to which, in my humble opinion all cases of presumed infraction of the Code should in the first instance be referred for report, before any public action is taken by the Association, or record made. This would prevent the odium which might attach to persons falsely charged; and would avoid the needless wounding of the sensibilities of such as were really innocent of the accusations brought against them.

So strongly was I impressed with this conviction that I gave notice of motion in 1870, and, on the 14th Sept., 1871, carried a motion unanimously, and it was resolved, "that the Nominating Committee be instructed to name a Permanent Committee on Ethics, to be composed of ten members, representing each province of the Dominion." The session, however, adjourned so soon after, that no committee was named at that meeting. I would therefore respectfully recommend that, as it is proposed to continue the Code of Ethics, a Standing Committe on Ethics should also be added to the proposed By-Laws.

Registration, Medical Statistics, and Public Hygiene, are all subjects which call for action with a view to legislation.

Committees were named at the first Meeting of this Association, held on the 9th and 10th of October, 1867, at Quebec, to report on the best means of obtaining these desirable objects. The Committee of Registration, of which I had the

honor of being Chairman, reported, "that, after mature deliberation, they recommend, that this Association take the necessary steps to have carried through the Dominion Legislature an act similar (in so far as it is adapted to this country) to the Medical Act of Great Britain, passed in 1858.

The Committee on Medical Statistics and Hygiene, (both of which subjects were referred to the same Committee) reported on Hygiene alone, through Dr. Hingston, the Chairman, stating, "That there was a neccessity for a comprehensive system of Sanitary laws," and promised a report on Vital Statistics at a later period of the session. A reference to the minutes of the proceedings of the Association (so far as attainable) shews that nothing whatever has been done in the way of legislation in this matter.

Another Committee on Statistics and Hygiene was named at the Annual Meeting of 1873, held at St. John, N. B., of which Dr. Botsford, one of our intellectual, indefatigable, and zealous ex-Vice-Presidents is Chairman. He wrote to me on this subject in March last as follows: "I was named as one to bring the matter of Hygiene before the Dominion Legislature, especially looking to a registration of deaths and the causes, over the whole Dominion. For the province of New Brunswick I have to report that, whilst Boards of Health are provided for every county, and a registration of marriages for the Province, this is all that has been accomplished; and a registration of deaths, and the causes, does not exist!"

Although, gentlemen, I quite concur in the sentiments expressed by Dr. Workman in his address of welcome at our second Anniversary Meeting, that "neither the elevation, nor what is styled the protection of our profession is to be achieved by acts of Parliament,—and, that if we would be elevated, we must climb the steep ascent ourselves," yet there are certain subjects that demand legislation before we can make any useful application of them. Among these, I class Vital Statistics, Registration, and one uniform system of preliminary and professional education, examination and licensing. Committees have reported on all these subjects, and their reports have been adopted; and, as Dr. Tupper said in his address at Ottawa in 1870, "a far higher step has been taken by resolving that it was for the interest of the public and the profession, that one common portal of entrance should be established for the purpose of granting licences to practice."

Precisely the same opinions have frequently found utterance in the meetings of our elder sister, the American Medical Association, as will be seen by a reference to their transactions, from which had time permitted, I might profitably have made some extracts. This is a subject that has occupied the best attention of various Committees since the formation of this Association, and resulted in the forming of the "Contemplated Medical Act for the Dominion of Canada," which was amended at the third Annual Meeting of the Association, held at Ottawa in September, 1870. It was again amended at the Annual Meeting held at Quebec, in September, 1871, and finally was referred to the Annual Meeting held in Montreal in 1872, each and every member of the Association having received in the meantime a printed copy of the same. This proposed Act has been a bone of contention, an apple of discord, to the Association ever since it was first introduced. In the western province of the Dominion, gentlemen, you have an Act based upon the English Medical Act, which is working most satisfactorily. The Province of Quebec, also, has as Act that needs very little amendment. The Eastern Provinces, however, of Nova Scotia and New Brunswick, which are younger in Medical Science and Literature, and have hitherto been almost without medical schools, are not so far advanced in the medical sciences as the older Provinces of the Dominion, and are not ready to enter on the same platform as their older brethren, and, therefore, at the Annual Meeting, held in 1872, it was resolved unanimously, to postpone the further consideration of the proposed Bill for two years. Thus it has been suspended like Mahomet's coffin, between heaven and earth, for two years past, and will possibly come up for action at this meeting. Doubts have been expressed by lawyers, as well as legislators (and by no less an authority than Dr. Tupper) of the legislative powers of the Parliament of the Dominion to pass any Medical Act for the whole Dominion, unless, or until previous concerted action has been taken by the Local Legislatures; and to this opinion I strongly incline. In the American Medical Association progress is being steadily made in that direction by state legislation, and I think the best thing we can do is to agi-

the subject in each Province of the Dominion, and separately and gradually lead them up to the highest standard required.

Thus only can we hope to succeed in Dominion legislation. I would, therefore, respectfully suggest that, when this matter comes up, some member will move that its consideration be indefinitely postponed, and thus put an end to a fertile source of discord. Let us carefully avoid all medical legislative action for the present, for to my mind no greater blunder could be committed in this democratic age, than seeking medical legislation, as the sympathies of legislators generally, and especially the unscientific who compose the majority, are in favor of quackery and free trade in medicine. Another subject, gentlemen, to which I would call the attention of this meeting is the great loss that the Association has sustained by the non-publication of the Minutes of its proceedings for the past two years. Whether the Association has the means to publish the Transactions, Reports, Proceedings and other papers or not, the Minutes of our proceedings, at least in my opinion ought to be in the hands of every member of this body. I trust we shall this day repair our error, and make any necessary sacrifice to publish them. The valuable unpublished papers which have been presented, read, and approved by this Association, and which must have cost their authors much study valuable time and trouble, remain a dead letter,—a dumb record—a sealed book to the whole medical and scientific world. For this seeming neglect I know not whether the accomplished and industrious writers, or the reading members of the profession at large have most reason to complain. Although this Association was organized for the protection of the interests of the medical profession, and the maintenance of its honor and respectability, it also contemplated the advancement of its knowledge, and the extension of its usefulness; and shall it be said of us, that we have done nothing to promote these high and laudable objects because our transactions embrace none of the essays and papers which for originality, learning and profound research would be worthy of honorable place in any similar volume? Let us, gentlemen, this day, I repeat, wipe out this reproach, and either publish them, or return them to their respective authors, for such action as they may see fit to adopt, for nothing should be kept back or hidden in this progressive age. Progressive age did I say? Yes, progressive! And it would be very easy did time permit me, to show the wonderful strides that medical art has made even in our own days. It has been raised from the level of a mere conjectural science to the status of a positive art. Mental agony and physical torture have now succumbed to bloodless and painless operations. Operations which formerly no amount of moral or physical courage could have induced the sufferer to submit to, are now endured with complacency.

Chemistry is a new science.

Were it possible to weld the link in the mortal chain which was so suddenly snapped asunder on the morning of the 29th of May, 1829, at Geneva, in Switzerland,—or to revive the mortal spark in the poor boy of Penzance, Cornwall, who was a popular lecturer on Chemistry to the Royal Institution, London, at 22 years of age,—or to bring before this meeting him, who for seven successive years was the unopposed President of the Royal Society of London, Sir Humphrey Davy, he, like Rip Van Winkle, would find all the ancient landmarks swept away by the progress of that science, which his genius had done so much to fructify and embellish. He would be a student still, gentlemen, as we all ought always to be.

Notwithstanding the extraordinary strides that have been made of late years in the medical and surgical arts and sciences, and the accessory branches of knowledge, and although the rewards are by no means equal to the responsibilities of the medical practitioner, nevertheless his sterling worth is not unfrequently recognized and requited.

Mr. Gladstone, at the dinner of the British Medical Association last year, paid a just tribute to our art, and said that but for the care and watchfulness of a succession of able physicians it would have been impossible for him to have gone through the fatigues of public life. It is, said he, among the wonderful and noble distinctions of your illustrious profession that, although its members may not receive that acknowledgment which awaits the soldier when he falls on the battle-field, yet they are to be found in countless numbers among the truest martyrs in the cause of humanity. He further said, truly, that medical knowledge has advanced in recent years in a degree which is not, perhaps, paralleled in any other profession. There is at present a greater and more sustained earnest-

ness of purpose, and a more general exaltation of the aims of medical men. And he concluded thus :—" This age is distinguished by an unbounded activity in all the sciences of observation. Of all these sciences yours is the noblest. It is given to you to study the relations between the wonderful body, and the still more wonderful soul and mind of man. You tread that borderland in which the two come in contact. It is very easy to describe the post office or the railway system, but you have to deal with a thing far more subtle when you attempt to grasp human nature as a whole. Human progress is not to be described by formularies. It is only by the most patient observation that a sound and comprehensive knowledge on such a subject can be acquired. To you it belongs to seize the great opportunities and to accept the great responsibilities which attach to the profession of which you are members, and to shew yourselves worthy of the great vocation with which you are entrusted."

Apologising for having occupied so much of your valuable time, and again thanking you for the high honor you have conferred upon me (probably as a recognition of the part I took in originating and organizing this association) I leave its perfection in your hands, gentlemen, and in your hands it is safe. It is, I firmly believe, destined to promote the blessings of fraternal harmony, professional unity and successful self-government. An Association such as ours—composed of scientific philanthropists—the residents of the frozen north and the sunny south ; the denizens of the forests, hills and dales, lakes and islands of a whole continent, animated by the most lofty and honorable impulses, casting their various and opposite opinions and prejudices together on the common altar of science, and uniting in one independent, cosmopolitan band, from Prince Edward Island to British Columbia—from the Atlantic Ocean to the Pacific, must and will be felt and heard. United, concorded action no law can resist ;—no law-maker can repudiate.

Finally, gentlemen, when I retire from this chair I shall remember that " the private station is the post of honor," and I beg to assure you that I shall always (whether present or absent) try to uphold the honor and dignity of our noble profession, and especially of this Association.

A YEAR'S EXPERIENCE WITH ETHER.

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

One year ago I determined to abandon the use of chloroform in producing anæsthesia in so far as practicable. The advantages and disadvantages of chloroform and ether have been so often discussed that the subject would seem to be trite. Yet an unbiassed statement of actual results with ether may be of value where, as in Canada, the use of chloroform generally prevails ; and this the more when we are occasionally startled by a death from chloroform, as we have been recently in a town in central Ontario, in which it would seem that the anæsthetic was not faultless, or at least helped to produce the disastrous result. The tenor of this paper will be that, with ordinary care, *death from an anæsthetic is wholly avoidable and unnecessary.*

Dr. Bigelow, of Boston, has given the following terse advice :

" 1. Accept the odor and bulk of ether as a cheap compromise for the safety of the patient and the confidence it gives the operator.

2. Believe that the anæsthetic effects, whether pleasant or objectionable, do not materially differ from those of chloroform.

3. Recognize the fact that while chloroform may kill without warning, ether never does.

4. Aim at anæsthesia by inebriation, not by asphyxia."

During the past year, then, I have acted upon Bigelow's advice, except in cases of extreme inconvenience, and have administered (or had administered for me under my immediate supervision),

Ether	about	80	times.
Chloroform	"	5	"
Ether, followed by chloroform	"	1	"
Chloroform, followed by ether	"	0	"
Ether and chloroform mixed	"	0	"

Of the five chloroform administrations, three were at the request of other surgeons, who produced the chloroform ; one was at a great distance from the office, and the carriage of bulky ether was inconvenient ; and the fifth case was one in which, after introducing and locking the obstetric forceps, an anæsthetic was unexpectedly required, and

ether could not be readily got. The case in which ether was followed by chloroform was one in which a strong man began to struggle violently in the office, and having only a layman as assistant, who had never seen anæsthesia induced before, I was compelled to rapidly bring him under the influence of chloroform. The administration of chloroform followed by ether would seem to be advisable in lengthy operations where the odor of ether is objectionable. This is the occasional practice of Prof. Alex. B. Mott, of New York. In point of fact, however, no difficulty has been experienced in overcoming any slight objection offered. Mixture of the two agents should not, I think, be employed; since, if carefully given, chloroform must do nearly all the work; while, if given improperly, ether may lure the administrator into a false security. Hence for the sake of *safety* I would prefer pure chloroform to the mixture.

The time required to produce complete anæsthesia has ranged from one to six or eight minutes, with an average of about three. The struggling has not been greater than when taking chloroform. Whether the nausea and vomiting after ether is greater seems doubtful; it certainly has been commonly quite mild. It may in general be given at the office, patients usually being able to walk or ride home in an hour or two afterwards. The time of administration has varied from a few minutes to an hour and a-half. Its crowning excellence seems to be, as regards the patient, its safety; as regards the operator or administrator, the confidence (approaching indifference) which it inspires.

From statistics we may infer, however, that *chloroform is safe enough in obstetric practice.*

In its administration, having seen that there is no constriction about the chest, and that the stomach is not full, I am accustomed to act upon the following aphorisms:—

(*a.*) While the face is florid there is no danger go ahead and give more.

(*b.*) While the countenance is frowning, go on

(*c.*) When the face gets livid, give air.

(*d.*) A snoring respiration indicates the approach of deep anæsthesia.

(*e.*) The profoundness of the anæsthesia is best measured by the insensibility of the cornea.

(*f.*) The patient is all right so long as his breathing is good. Should the breathing become alarming, depress the tongue so as to admit air over its base. If this is not enough resort to artificial respiration.

(*g.*) Should the pulse become feeble, it is probably due to nausea, and indicates approaching emesis, after which its force will rise.

(*b.*) Mucus and blood (if the operation is in or near the fauces) should be frequently wiped with forceps and sponge. A uterine sponge-holder is admirable for the purpose.

The safety and confidence given by ether as well as the reason for statement (*f*) will be apparent if we consider the multitudinous experiments of Prof. Schiff, of Florence, (*The Practitioner*, April, 1874,) on dogs and rabbits with the manometer constantly connected with the carotid artery. "Both ether and chloroform, pushed to the last stage of their action, give rise to paralysis of the respiration, vessels, heart, and motor nerves, but ether invariably produces its effects in the order of sequence now given (life of course being sustained in all cases by artificial respiration when automatic breathing has ceased); while chloroform sometimes produces paralysis of the vessels in the first instance, then of respiration, and finally of the heart. The result of the action of chloroform is thus variable; it frequently happens that its effects manifest themselves in the same order of sequence as those of ether, only much more rapidly; and it also happens that they follow each other in an inverse order as respects the first phenomena—paralysis of the respirations and of the vessels. It is this variable action of chloroform, which the physician is unable to foresee and to provide against in individual cases, to which the danger to life is traceable. Very often at the beginning of the inhalation of chloroform by the trachea, the vessels become at once paralyzed, the pulse is insensible, and death follows rapidly with a deep inspiration. * * * Experiments confirm more and more, that in etherization the pressure of the vessels maintains itself to a height almost normal and always compatible with the continuance of life even after the cessation of automatic and the substitution of artificial respiration, so that the mere continuance of breathing gives us a safe warranty of the vitality of the individual."

In conclusion I may say for the future I expect to use ether almost exclusively. Possibly my experience with it would not have been as favorable

had I not taken care to secure a good article. Squibb (36 Doughty St., Brooklyn, N.Y.,) manufactures excellent ether; that sold me by H. J. Rose, Toronto, has given entire satisfaction.

TREATMENT OF PUTRESCENT FEVER.

BY C. B. HALL, M.D., TORONTO.

In the August number of *Tilden's Journal* of Materia Medica, I find a very interesting article, by W. J. Branstrup, M.D., on sulphurous acid in the treatment of typhoid fever, the result, apparently, of the accidental request of a very sick child, but more likely the conception of a well stored mind used to a steady digestion of careful thought.

In 1865, I called the attention of the profession through the *Canada Medical Journal*, to the treatment of those Pythogenic diseases of which typhus fever was the type, supporting the theory, that although these diseases are of the continuous class of fever, yet there is a continual change marked by critical days, and at one stage the putrescent symptoms become more marked, and that the regular tendency was this putrescent change, and not resolution, therefore the only reliable remedies were antiseptics, one of which is sulphurous acid. The better way of administering it, in the early stages, when excessive heat, dry skin, flushed face, and constant thirst, require the action of anti-febrifuge and diaphoretic medicines, such as ipecac., solution of ammonia or perhaps antimony, is in the form of the sulphites of the alkaline bases. This treatment will mostly prevent the fever assuming the more serious symptoms. But for a patient in the state of the case before us, (often found so from neglect of the former medicines,) "the abdomen tympanitic, bowels moving every fifteen minutes, each passage containing more or less blood, pulse 120, weak, respiration 30, tongue red at the edges with brown centre and dry as a chip," the most sure and reliable medicine and the most active of its class, is permanganate of potash. This, if given in about a quarter to two grains, and repeated every three hours will never take more than forty hours to entirely change these appearances. The marked symptoms, as I have given them in the former paper, which indicate the crisis of the pythogenic changes, are the tongue becoming dry, red or brown, with unmistakeable sordes, parched, cracked, the brown increasing to black, incessant thirst, increased pulse, pain in the head, dimness of vision, contracted pupils, ringing in the ears, sleeplessness, wandering of the mind, muttering, muscular tremors and general agitation, all following in rapid succession. This change may take place in twenty-four hours—seldom longer than three days. Sometimes these more marked indications are preceeded by the rose-colored spots or petechiæ, all of which show the tendency to putrescency or waste of tissue. Now this is the stage in which I have found permanganate of potash so valuable, indeed I have never seen a failure for over ten years. I do not confine this treatment to pure cases of typhus exclusively, but when the above symptoms are manifest, whether in typhoid pneumonia, scarlet fever, or that more marked and dreaded puerperal fever. If the case has not run into gangrene proper, I have no doubt of the success of this treatment. If not trespassing too much I would cite one or two cases.

Case I.—E. I., male, æt. 20. Oct. 10th, 1864. Fourth day of fever, pulse 98, skin hot, dry tongue coated white, bowels confined, no pain in the head, thirst great, urine scanty, no sediment, ordered soda et pot. tart. ʒij, every four hours. 11th. Bowels moved, fæces dark, fœtid, urine slightly increased, pulse 90; prescribed vini ipecac., liq. am. acet. 13th. Complains of pain in the head, pulse 106, tongue clean red, increased thirst, urine scanty, no deposit; pot. permang. grs. ij, every four hours; soda et pot. tart. ʒij, at night. 14th. Bowels open, stools offensive, tongue dry, cracked, brown; teeth black; delirium; rose spots on abdomen inclining to purple; continue pot. permang. 15th. Tongue moist, clean; urine free, heavy deposit; bowels open. 16th. Stopped pot. permang., and gave infus. cinchona. Convalescent.

Case II.—T. A., æt. 22, female. Sept 11, 18[illegible]. Full habit, strong and generally healthy, was attacked with pain in the stomach the night before, followed by vomiting and purging incessantly; cholera mixtures were tried in vain, mustard and hot cloths had been applied without relief. I saw her first at 4 P.M, the vomiting and purging continued with every movement. Mucus with tinges of blood. tongue white and coated heavily; pulse 90 feeble, respiration 20; skin dry and hot; excessive thirst.

for cold water, which was thrown up almost as soon as swallowed.

℞—Sodæ sulphitis, ʒij.
Tr. camph. co.
" catechu, aa. ℥ss.
Aq. cinnam. ad. ℥iv.—M.
Sig.—A dessert-spoonful every morning.

7 P.M. vomiting ceased; bowels checked; less pain. Still mucus and blood; continue medicine every two hours. 12th, 9 A.M., better; tongue clean; bowels move every four hours; no return of vomiting. 13th, entirely well. No tonic required. In the last two months such cases have been common, but scarcely any has failed under the use of the sulphites, or the sulpho-carbolate of sodium; nor could any other result be expected if the theory of putrescency be correct, though the convalescence may be prolonged.

MONSTROSITIES.

BY JOHN A. MULLIN, M.D., HAMILTON.

(Read before the Canadian Medical Association,)

The drawing, from which a wood-cut representation is given below, was hastily sketched by Wm.

Leggo, Esq., and conveys a fair idea of the appearance of the monster.

The following notes were taken of the dissection, which, I regret, we were obliged to make in a very brief time. The child is below the average size of the fœtus at full term. On exposing the sternum, it was found composed of two sternums, the manubria of which were separated above by the coalescence of the ribs. Each sternum has the articulation for two clavicles; proceeding downward, the two bones are consolidated. The outer clavicle of each thorax was normal in position and size, as were the corresponding scapulæ and arms; the inner clavicles were thrown upwards and backwards to meet their scapulæ; these clavicles, as well as the corresponding arms, were smaller than the outer ones; the adjoining scapulæ, which are here presented, were united by ligaments at the lower part of the anterior borders. The outer ribs of each thorax were normal; the upper five inner ribs of each proceeded from the spine upwards and forwards to the corresponding sternum, and near their sternal attachments formed a cartilaginous ridge; the sixth inner rib was short, and united to the same rib of the other chest; the remaining ribs were very rudimentary and consolidated, forming a bony ridge between the lower dorsal spines.

The spinal columns were widely separated above; below, they approached, and became one by the consolidation of the adjoining iliac bones; the spinal canals were distinct. The left spinal cord was exposed; the nerves proceeding outwards were normal, those proceeding inwards smaller, especially towards the lower part of the cord, where they were quite rudimentary.

The cranial cavities were not opened.

The common sternum having been removed, immediately underneath were the pericardia, quite distinct, the partition being formed by the serous lining of the sacs. Each heart occupied nearly a normal position. The left heart was larger and better developed than the right, the only peculiarity being a common opening for the venæ cavæ into the right auricle, and a very free communication between the auricles; the valves were normal. The right heart was imperfectly developed, the only septum between the auricles being a small band of muscular tissue about the $\frac{1}{16}$th of an inch wide; the ventricles were not separated, and all the valves were imperfectly formed. On tracing the course of the aorta, the right was found much the

smaller, and emptied into the left opposite the upper lumbar vertebræ, the blood having been propelled through the lower extremities chiefly by the force of the left heart.

There were four lungs, the inner ones apposed to one another, but separated by the pleural membranes; they were on a higher level than the outer ones, on account of the obliquity of the chests; they did not contain air.

The diaphragms were united in the median line; the abdominal cavity was common; the liver was single, of large size, extending from side to side; two gall bladders, separated by a considerable space, in which was found a single falciform ligament; two stomachs; one spleen, on left side, one large pancreas; two kidneys; one urinary bladder; the duodena and jejuna were separate, the ilia united near their terminations; the large intestine was single; the testicles were found in the abdominal cavity.

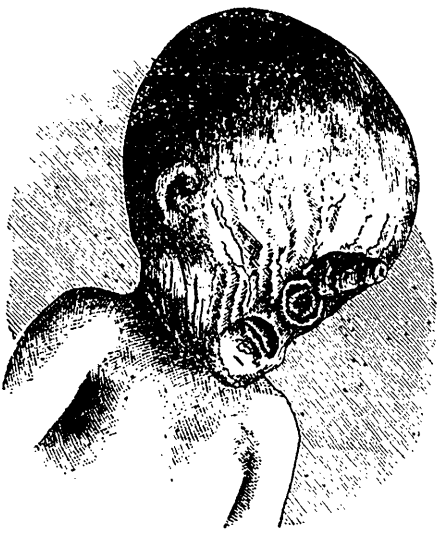
The mother of this monster is twenty-one years of age, and has generally enjoyed good health, the only illness of moment from which she has suffered was an attack of confluent variola in April, 1868, from which she speedily recovered without treatment.

She has been married about two years; and in February, 1873, was delivered of a healthy, well-formed female child; since that, has enjoyed good health. The recent pregnancy did not present any peculiar features; the labor-pains began early in the day, having been preceded by irregular pains through the night and day previous. In my absence, she was attended by Dr. Woolverton, who found the os well dilated and the bag of waters low in the pelvis; after the waters were broken, the head, presenting in the first position, descended slowly, and at length was delivered; the body failed for a short time to descend, and it was found that some peculiarity existed, it being difficult to reach the axilla; at length the shoulders were expelled, and it was necessary to use strong traction to deliver the remaining part of the child; it was then seen that the difficulty had been caused by the presence of a second head, which, in delivery, had been bent downwards upon the thorax and abdomen. The right head was delivered first, and was very livid; a slight effort to breathe was noticed after the birth of the left head. The patient made a good recovery.

I was kindly assisted in the examination of the monster by Drs. Mackintosh, Woolverton and Malloch.

With Dr. Malloch's consent, I bring before you another case of monstrosity,—a cyclops,—illustrating deficiency in development.

Mrs. U., primipara, middle aged, was delivered on the 22nd January, 1873, by the forceps, of a female fœtus, from which this drawing was made by Wm. Leggo, Esq. The fœtus had evidently



been dead some days. The cranial sutures were widely separated, and on removing the skull-cap, a quantity of serous fluid, which had filled the ventricles and compressed the brain substance against the cranial walls, escaped. It was ascertained that the olfactory nerves which passed through the cribriform plate, to the proboscis-like member, were present; the optic nerves were represented by one small nerve, which pierced the skull opposite the central single eye, situated immediately below the proboscis. The nerves posterior to the 5th, seemed normal. The body was kept, but during an absence of some months, the preserving fluid evaporated, and the specimen was spoiled.

On the 22nd of May, 1874, Mrs. U. was delivered of a healthy, well formed male child. Four weeks before her last confinement, she was attended by Dr. Malloch for a strangulated umbilical hernia, which was reduced by the taxis. For years she has had an incarcerated umbilical hernia. The parents have not had syphilis. Mr. U. has had corneal opacity of both eyes, the result of phlyctenular ophthalmia in childhood.

Correspondence.

To the Editor of the LANCET.

SIR,—It is generally supposed, and ought to be the case, that the examinations of the College of Physicians and Surgeons of Ontario are conducted in a strictly fair and impartial manner. In order that such should be the case, I do not think it necessary that any examiner should know either the candidate or the medical school at which he received his medical training. Nevertheless, we find Dr. Aikins, one of the examiners, a prominent teacher in one of the medical schools in Ontario, and treasurer of the Medical Council, by virtue of the latter position, requiring students, when paying their fees, to state what medical school they attended, and taking a note of it.

I would like to know whether the Council has required him to obtain such information or not; and if not, what business he has to demand it? What laudable object can he have in demanding such? I think every unprejudiced mind will say none. It might therefore be surmised that the Dr., in his eagerness to further the success of those students under his training, has resorted to this apparently trifling subterfuge. Should such be the case, the sooner he is replaced by some one else the better.

I hope the members of the Council have its interests sufficiently at heart to investigate the matter thoroughly, and put a stop to anything that has the slightest semblance of injustice.

Yours, &c.,

MEDICUS.

To the Editor of the LANCET.

SIR,—I beg to enclose the following extract from the San Francisco *News Letter*, dated 4th July, 1874:—

WHERE ARE THOSE DIPLOMAS?

We are perfectly inundated with letters of inquiry and approval respecting the very able articles that have appeared in the *News Letter* in regard to our Physicians. Those articles have brought to our knowledge an amount of charlatanry of which we had no previous conception. It is undoubtedly a most dangerous thing to send for a Doctor in San Francisco unless you know who you are sending for. In view of the facts that have come to our knowledge, we feel assured that we shall be equally serving the profession and our citizens generally when we publicly ask certain men: "Have you a diploma?" If they have, we will give them an advertisement gratis. If they cannot answer the query, the conclusion is obvious, and the duty of their patients plain. We append a list of practising medical men, to whom we now put that question. We shall add to it from time to time.

Gentlemen, Have You a Diploma?

Dr. J. N. Eckel, 325 Geary street.
Dr. Charles Luscomb, 426 Kearny street.
Dr. E. D'Oliveira, 524 Pine street.
Dr. D. F. Denicks, 418 Kearny street.
Dr. A. S. Ferris, 832 Howard street.
Dr. Jason J. Braman, Taylor street.
Dr. Ben. F. Lyford, 402 Kearny street.
Dr. Pigne Dupuytren, 424 Sutter street.
Dr. Wm. Wilson, 321 Kearny street.
Dr. J. B. Pinchard, 15 Second street.
Dr. P. J. McEwan, 1028 Market street.
Dr. F. G. Rappin, 1517 Stockton street.
Dr. Sposati, late of Stockton.
Dr. Geo. Fischer, 314 Stockton street.
Dr. —— Close, 822 Mission street.
Dr. J. B. Trask, 542 Market street.
Dr. H. S. Baldwin, 612 Clay street.
Dr. C. T. Deane, corner Montgomery and Sutter streets.

P.S.—Dr. C. T. Deane, Professor of Diseases of Women and Children, and Clinical Obstetrics, in the Medical Department of the University of California, has called upon us, and claimed to have a diploma from Giessen, in Germany. He did not claim to have any other. He never lived in Germany for any time, and *does not speak the language.* They sell diplomas in Giessen for coin. Those who think that diploma guarantees that Mr. Deane possesses skill, or even a medical education, may continue to think so.

It might be necessary to do the same in Ontario. What is the Council about?

Yours truly,

ALPHA.

19th September, 1874.

Reports of Societies.

NORTH ONTARIO MEDICAL ASSOCIATION.

MINUTES OF FIRST MEETING.

At a meeting of the medical men of North Ontario and adjacent townships, the following gentlemen were present:—Dr. W. Philp, Port Perry; Dr. S. L. Freel, Stouffville; Dr. R. W.

Forrest, Mount Albert; Dr. J. D. Smith, Sandford; Dr. Black, Markham; Dr. J. McDermott, Sunderland; Dr. J. Nation, Uxbridge; Dr. J. Bascom, Uxbridge; Dr. J. J. Hillary, Uxbridge.

On motion, Dr. Forrest took the chair and Dr. Hillary acted as Secretary.

Moved by Dr. Freel, seconded by Dr. Hillary, that this Association be called "The North Ontario Medical Association," and that we invite medical practitioners of the North Riding and adjoining townships to join the Association.—Carried.

Moved by Dr. Hillary, seconded by Dr. Bascom, that Dr. Nation be President.—Carried.

Moved by Dr. Nation, seconded by Dr. Philp, that Dr. Gillespie be Vice-President.—Carried.

Moved by Dr. Freel, seconded by Dr. Smith, that Dr. Hillary be Secretary and Treasurer.—Carried.

Moved by Dr. Nation, seconded by Dr. Smith, that the Medical Tariff of North York, as revised, be adopted by this Association as a guide to their charges, and that the members present sign the same, and that the Secretary forward a copy of the revised Tariff and a copy of the minutes of this meeting to all practitioners in the riding and adjacent townships for their signature.—Carried.

Dr. Hillary read two cases of interest, and placed on exhibition "An Aspirator," kindly offering the use of it to any member of the Association that might meet with cases requiring it, in his practice.

Moved by Dr. Bascom, seconded by Dr. Smith, that the Fee for Membership be not decided on till next meeting.—Carried.

Moved by Dr. Freel, seconded by Dr. Bascom, that this meeting do now adjourn and meet again at the call of the Secretary, when he has obtained signatures to the Tariff and arranged matters to the President's satisfaction, and on consideration that the next meeting be held in Uxbridge, at Plank's Hotel, at 7 o'clock p.m., it being, in the opinion of the gentlemen present, the most central place of meeting and most convenient hour.—Carried.

Moved by Dr. Bascom, seconded by Dr. Freel, that Dr. Hillary be requested to read either a paper or some cases of interest at next meeting.—Carried. The meeting then adjourned.

Uxbridge, August 3rd, 1874.

Selected Articles.

THE MEETING OF THE MEDICAL COUNCIL.

In other pages of the JOURNAL of the last two and the present weeks, we have given an account of the proceedings of the recent session of the General Medical Council. We here subjoin a brief summary of the principal events.

On the first day, the President, Dr. Paget, opened the proceedings with an address, which was published at page 33 of the JOURNAL for July 11th. At its close, he retired from the office of President, which he had held for the full term of five years. Having passed a vote of thanks to him for his valuable services, the Council unanimously decided on re-electing him President. On again taking the chair, however, he announced that he could only consent to hold office during the session; and, at the termination of the business on the last day, he carried out his resolution of retiring, although the Council had in the meantime unanimously solicited him to remain in office for the full term of five years. His retirement was received with much regret; and the Council, by an unanimous vote, recorded their grateful appreciation of the able and courteous manner in which he had fulfilled his functions. Dr. Acland, the representative of the University of Oxford, was appointed his successor.

The business which chiefly occupied the Council was the consideration of the Reports of Visitations of Examinations. These had been made, in pursuance of the decision of the Council at its session in 1873, each by two visitors, one being a member of the Council and one being chosen by the Executive Committee from without the Council. The examinations visited were the following: Society of Apothecaries, London, by Dr. Quain (Member of Council), Dr. A. W. Barclay, and Mr. Busk; the Royal Colleges of Physicians and of Surgeons of Edinburgh (primary and second joint examinations) by Dr. Parkes (Member of Council) and Mr. Holmes; the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh (single examinations) by Dr. Risdon Bennett (Member of Council) and Mr. Busk; the Faculty of Physicians and Surgeons of Glasgow and the Royal College of Physisian of Edinburg (second conjoint examination) by Dr. Parkes (Member of Council) and Mr. Busk; the Faculty of Physicians and Surgeons of Glasgow (first and second examinations) by Dr. Aquilla Smith (Member of Council) and Mr. Henry Power; the University of Glasgow (first and second professional examinations) by Dr. Quain (Member of Council) and Mr. H. Power; also by Dr. Humphry (Member of Council) and Dr. Barclay; the Royal College of Surgeons in Ireland (examinations for

letters testimonial) by Dr. Aquilla Smith (Member of Council) and Mr. H. Power ; the Queen's University in Ireland, by Dr. Humphry and Mr. Power; also by Dr. Bennett and Dr. Bristowe. An analysis of these important reports is being given elsewhere in the JOURNAL.

The question that the reports of the visitors should be at once taken into consideration by the Council was opposed, but without effect, by Sir Dominic Corrigan, who urged that the Council ought not to proceed further until the examinations of all the licensing bodies had been visited and reported on. The reports were considered in succession in Committee of the whole Council ; and with regard to most of them it was decided to send copies to the bodies specially concerned for their consideration and remarks. A stronger course was adopted with regard to the Royal College of Surgeons of Ireland, the Council appending to the ordinary resolution another calling special attention to certain defects alluded to in the report. A similar proceeding was proposed with regard to the Queen's University in Ireland, but, after an animated discussion, was not adopted.

Several motions relating to various points referred to in the reports were brought before the Council. The comments of the visitors on the imperfect preparation of many of the candidates led Dr. Humphry to propose that the Council should recommend that the certificates given by teachers should include a statement that the pupils had "satisfactorily attended" the class examinations. This was agreed to, after a debate in which it was shown that the system of class examinations had been already adopted by many teachers, in some schools, indeed, for many years ; but that there was no power to compel the students to attend them. A proposal by Dr. Andrew Wood, that the area of examination (not of teaching) should be limited and defined in regard to such subjects as botany, zoology, chemistry, and materia medica, was also agreed to ; it being the opinion of most members of the Council that the vast extent of these subjects rendered it unreasonable to expect a student to be master of them and at the same time to possess a competent knowledge of the more important practical departments. The Council also adopted a proposal of Dr. Humphry, recommending that two examiners, or an examiner and an assessor, should be present at every clinical and every oral examination ; and also a motion brought forward by the same gentleman, that an examination on any subject ought not to be conducted wholly or in great part by the teacher of the candidate in that subject. A motion proposed by Dr. Storrar, in favour of "objective" examinations, and of the appointment of "experts" as examiners, was negatived ; and the same fate befel a proposal of Dr. Apjohn to lay down rules for the conduct of examinations in chemistry. The principal reason for not approving these proposals, was the reluctance of the Council to lay down minute details of rules for the guidance of examining boards and schools.

The Council decided to continue the visitation of examinations.

Communications of a very satisfactory nature relating to the conjoint examination scheme for England were made to the Council. Dr. Storror read a letter from the Home Secretary, approving of the resolution of the Senate of the University of London not to admit candidates to the second M. B. examination before passing the final examination of the conjoint Board. The passing of the Apothecaries' Act Amendment Bill was also reported ; and correspondence relating to the subject was produced by Mr. Bradford, the representative of the Apothecaries' Society. A resolution expressing the satisfaction of the Council at the progress that had been made was passed. It appears, however, that there are still some legal difficulties in the way of carrying out the scheme ; but it is confidently expected that they will be readily removed.

A question put by the President, by request of Dr. Apjohn, led to an explanation by Mr. Macnamara, the representative of the Royal College of Surgeons of Ireland, of the attitude of that body with regard to the Irish conjoint scheme. He explained that the Council, with whom rests the management of the affairs of the College, had steadily adhered to the conjoint scheme ; and that the majority of the Fellows had shown their approbation of their conduct by re-electing the majority of them to office. The prospect of forming a conjoint board in Ireland with the co-operation of all the licensing boards in that division of the kingdom, except the Queen's University, was considered hopeful.

A proposal of Sir Dominic Corrigan, that the Medical Council should approve a Bill for instituting a special examination for all medical men seeking appointments in the civil public service, was rejected ; the mover and seconder alone voting in its favour.

On the suggestion of Dr. Acland, the Council, on the first day of meeting, appointed a Committee to examine the report of the Parlimentary Committee on the adulteration Act ; and subsequently adopted a series of resolutions regarding the qualifications of public analysts, which were presented by a deputation of the Council to the President of the Local Government Board.

In reply to a question of Dr. Andrew Wood, whether Matthew Bass Smith, whose name had been removed from the *Register* by order of the Medical Council, was still on the roll of members of the Royal College of Surgeons of England, Mr. Quain, the representative of that body, explained that the College at present had no power to remove his name, but that a bye-law was being

framed for the purpose of enabling the College to deal with similar cases.

The returns, two in number, from the Army Medical Department, showed that, out of thirty-three candidates, one only had been rejected.

The reports of the Pharmacopœia Committee and of the Finance Committee were presented and approved.

The session lasted nine days; but, beyond the discussion on the report of visitations of examinations, it cannot be said that much of importance was done.—(*Brit. Med. Journal.*)

THE THERAPEUTICAL ACTION OF QUININE.

M. Sée has been delivering at the Charité a series of clinical lectures on the thrapeutic action of quinine, some notes of which may be of interest. He is one of the most advanced scientific therapeutists, and believes that the action of drugs in disease may be predicted and explained by their physiological action in health. It is impossible to give more than a general idea of the views advanced and ably expounded by references to the natural history of the various diseases and the known action of quinine in their different forms, especially with regard to malarial fevers and acute rheumatism. His general conclusions are as follows :—

In health quinine has a threefold action : firstly, it diminishes the frequency and force of the action of the heart ; secondly, it lowers the tension in the arterial system ; and thirdly, it lowers the temperature, or prevents its elevation by exercise &c. Whilst recognizing its action on the amœboid movements of the white blood-corpuscles, as shown by Cohnheim, Binz, and others, he does not regard this as of great importance.

In an able analysis of the various forms of malarial fever, and the teachings of experience as to the value of quinine in each, he concludes that the drug cannot be regarded as a specific or counter-poison—as (1) it does not prevent malarial poisoning when taken as a prophylactic ; (2) it does not prevent recurrence after a variable period ; and (3) it is useless in some of the most fatal forms, especially where the fever tends to assume a continued type. Moreover, he points out that in other fevers which present the characters of periodicity and the occurrence of initial rigor—e.g., urethral fever from catheterism,—quinine has an equally beneficial effect. He believes that the effect of quinine in ague is due to its threefold action, exerted chiefly during the period of rigor ; by its action on the heart it diminishes its frequency and force ; on the peripheral arteries, it lowers their tension and produces dilation ; on the spinal cord and vasomotor centres, acting as a sedative, it tends to diminish their excitability ; and lastly, it exerts a direct cooling action on the system generally ;—the latter, however, being the least important factor.

In acute rheumatism, M Sée considers it by far the most valuable medicine ; and states that he always returns to it with benefit after the trial of all other methods of treatment. Here, again, he sees in its physiological action the most precise indications for its use. Especially in its effect on the spinal cord—in lowering its irritabil ', and thus diminishing the sensibility to pain ; and lessening reflex excitability, and thus reducing irritation and the afflux of blood to the inflamed joints—does he consider that its value lies, its action on the vascular system and in lowering temperature being also beneficial. The dose which M. Sée recommends is from ½ to 1½ grammes (or 8 to 24 grains nearly) in the day ; increasing it, however, to 2 or 3 grms., or even more if needful. It may be mentioned that this mode of treatment is adopted by a large number of the leading physicians in Paris, either exclusively or with other means, and they all appear to be unanimous in its favour. It is only in the acute stages that M. Sée considers it beneficial, except for the relief of pain ; and in this respect it is also useful in gout.—*The Lancet.*

THE DIAGNOSIS OF BLOOD-STAINS.

The generally received opinion that the microscope is of little or no service in discriminating between the blood-corpuscles of man and the common mammalian animals would seem to be refuted by some recent investigations of Dr. Joseph G. Richardson, Lecturer on Pathological Anatomy in the University of Pennsylvania and Microscopist to the Pennsylvania Hospital. In his investigations Dr. Richardson employed a far nigher power of the microscope than has hitherto been used in the investigation of blood-stains. He worked with $\frac{1}{12}$ immersion lens (giving an amplification of 1250 diameters), and with this high power he had been uniformly successful in discriminating between the blood of man, the ox, and the sheep.

The specimens of blood were prepared for him by two scientific friends, and were submitted to him as a riddle which he was required to solve, the specimens of blood being merely designated by a number.

The stains were broken up into fine dust with a sharp knife, placed upon slides, and covered with a film of thin glass. A few drops of the ordinary three-quarter of one per cent. solution of common salt were then successively introduced at one margin of the cover, and removed from the opposite edge as they penetrated thither by a little slip of blotting-paper, thus washing away the colouring matter from the tiny masses of dried clot. When these particles were nearly decolorised, a drop of

aniline solution was allowed to flow in beneath the cover, and after remaining about half a minute, was in its turn washed away, and its place supplied by a further portion of weak salt solution. Examined under the high power, and ten consecutive corpuscles from each stain being measured with a cobweb micrometer, the following results were obtained.

In the first specimen the maximum size of the corpuscles was $\frac{1}{3125}$ inch, the minimum $\frac{1}{3571}$, and the mean of the ten $\frac{1}{3407}$ inch in diameter. In the second specimen the maximun was $\frac{1}{4444}$, the minimum $\frac{1}{4878}$, and the mean of the ten $\frac{1}{4694}$ inch. In the third specimen the maximum was $\frac{1}{6406}$ the minimum $\frac{1}{6666}$, and the mean of the ten $\frac{1}{6828}$ inch.

From these measurements Dr. Richardson rightly concluded that the first specimen was human blood, the second ox blood, and the third sheep's blood.

A second experiment made under the same conditions gave similar results, and enabled Dr Richardson to discriminate rightly. In this experiment the mean diameters of human, ox, and sheep's blood-corpuscles were found to be $\frac{1}{3430}$, $\frac{1}{4660}$ and $\frac{1}{6952}$.

Dr. Richardson has thus, it would seem, made a valuable addition to forensic medicine; and we shall be interested to hear what results are obtained by other investigators who may use the high powers of the microscope for a similar purpose.—*The Lancet.*

ABSTRACT OF LECTURE ON THE SURGICAL TREATMENT OF ANEURISM.

BY T. HOLMES, F.P.C.S., PROFESSOR OF PATHOLOGY AND SURGERY.

POPLITEAL ANEURISM.—The first topic treated of in this lecture was the effect which the previous use of compression has on the success of the ligature, should this operation afterwards become necessary. It is generally taught that this effect is favourable; that doctrine resting mainly, if not entirely, on the statistics published by Mr. J. Hutchinson in the *Medical Gazette* for November 29th, 1856. But those statistics are too meagre to be the basis of any certain conclusion; and, although it is true that the previous use of compression may cause the enlargement of the collateral vessels, and so diminish the risk of gangrene; yet prolonged compression, by the suffering and confinement which it involves, must probably affect the result of the case unfavourably. Certain it is that, in the hospital table before referred to, the numbers (which are much larger than Mr. Hutchinson's) show a greater proportion of failure in the cases treated by ligature after compression, than in those treated at once by ligature. This is attributable, probably, in part to the fact that compression succeeds in the best cases and fails in the worst, as much as to any effect of the compression itself. The total result of the cases of popliteal aneurism in which the compression-treatment was adopted (including those in which it failed, as well as those in which it succeeded) was almost identical, both in the proportion of deaths and of failures, with those treated on Hunter's method, by the ligature used at once. This fact seemed to the lecturer to argue greatly in favour of the compression-treatment; since, by means of it, a large proportion (amounting to about a quarter) of the whole number of cases of popliteal aneurism were cured without any danger to life whatever, and in many cases with little or no suffering; and, in those who recovered, the limb was stronger and better nourished, in consequence of the less obstruction of the main vessels. At the same time, there is every reason to believe that the proportion of cures can be very greatly increased by better methods of pressure and more care in applying them. The total result of the table is most gratifying, as proving how large a proportion of cases of popliteal aneurism are cured, in one way or other, in our hospitals. The whole number of cases of popliteal aneurism in the table was 212; the total number of deaths only 30—*i.e.*, 14.1 per cent.—many of them due to other diseases; and in only 4 cases was the treatment left incomplete; 12 recovered after amputation. All the rest (166) were cured with preservation of the limb.

Still, though the success is great, it cannot be denied that further improvement is possible and desirable; and this will probably be obtained by the further development and the more careful performance of compression.

The history of the compression-treatment was briefly sketched; and reference was made to the great percentage of cures which followed the Dublin method of partial and interrupted pressure, in which the circulation was never entirely commanded, and the pressure was altogether relaxed at intervals. These details are taken from Mr. Joliffe Tufnell's book published in 1851. Reference was made also to the results (as far as they could be ascertained) which have been since obtained in Dublin, which still appear to show a very much greater proportion of cures than has been reached elsewhere, though the method of partial interrupted pressure has now been in great part abandoned for the total interruption of pulsation in the sac, either permanently or temporarily. These data, however, have not as yet been completed; and perhaps it may be impossible to collect all the cases which have occurred since Mr. Joliffe Tufnell's book was published; but, as far as they go, they appear to show that in Dublin only about a quarter of the cases resist compres-

sion, and that of these the very great majority are cured either by ligature or amputation; death being quite exceptional, and caused in many cases by visceral disease. If this is so, it is a plain proof that the large proportion of failures of compression in London and elsewhere depends on some imperfection, or probably on want of care, in carrying out the details of the method.

The lecturer then spoke about the methods of compression, avowing his disbelief in Broca's theory of active and passive clots; since the constant success of digital pressure sufficiently proves that the passive and complete coagulation of the blood very commonly leads to definite cure, and that, when it does not do so, the clots exercise no irritating influence on the sac, but merely melt away again, and the aneurism returns to its former condition. The method of digital pressure was shown to be superior to any instrumental method, on account of its comparative freedom from pain, and the possibility of avoiding simultaneous pressure on the vein. Its drawbacks—viz., the labour and the number of assistants required—have not usually been found very serious even in private practice; and it can be carried out, if the assistants are well trained, with an amount of accuracy which is seldom attainable either with the weight or any form of instrument. But minute care should be given to see that no pulsation ever passes through the sac; and it is well not to begin till the circulation has been somewhat reduced by rest and light diet. Numerous instances were produced of the rapidity of cure in favorable cases, and of the ease with which the patient can in such cases undertake his own treatment. When there is any reason to apprehend disease of the femoral artery itself, it is especially desirable to make the pressure with the finger, rather than with an instrument. The assistance of a weight laid on the finger of the compressor spares his muscles and enables one person to carry on the compression for a much longer period.

There are cases, however, in which the pressure of a weight or of some from of tourniquet succeeds better. Of all forms of instrument, that invented by Dr. Carte seems the best.

The subject of popliteal aneurism was reserved for completion in the next lecture,—*Brit. Medical Journal.*

BARON VON LANGENBECK'S CLINIC, BERLIN.

Scene I., 1.45 p.m.—Large, shabby amphitheatre; seats broad, wooden stairs, uncomfortable enough to have been chosen for Patience's smiling place; students scrambling for the best places; air full of tobacco smoke and expletives.

Scene II., 2 p.m.—Sudden silence and respectful rising on the part of the students. Looking down in the cock-pit, we see in the midst of his attendant "practical physicians," a gray-haired, well-preserved, soldierly old man. It is Herr Prof. von Langenbeck, elegant in dress and address, and of manners most courtly—except when sorely tried; *e. g.*, he bows to the students, and selects from the list one who is expected to make a diagnosis and prescribe the treatment necessary for a little baby that has just been laid upon the operating table. Herr B. has, unluckily, not made a specialty of spina bifida. He utterly fails in diagnosis, and, when hard pressed for treatment, he suggests that a section be taken out of the spinal column, the baron's righteous indignation knows no bounds. Baby has a carbolized dressing applied, and poor B. flies incontinently to the upper back seats.

Case No II. is brought in upon a stretcher, and proves to be a young woman with a hideous protrusion of the left cheek. Examination reveals a tumor—probably malignant—in the antrum; hence excision is determined upon. A la Nussbaum, Langenbeck then proceeds to perform tracheotomy, making fast to the tracheal tube about three feet of rubber tubing. This communicates with a chloroform inhaler, which is placed outside the crowd about the table, thus giving the one administering the anæsthesia plenty of elbow-room. The patient's mouth is now plugged; Langenbeck makes a curved incision downward from the inner angle of the eye to the tip of the ear, and removes the superior maxilla at his leisure. The hæmorrhage, of course, is great, until checked by means of hot irons, under which the tissues siss and hiss like St. Lawrence on his gridiron, but the operation was *wunderschon.* What is left of the patient's face is sewed together, a flap is brought down from her forehead to fill a gap near the inner canthus and the girl is carried away, happily unconscions of all that has happened.

[N. B.—During the whole of this operation, as in almost all that we saw at Berlin, chloroform was given without stint and seemingly pushed to a dangerous extent. Nevertheless, this woman made a good recovery, was not greatly disfigured, and at last accounts was walking about the hospital wards.]

Case III. is necrosis of the ankle, requiring Syme's amputation of the foot. This is performed exactly as laid down in the books, except that the schlauch-tourniquet is used. This hose tourniquet, as you may know, consists essentially of two to three feet of small rubber hose—about an inch in diameter—and a long, strong, elastic bandage. The latter, beginning at the toes, was applied so closely that nearly all the blood was driven before it out of the limb. The bit of hose was then twisted around the leg—over the femoral artery—as tightly as two men could pull it, and secured by means of a hook and chain in its ends. On removing the bandage the limb was found pale and exsanguinous, and hence the operation was almost

literally bloodless. No doubt this was in part due to Langenbeck's skillful fingers, but we doubt if with any other tourniquet even the best of surgeons could have amputated a foot with so little hæmorrhage. Except a little cutaneous oozing, the cutting was as clean and easy as if it had been done upon smoked beef, and the amputation performed with a neatness and dispatch very unlike the previous operation. Then, of course, it would have been injudicious to wind a schlauch about the patient's throat, but in all operations upon the limbs the hose tourniquet has proved a valuable and efficient aid to the surgeon. But is there no drawback to its use? Yes, there is always somewhere a weakest spot, and here it consists in possible paralysis. We have no account of any bad effects following its use in amputations, but on looking over our notes, we find a case where paralysis seemed to result from its use in a tedious operation for anchylosis of the elbow. In lecturing upon this case Langenbeck alluded to another, in private practice, where persistent partial paralysis of the hand occurred after prolonged pressure of the rubber tube upon the brachial plexus. These were the only cases in which he had observed evil results, and with these two exceptions—both in the upper extremity—Herr Prof. von Langenbeck has always secured the most fortunate results, and esteems the schlauch tourniquet as one of the most valuable discoveries of modern surgery.—(*W P. Hatfield M. D. in the Chicago Med. Examiner.*)

TETANUS CURED BY AMPUTATION.

A boy entered the Ninety-ninth Street Reception Hospital, suffering from a lacerated wound of the foot, caused by injury received at the Harlem draw-bridge. The foot after a few days became inflamed and œdematous, and from the time of injury caused excessive pain.

On the twelfth day patient developed marked trismus, and on the next day gave evidence of opisthotonos, with severe pain in the back of neck.

The general muscular rigidity was so decided the following day, that in changing him to another bed, he was found to be as stiff as a board.

Hypodermic injections of morphia and atropia were administered, but with little benefit. Occasionally he would have a convulsion, and then chloroform inhalations relieved for the time. Five days after the development of tetanus, it was decided to amputate, though without any decided confidence of cure. Previous to this the wound had been treated with water-dressings.

Dr. M. B. Early removed the leg between the lower and middle thirds, using circular flaps. The day after the operation all trace of tetanus had disappeared, and in three weeks the patient was discharged. Following the operation there was a certain amount of necrosis at the end of the bone, and on this account he was kept under observation for several months, but no unfavorable symptoms developed.—*N. Y. Med, Journal.*

A NEW OPERATION FOR CLEFT PALATE.

In a recent number of *The Record*, we noticed a modification of an operation for fissure of the bony palate, performed by Sir William Ferguson (and described in *The Lancet*, vol. ii. p. 784), after the failure of the ordinary operation of Langenbeck. *The Lancet* of June 20, 1874, contains a description of still another improvement by the same surgeon. The operation, as before described, consists in paring the edges of the mucous membrane on each side of the cleft, and then, by means of a chisel, splitting the hard palate on each side, and forcing the two portions of bone thus obtained towards the middle line. The osseous fragments are then bound together in the middle line by two or three silk ligatures, each of which passes through the nasal cavity. The results of all the cases operated upon up to that date were reported at page 298 of the current volume. Although the operation has hitherto been remarkably successful, considering the severity of some of the cases in which it has been employed, it had one drawback. The two bony fragments were liable to become tilted. To obviate this, Sir William recently followed this course:—After paring the edges of the mucous membrane, he pierced the hard palate with an ordinary shoemaker's awl in two places on each side of the cleft, close to the margin, in such a manner that the holes on one side of the fissure were directly opposite those on the other side. A separate silk suture was then passed through each hole on one side, carried into the nasal cavity, and brought into the mouth again through the holes on the opposite side of the cleft. When the sutures were thus secured, the hard palate was divided on each side outside the apertures, by means of the chisel, in the manner described. The silk sutures were then drawn together, and the two fragments of bone brought into gentle apposition. Sir William remarks that since first performing this operation, he has found that it had been previously recommended by Dieffenbach.—*Med. Record.*

A NEW DIAGNOSTIC SIGN OF AMYLOID DEGENERATION.—Dr. Lionville, of Paris, has observed the presence, in the urine, of epithelial cells having undergone amyloid degeneration in the adult. He advises therefore in all cases where amyloid degeneration is suspected to exist—namely, those in which chronic diarrhæa with cachectic symptoms, and tumefacation of the spleen are observed—to search in the urine for this additional sign.

THE USE OF IODIDE OF POTASSIUM.

[On this subject, Prof. Seé says in the London *Medical Times and Gazette*:]—

The iodide of potassium has been prescribed to stop the vomiting of pregnant women, but for this it is not equal to alcohol nor to the bromide of potassium.

The iodide of potassium has a certain action on the kidneys; it may produce nephritis, destroy the tubuli uriniferi, and produce albumen in the urine; but all metals do this, so we cannot make a special complaint against iodide in this respect. This leads us to the study of the composition of the urine in individuals who take iodine, which will enable us to give the drug its proper place in the therapeutic *cadre*. If the effete matter of the organism, or the urea, be diminished during the use of iodine, it is because this latter is a substance that prevents the waste of the tissues (*medicament d'épargne*). Such was the conclusion arrived at by M. Rabuteau, who, in his experimeuts, found a diminution of urea; but it may be objected that these experiments are not absolutely rigorous. M. Rabuteau subjected himself to a certain diet for five days; he measured the quantity of urea which he excreted each day, and found twenty-eight grammes as the mean; on the fifth day he took iodine, and found no more than twenty-four grammes of urea in his urine. The experiment ought to have been more precise. M. Rabuteau ought not only to have weighed the ingesta, but he ought to have ascertained the quantity of nitrogen; he should then have measured the quantity of nitrogen eliminated by the different outlets. When the balance between the nitrogen absorbed and that eliminated is properly ascertained, it is only then that one can fairly estimate the results produced by a particular drug or any other substance. This is what was done by M. Beck in the case of a syphilitic patient; the results of this observation were negative, and the deduction was that iodine does not act on the composition and decomposition of the tissues. But M. Bouchard declares, on the contrary, that, according to his own personal experience, iodine increases the quantity of urea excreted daily, particularly in diabetics. The natural conclusion is that iodine is not a destructor of the economy. Professor Sée protests against the conclusions of M. Bouchard, and brings clinical proofs against the arguments of the latter gentleman. Diabetics, continued the Professor, do excrete more urea than a person in health. According to the learned Professor, it was not the iodine absorbed that manufactured the excess of urea; it found it in the economy, and it did no more than eliminate the urea, just in the same way that it draws away all that it meets with in its course. If in syphilitics it meets with mercury, the iodine favors its expulsion in forming an iodo-mercuro-albuminate; if, on the other hand, the mercury is combined with the blood, muscles, bones, or nervous tissue, the iodine, in regenerating all the vitiated molecules, expels the mercury indirectly by the formation of new elements. The following is a summary of the therapeutic applications of iodine:—

It is employed to eliminate all the poisons which may impregnate the economy—syphilis, mercury; it has also been employed as an eliminative in gilders' and lead poisoning, and in arsenicophage.

The mucous and serous membranes are modified by iodine, and it is given in asthma, albuminuria, ascites, pleurisy, etc. It is employed as a "dissolvant" in glandular swellings, and it produces excellent effects in goître; but it also exercises a certain influence on the breasts and testicles, which it atrophies. It is useful in a great number of chronic affections by dissolving certain products which it eliminates; thus it is employed in diabetes, scrofula, syphilis, etc.

In fine, iodine is a most useful drug, but it is a two-edged instrument, difficult to deal with. It is a local "atrophiant;" it has no ill effects on the general health; it is a "*revivificateur*," like oxygen.

HYDROPHOBIA WITH TWO YEARS AND A HALF INCUBATION.

Dr. Féreol, at the meeting of the Académie de Médecine of the 21st ult., read a very long memoir on a case of hydrophobia occurring in an individual bitten two years and a half before by a mad dog. He has since published it at length in the *Union Médicale*, but we may content ourselves with noting the chief points. The patient was a M. Durieux, a *pharmacien* by occupation, and forty-eight years of age. On June 18 he was admitted into the Maison de Santé with symptoms of commencing hydrophobia, which speedily became quite confirmed. Death occurred on the third day, and beyond some cerebral and spinal meningeal congestion nothing special was found at the autopsy, which was performed with the greatest care. The patient stated that he had been bitten in the hand two years and a half ago by a mad dog, and subsequent inquiries have confirmed his statement.

M. Féreol, convinced that his patient died of true hydrophobia, reviews at great length the various affections with which this may be confounded. Treating of "nervous hydrophobia," he refers to a remarkable case which fell under M. Demarquay's notice. A student at the Hôtel-Dieu having been greatly affected by the suffering which he had witnessed in a patient suffering by hydrophobia, had the misfortune as he was leaving the hospital to be himself bitten by a dog. He returned in a state of desperate alarm, and had the wound thoroughly cauterised, declaring that within six weeks he should return to die in the state of horrible suffering which

he had just witnessed; and accordingly at the period indicated he did return with all the symptoms of hydryphobia developed. As he was still alive at the end of the forty-eight hours, when the patient whom he had seen had expired, M. Demarquay joked him, declaring that, as he had passed that period, he had not the disease, and had nothing to fear. These words inspired the youth with hope, his symptoms abated, and he recovered. That the present patient was suffering in some analogous manner is rendered highly probable by a statement made by Baron Larrey at the next meeting of the Academy. During the siege of Paris, he observed this M. Durieux (who, besides being a *pharmacien*, had a medical diploma) became well known to him as an applicant for employment on the ambulances. From the first he remarked his zeal and ardour, as well as his excited state and language. He seemed to seek to brave all perils in order to distinguish himself; and his excessive anxiety to obtain the Cross, and his tumultuous joy on succeeding, made a great impression on M. Larrey. "I lost sight of him afterwards," he observes, "always remembering him, however, as one of the most restless, the most agitated, and the most excitable beings with whom I had ever come into contact. Did he not then present a moral predisposition to the manifestation of the neurosis which ended in a fatal hydrophobia? For my part, I should be disposed to regard his case, not as an example of rabies with an incubation of two years and a half, but as one of cerebral hydrophobia, or symptomatic of acute delirium provoked or aggravated by the coincidence of a dog presumed to be mad."

While on the subject of hydrophobia, we may advert to a case related recently to the Paris Hospital Medical Society by Dr. Bucquoy, Physician to the Cochin Hospital, in which intravenous injection of chloral was tried. He approves of the condemnation which has been so generally expressed of Prof. Oré's proposal to substitute this practice for the administration of chloroform in surgical operations, but he believes that few will accuse him of temerity in resorting to this mode of treating a disease so invariably fatal as hydrophobia. And although the remedy has proved as useless as all others, the case is worth notice as confirming Prof. Oré's statement that large quantities of chloral may be injected with impunity. On the 31st of May, a robust and healthy man, who had been bitten in the hand six weeks before was brought to the hospital. The symptoms, which had commenced two days before, were fully developed, and the pulse was 120. A solution of chloral (1 to 5) was thrown into the median-cephalic and radial veins by means of an Angel's syringe—this, which held five grammes, being replenished thirteen times; so that thirteen grammes of chloral were injected in the space of an hour and a half. At about the tenth syringe the stage of excitement appeared, just as under the use of chloroform; and after the thirteenth, the patient fell into a deep sleep. He slept for about two hours; and some time after he awoke, and while still somewhat under the influence of the chloral, he was able to drink small quantities of water twice. He passed the night calmly, and was able every now and then to drink, especially when a caoutchouc tube was employed. On the 1st of June he was very calm and contented, but on trying to drink the same frightful spasms seized him as at first. These afterwards continuing without exciting cause, and being accompanied by constant restlessness, chloral was again injected by the saphena vein, twenty grammes being employed before sleep was induced. This was very sound; but, after it had lasted two hours, the patient was seized with a tetanic spasm of the muscles of the thorax, and soon afterwards died. Nothing remarkable was observed at the autopsy; but it was ascertained that in no point of the venous system, which was very carefully examined, was there trace of inflammation, nor were there any coagula in any of the veins into which chloral had been injected.

It is in relation to the intravenous injections that the case is interesting, large quantities of chloral having been thrown in with innocuity. This probably arose from the precautions observed in doing this—viz., the employment of a weak solution (1 to 5), the avoiding any denudation of the vein, and the injection of small quantities (five grammes of the solution) at a time, and that very slowly.—*Medical Times and Gazette.*

ENGLISH MEDICINE, MEDICAL BOOKS, JOURNALS, &c.

London Correspondence in the *Clinic*, August 1st, 1874.

Whatever may be said of the work done by the physicians of other nationalities, it must be admitted, I think, that the place filled by the contributions of English medicine is one of the largest and most important. Billroth, a typical German, and, as everybody knows, one of the foremost medical men of our time, pays a just tribute to English physicians when he declares in his introduction to his Surgical Pathology that the most important contributions to our science have been made in England. The conservatism, the cautious habit of the English mind, and, I may add, its honesty, have, it is true, apparently hindered the development of English medicine, but have certainly established on a firmer basis all the improvements in our science and art coming from English sources.

The English medical authors, as I have intimated in previous letters, are chiefly the younger men, who alone have the time to undertake original investigations or to engage in the labor of literary composition. The book, whether intended to represent

practical or scientific medicine, whether a compilation of existing knowledge on the subject treated of, or intended to put forth the results of experimental research, is usually a venture made by the author himself with the object of improving his position in the profession and of introducing him into practice. There are but few London medical men who devote themselves exclusively to scientific medicine, and the most of the really satisfactory work in this direction is accomplished under great disadvantages by those who are struggling into practice.

Most of the English medical works are pecuniary ventures of their authors, and no risks are assumed by the publishers. I was informed by Dr. Beale that he personally superintended every stage in the publication of his works, selecting paper and type and witnessing the making and printing of the illustrations. The sale of the book, if successful, reimburses the author for his expenditure, but the chief recompense comes from the increased business which the book brings. Not unfrequently a book on some special disease or group of diseases is put forth merely as an advertisment. One may see in the secular press, especially in the *Times*, advertisments of these works with commendatory notices annexed. This mode of bringing themselves before the public, employed, too, by reputable men, has, however, been recently sharply rebuked by the medical journals, and has been officially inquired into and condemned by some of the societies.

Whilst it is true that the physicians of the United States have been so largely dependent on English sources for their supplies of medical information, it is now quite apparent that a small but increasing current of medical literature is setting in from the United States to England.

The medical journals of London are very powerful and influential. The number of weeklies is a clear indication of the intellectual activity of the medical profession. There are three great weeklies —the *Lancet*, *British Medical Journal* and the *Medical Times and Gazette*—all representatives of British medical opinion, but preserving individual peculiarites and appealing to different influences in the profession for support; the *Lancet* has the largest circulation, especially amongst lay readers, and is to be found in all of the club houses, public libraries and in many private houses. The old animosities which were excited by the *Lancet* at its foundation and for a few years subsequently, have entirely disappeared. The paper is owned by the Wakleys, the two sons of its founder. With success it has become conservative, but is still independent. It is edited, not by the Wakleys, the owners, but by young men, able sprightly and rising writers, employed by them for this work. As a consequence of this system, the editors are frequently changed but the policy of the paper remains the same. The *Lancet* has become quite a valuable property and nets, it is said, five thousand pounds per annum.

The *British Medical Journal* is the organ of the British Medical Association, and has the support of that powerful body. This journal has probably the largest circulation in the profession. It is very ably edited by Mr. Ernest Hart. Besides conducting the *British Medical*, Mr. Hart edits two other weekly journals, *The Medical Record* and *The Sanitary Record;* the first named being made up chiefly of abstracts of important papers published in foreign journals, and the last named being devoted to subjects in sanitary science. It would be quite impossible for one man to perform this enormous labor unless he possessed the facility of Mr. Hart in this kind of work, and relinquished all other engagements except editorial as Mr. Hart does.

The *Medical Times and Gazette* has a much smaller circulation than the other great weeklies, but it is a journal of very lofty tone and represents the more conservative elements in English medical politics. It has been a long time edited by Dr. Druitt, the well-known author of the text book on surgery. Ill-health lately compelled Dr. Druitt to seek relief in the climate of Madras, and during his absence the journal has been extremely well conducted by Dr. Cholmoley. I have heard that Dr. Druitt has recently returned, much improved in health, and that he will again undertake the editorial management of the journal.

There is another very lively little monthly journal published in London entitled *The Doctor*. It is owned and edited by Chapman, the spinal ice-bag man. It is very independent, rather saucy, and represents the opinions of a few *guerillas*, who are at war against the existing medical status. Chapman is also owner and editor of the *Westminster Review*, a quarterly journal which represents whatever is most radical in English politics, morals and religion. Beside the editorial charge of the periodicals, Chapman is a general practitioner, using his spinal ice-bags, chiefly, I believe, in the treatment of disease.

Beside the weeklies, there are two quarterly medical periodicals, *The British and Foreign Medico-Chirurgical Review* and *The Journal of Mental Science*, and a monthly, *The Practitioner*, edited by Dr. Anstie. The patronage extended to so many journals published in one city, certainly justifies the remark that it indicates a high degree of intellectual activity. The elevated tone of these journals, their keen regard for the interests of the medical profession, and their hearty condenmation of whatever is low and unworthy in the conduct of medical men, demonstrate their fitness for the important position which they assume as representatives of English medicine.—*Chicago Med. Journal.*

According to the statements of the London *Lancet*, Sir Henry Thompson must be already *en route* for this country.

LATEST MODIFICATION OF THE COD-LIVER OIL EMULSION.

Those who like cod-oil in emulsion may be glad of a few hints given in the *Archives of Electrology and Neutrology*, which informs us that the last report of the Utica Asylum contains a formula for an emulsion that has long been in use in that institution, and to which attention was first called by Dr. Andrews. The writer says he has experimented considerably with various modifications of the original prescription. The latest formula, and one that suits better than any other, is the following :—

℞—Cod-liver oil, ℥iv.;
Glyconin, ʒix.

Glyconin is made by thoroughly triturating glycerine and yoke of egg, equal parts. Add to the glyconin thirty drops of the essential oil of bitter almonds ; then add the oil to the glyconin *very slowly*, drop by drop, stirring vigorously all the time. The success of the emulsion depends on the thoroughness with which this task is performed.

Then add—

Jamacia rum, ℥ij.;
Dilute phosphoric acid, ℥ss to ℥i.

The average dose is one tablespoonful after meals, being regulated mainly by the phosphoric acid.

"The above combination is a most excellent brain and nerve food. If properly prepared, it does not separate, keeps for a long time, and is rather agreeable to the taste. If need be, pyrophosphate of iron can be added, or strychnine, or Fowler's solution. We have used it especially in hysteria and allied affections, and in organic diseases of the nervous system it is also valuable. Consumptives take it in preference to cod-liver oil. As cod-liver oil has a somewhat unpalatable name it is sometimes better, in prescribing for nervous patients, to call this the phosphoric emulsion. The fishy odour cannot be entirely neutralised; but for those who are not familiar with cod-liver oil, neither the odour nor taste of this emulsion, when well made, suggest the presence of the oil."—*The Doctor.*

Medical Items and News.

One of the religious sect known as "The Peculiar People," who object to calling in a physician on account of its showing a lack of faith in God, was recently held in England for trial on the charge of manslaughter. His child died of pleuritis and pericarditis without professional attendance.

The Council of the British Medical Association has decided in favor of a grant of £200 to be spent in original researches.

THE LIVER IN JAUNDICE.—DR. WICKHAM LEGG has recently described the changes in the liver which follow an obstruction to the flow of bile into the duodenum (Pamphlet, Lewis, 1874). He has investigated the subject both by examining the liver of patients dying under these circumstances, and by experimental researches upon the lower animals. When the bile-ducts are obstructed, the passages behind are affected—they become dilated both without and within the liver, cysts may be formed, and even abscesses developed, the exact pathology of which is still unsettled. Dr. Legg doubts whether the epithelium of the dilated ducts always disappears, as generally described. In regard to the colourless fluid which is sometimes found in a greatly distended gall-bladder, when the common bile-duct is obstructed—the author states that he could not detect in it the presence either of bile-pigments or of bile-acids, by chemical examination of two different specimens. The changes of the parenchyma of the liver in obstruction have hitherto been but little studied. The connective tissue grows in all cases of protracted obstruction, and Dr. Legg makes an important observation, that the starting-point of this over-growth is the place of obstruction itself, and that the degree of the over-growth depends upon the kind of obstruction. He has demonstrated this by experimental ligature of the bile-ducts in animals ; and the appearances in patients dying from obstruction of various kinds seem to point in the same direction. The liver-cells themselves do not become fatty as some pathologists have represented, but atrophy and disappear. As to the effect of obstruction of the bile-ducts on the other functions of the liver, Dr. Legg has made several valuable observations bearing upon this question, and found that in cats the glycogen disappears from the liver within a few days after the bile-ducts have been tied ; and that on the fifth or sixth day irritation of the fourth ventricle is not followed by the appearance of sugar in the urine.—*Med. Times & Gazette.*

ECZEMA CAPITIS.—Cure it if possible, notwithstanding the somewhat prevalent idea to the contrary. The method of procedure recommended is as follows :—First, apply a poultice every night until all the scabs are removed. The ulcerations, which are sometimes present after the scabs have been removed, are best cured by the application of a wash made of nitrate of silver grs. v. to the ℥i. of water. The following is then used with good success :

℞—Aquæ Cologne ..... ℥iv.
Glycerine ..... ℥ij.
Carbolic acid crystals ..... ʒi.
Borax ..... ʒi.—M.

Continue the application of this remedy for some time for the purpose of curing the eczema.—*Med. Record*, December, 1873.

FOREIGN BODY IN THE MALE URETHRA; INGENIOUS EXTRACTION.—In the tenth number of the *Bulletin de Therapeutique* (1873), Messrs, Andant and Lonstalot mention the case of a gentleman suffering from stricture, who was in the habit of passing an elastic catheter for himself. One day, through absence of mind or some other cause, he passed the instrument (No. 7) commencing by the end to which the bone end is attached instead of the proper end supplied with the eye. After reaching the perineal region, he attempted to withdraw the catheter, but the latter returned without the ring, which had become detached and remained in the urethra. Dr. Andant was sent for and requested by the patient to push the ring into the bladder, as pain and a wish to pass water had supervened. At a consultation with Dr. Lonstalot it was resolved to use the following contrivance: A No. 7 catheter was obtained at a chemist's, and the bone ring being taken to a smith, an iron rod of the same diameter as No. 7 was chosen, one end of which was turned so as to act as a screw, fitting the grooves of the bone ring. The instrument was put into the hands of the patient, because, by long practice, he had learned the peculiarities of his urethra. Dr. Andant had, however, previously introduced a silver catheter with great caution, and ascertained the presence of the bone ring in the urethra. The patient was directed, when reaching the ring, to roll the free end of the rod in his fingers, so as to introduce the male screw into the ring. This was very cautiously and cleverly done, and when it was supposed that the rod was sufficiently fixed, it was slowly withdrawn, and the ring was brought to light, to the great satisfaction of both the patient and the surgeons.—*Lancet*, May 23, 1874.

APPLICATION FOR BURNS.—M. Lebigot recommends the following mixture as having been very successful:—Cape aloes, four ounces; water, ten ounces; alcohol, (90°) three ounces. The ingredients are to be melted together in a china plate over a slow fire, allowed to cool, and then filtered; after which three more ounces of alcohol are to be added. It is then ready for use A tablespoonful of the mixture mixed with a teaspoonful of acetate of lead and twenty tablespoonfuls of water constitutes an excellent remedy. It is to be applied morning and evening on the burnt parts.—*Lancet.*

ENEMATA OF BROMIDE OF POTASSIUM IN OBSTINATE VOMITING. — Dr. Girabetti has obtained the very best results from the administration of enemata of bromide of potassium, in doses of from one-half to two drachms, in cases of obstinate vomiting attending the pregnant state. The same drug, also administered in enemata, has been very successful in the hands of Dr. Laborde, of Paris, in obstinate vomiting, connected with disease of the stomach, liver, and intestines.

SORE NIPPLES.—Prof. Fordyce Barker, in the *N. Y. Med. Record*, recommends in sore nipples, to apply a solution of nitrate of lead (ten grains to the ounce of glycerine), and paint the parts over every time after the child nurses. The nipple is to be washed clean before the child is applied. He says the nitrate of lead is a most complete and perfect prophylactic against the occurrence of sore nipples. The strength of the solution may be increased to fifteen or twenty grains when deemed necessary. When the cuticle is denuded and we have a raw surface, or when it is so irritated that there is danger of abrasion, he recommends painting the parts with the *compound tincture of benzoin*, instead of collodion. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply three or four coats of the tincture, each previous coat being allowed to dry. The first application causes a little smarting, that soon subsides. These several coats form an excellent artificial cuticle, and at the same time permit the flow of milk without obstruction. When the fissure is at the base of the nipple, he advises the edges to be touched with the fine point of a stick of nitrate of silver, and the comp. tinct. benz. applied. The best artificial shield to the mother's nipple when the nursing of the infant causes pain, he says is the cow's teat.—*Archives of Amer. Med. and Surg.*, March, 1874.

SUCCESSFUL LIGATURE OF THE INTERNAL CAROTID ARTERY.—Dr. H. B. SANDS, Surgeon to the Bellevue Hospital, New York, records a case of successful ligature of the internal carotid artery for secondary hæmorrhage, the vessel being secured above and below the bleeding point in its wall.(a) The hæmorrhage occurred ten days after the removal of a scirrhous tumour from the neighbourhood of the left angle of the jaw, with disarticulation of the corresponding ramus, in a man of fifty-three. Fortunately the bleeding was immediately arrested by skilful compression; whereupon Dr. Sands proceeded to apply a ligature to the internal carotid above and below the lesion in the vessel-wall. This was afterwards discovered to be a small circular clean-cut alteration an inch above the upper border of the thyroid cartilage. The subsequent progress of the case was eminently satisfactory. This case is perhaps unique in the history of hæmorrhage from the internal carotid.—*Med. Times & Gazette.*

TULLEY'S POWDER.—This powder is sometimes prescribed by physicians, and is considerably used in Eastern cities.

℞—Sulphate morphine ..... 1 part.
Camphor powd ..... 28 parts.
Precipitated chalk ..... 21 parts.
Liquorice-root powd ..... 10 parts.

Mix, and pass through a fine sieve.

A WATERLOO BULLET.—The following particulars regarding the bullet extracted from the Waterloo veteran residing at Wadhurst, Sussex, may be of interest. Cases in which bullets have long remained buried in the tissues, with little or no practical inconvenience, are not uncommon, and Dr. Henry Harland, who extracted the one in question, did not attach any professional importance to the circumstance, apart from the time it had remained and the historical reminiscences and interest connected with it. The name of the Waterloo veteran is James Jenner, who has reached the good old age of eighty-three. He was in the 44th Regiment, and in the thick of the action near Quatre Bras, when he was struck in the hand by a French bullet, which, having passed through the fleshy part of the ball of the thumb, became imbedded in the palm of the hand where it remained for upwards of fifty-nine years. The contraction and thickening of the palm made it difficult for him to hold his agricultural implements, and about three months ago, whilst working as a gardener on some hard ground, the hand inflamed, and an abscess formed, from which the ball was removed, which weighed exactly six drachms and five grains. It had retained its original shape, and was slightly flattened at one part where it had struck against the barrel of his musket. The wound is rapidly healing, and the old soldier has seen so many important events manufactured into history in his time, that we may hope he will be spared to witness the beginning of another chapter.

CHLORAL AS AN ANÆSTHETIC DURING LABOR (*The Lancet*, February 21, 1874).—Dr. W. Playfair has found that chloral has the immense advantage over chloroform, when administered during labor, of not lengthening the strength or intensity of the pains, while at the same time markedly diminishing the suffering resulting from them. It is chiefly applicable at a period when we would not think of administering chloroform,—towards the termination of the first stage of labor, before the complete dilatation of the os and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a later stage. He gave the drug at first in fifteen-grain doses, and then in smaller quantity, increasing the intervals between its administration, and thus usually keeps up a full and sufficient effect for hours. It need not at all interfere with the exhibition of chloroform.—*Medical Times, Phila.*

LACTATION LATE IN LIFE (*Atlanta Med. and Surg. Journal*, July, 1874).—Dr. T. S. Hopkins reports two cases of the return of the functions of the mammary glands after a cessation of 17 and 18 years. Both women suckled their grand-children, one of them being over 60 years of age at the time.

MAMMARY ABSCESS IN INFANTS.—Dr. Barnes writes: The cases reported by Dr. Stephen and Dr. Platt Wilks of mammary abscess in infants, may probably be explained by observations which I made many years ago, when house-surgeon to a lying-in-hospital. I then saw several cases of phlegmon and abscess of the breast in infants. I found that they were the consequence of manipulations practised by a nurse, who labored under the delusion that the breasts of new-born babes wanted milking. This "vulgar error" is not, I believe, applied to female babes only. It is considered quite as necessary to milk the boys. This practice is done in secret. The doctor, of course, is prejudiced against it. But when inflammation or abscess arise, he may suspect the agency that has been at work. The mammary glands, which are nothing else but sebaceous glands in a peculiar state of development, may, in children as in men, yield, on squeezing, some sebaceous matter resembling milk. And this is the basis of the vulgar error that the breasts in babes want milking.

LARVÆ OF FLY IN THE EAR.—I have just met with a case in my practice which, so far as I am aware, is of rare occurrence. J. R., a farm-bailiff, came to me on July 27th, suffering from intense pain on the right side of the head, which, he stated, had come on suddenly the previous afternoon. The external ear was red and irritated, and blood was oozing from the external meatus. Upon examining with the speculum, I found the meatus occupied by a moving mass of larvæ, which I carefully removed by forceps. There were twelve of these in all; and the largest was two-fifths of an inch in length, having all the characters of the larvæ of the blue-bottle fly. After removing them all and syringing the ear, I found that, besides destroying the surface of the exteroal meatus, they had penetrated the membrana tympani. The pain abated soon after the removal of the larvæ, but the patient still remains very deaf. He can give no account of how or where the parent fly deposited the eggs in his ear.—*C. Moss Campbell, M.D., in Brit. Med. Four.*

TREATMENT OF ZONA BY COLLODION AND MORPHIA.—Dr. Bourdon, Hôpital la Charité, after having tried a great many local means for treating the above disease, and checking the intense pain, has definitively adopted the following plan:—Without opening the vesicles he paints all the diseased surface with a combination of collodion and morphia—collodion one ounce, morphia eight grains. The mixture must be put on pretty thickly. The pain ceases from the second day, and at the end of seven or eight days, when the layer of collodion is removed, all the vesicles have disappeared, and there remains only a slight local redness.

REMOVAL OF A TUMOR FROM THE BLADDER.—Professor Billroth has recently performed another singular and daring operation, which is described by a correspondent to the *Irish Hosp. Gaz.* of July 15, viz., the removal of a tumor from the urinary bladder of a boy twelve years of age. Until ten months before the operation the boy had been very healthy, but began then to complain of pain in passing urine. The pain was not very severe, and was located in the glans penis and the region of the bladder. The urine soon became cloudy, and the desire to void it came so suddenly that the boy would not have time to reach the urinal. The case was supposed to be one of calculus, and was sent to Billroth for an operation. No calculus could be detected; but on examination made after the bowels had been thoroughly emptied, a tumor in the region of the bladder could be distinctly felt through the abdominal walls. It could also be felt by examination per rectum, and was slightly painful on pressure. Its consistence was very much like that of a fibroma, and it seemed to spring from the bladder. Further examination showed that the walls of the bladder were greatly hypertrophied; the sound, however, came in contact with no hard body within the viscera. When the fever following the last examination had abated, the following operation was made. Lateral lithotomy was first performed, with the intention, if the tumor proved to be adherent to the bladder, to make the high operation and remove the growth. When the finger was passed into the bladder through the opening in the perinæum, a tumor the size of an apple was felt to be growing from the posterior wall, but its pedicle could not be found. The high operation, over the symphysis pubis, was at once performed, some difficulty being experienced in making an opening into the bladder, owing to the danger of opening the peritoneum, in consequence of the contracted state of the organ. The tumor grew with a short and tolerably broad pedicle from the posterior wall of the bladder, and very high up. Notwithstanding an enlargement which was made of the upper wound, the opening still proved too small for the passage of the tumor, and an effort was made to break up the latter with the fingers. At first only small portions of the rather soft tumor were detached, but finally the whole of it was torn from its pedicle, and by compressing its centre it was extracted through the upper wound. The portion of the bladder to which the pedicle was attached was then drawn through the aperture; the pedicle was dissected off, to do which effectually required so deep a dissection as to imperil again the continuity of the peritoneum. Two small artesies were recurved, and the ligatures carried out through the perineal wound. After the operation the patient continued relatively well, having but slight fever. The wounds, at the time of writing, looked remarkably well, notwithstanding their contusion during the operation. Microscopic examination showed the tumor to be a pure myoma.—*N. Y. Med. Record.*

SIR WM. GULL, OF LONDON.—That Sir Wm. Gull does not owe his success in life to adventitious aids is evident enough. He was the son of a poor farmer—a laborer who tilled a small plot of ground, the property of Guy's Hospital. He attracted the attention of the Treasurer of the Hospital as a bright lad, and was given a place as bottle-washer in the drug-room of the hospital. He was given the opportunity also to have some instruction, entered as student, graduated with honor, became house-physician, and lastly consulting physician, his present place. These facts are well known, yet he is created Baronet, and welcomed into their ranks by the most exclusive aristocracy on the globe. He is no common man, whatever may be said of him, who can carve out such a career for himself, and from a charity lad become the foremost physician of the greatest city of our modern civilization. Gull is said to be so closely occupied that patients have to make engagements days in advance of the time."—London correspondent of *The Clinic.*

BELL ON ASPIRATION IN RETENTION OF URINE.—Dr. Joseph Bell relates an instructive case (*Edinburgh Medical Journal*, April, 1874), and adds: Cases admitting or requiring this treatment will not likely be very frequent—indeed I have not met with another out of a very large number of stricture cases seen since June; still in this case any other treatment would have been very dangerous. Perineal section is always tedious, requiring chloroform, which the weak heart and emphysematous lungs and diseased kidneys would have borne ill; besides perineal section has its own dangers in old exhausted subjects. Tapping by rectum would have been difficult, from the enlarged prostrate. Catheterization has failed. The operation was painless and left no trace. I have a strong feeling that, in similar cases, the aspirator gives us an easy, safe and reliable means of tiding over a difficulty, emptying the bladder, and thus giving time for other treatment. It is possible, if necessary, to repeat the aspiration frequently in the same region, but not exactly in the same situation. The special merit of the aspirator here is, that it enables us, by the suction power it possesses, to withdraw the urine through a tube little larger than an acupressure needle, the wound inflicted by which heals up at once and leaves no trace.—*Medical Examiner.*

FRECKLES.—It is said that powdered nitre moistened with water, applied to the face night and morning, will soon remove freckles.—*Practitioner and Druggist*, May, 1874.

HYDRASTIN IN GONORRHŒA.—As there are a great many varieties of treatment in gonorrhœa, I beg to offer a few remarks respecting its mode of treatment &c. As far as internal treatment is concerned, I merely give in the first stage a saline aperient, to be continued three times daily for four or five days, together with the following injection ;—Hydrastin, one drachm ; solution of morphia (Magendie's), two drachms ; acacia mucilage to four ounces : to be used three times daily. This I have employed when inflamation ran very high, without even the slightest ill-effects, and have used it in every stage of gonorrhœa with the most beneficial results when every other treatment, both internally and locally, had failed, including red scandal oil. But there is one remark I wish to make regarding the use of injections which medical men generally forget, and that is, to tell their patients to micturate previous to its use. Unless this is done, injections in gonorrhœa are useless. Hydrastin is used very much in different parts of the United States, and very successfully. My last patient was a farmer, who has had a gleety discharge for seven months. His medical man had quite wearied him out with injections &c., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well.—*J. N. Bredin, L. R.C.S.I., in Lancet.*

MODE OF DISCOVERING WHETHER RED WINES ARE ARTIFICIALLY COLORED OR NOT.—M. de Cherville, in one of his clever agricultural articles in *Le Temps*, gives the following useful hints for deciding the above :—"Pour into a glass a small quantity of the liquid which you wish to test, and dissolve a bit of potash in it. If no sediment forms, and if the wine assumes a greenish hue, it has not been artificially colored; if a violet sediment forms, the wine has been colored by elder or mulberries ; if the sediment is red, it has been colored with beet-root or Pernambuco wood ; if violet-red, with log-wood ; if yellow, with phytolac berries ; if violet-blue, with privet berries, and if pale violet, with sunflower."

A patient consulted Dr. Pearson and received a prescription. He gave the doctor half a guinea. "A guinea is my fee," quoth Pearson. The patient seemed inclined to let matters stand as they were. "Oh," said Pearson, "I have made an omission ; allow me to look at the prescription again." The patient gave it to him ; and he taking pen, ink, and paper began to write another. "It is a half guinea prescription you want, I see. I'll give you one of that sort directly." We need not say that the additional half guinea was forthcoming in a twinkling.—*Pettigrew's Biography.*

Always employ a saturated infusion of coffee in opium poisoning. It is always at hand, and can be used while other remedies are being prepared.

"DIRECTIONS FOR THE EXAMINATION OF URINE."—Prof. Austin Flint, jr., of this city, has recently published an excellent little pamphlet entitled "Directions for the Examination of Urine of Applicants for Life-Insurance." Although the book was written expressly for those who made examinations for life-insurance companies it is one that very many practitioners will be glad to keep upon their office table. It contains in a nutshell all that is essential to a proper knowledge of these chemical manipulations.

While we can hardly agree with those who advocate the practice of examining the urine of every applicant for life-insurance, we certainly think that the companies would avoid not a few bad risks were they to insist upon such an examination in the case of all applicants who have reached their fiftieth, or perhaps even their forty-fifth year.

If we are correctly informed, it has been for some time past the custom with one of the New England life insurance companies to require an examination of the urine in quite a large proportion of the applicants for policies. It would be very interesting to know how successful they have been in carrying out the plan, and what have been the real difficulties in the way of its accomplishment. —*Medical Record, N. Y.*

The printed form of the regulations of the London College of Physicians now contains a notice "that every candidate for the College licence who shall commence his professional study on or after the first day of October, 1874, will be required to pass the professional examinations conducted by the Conjoint Examing Board."

RESTORATIVE TREATMENT OF DELIRIUM TREMENS.

The principles, then, which I would advocate for the treatment of delirium tremens I will arrange in degree of importance in the following order :—1. The elimination of the poison from the system. 2. The restoration of exhausted nerve-power, by the administration of nourishment, and that of a kind most easily and rapidly assimilated. 3. The induction of sleep.

I will now endeavour to point out the method by which the application of the above principles may be best and quickest fulfilled. And I think that the fewer medicines we employ, the better it will be for our patients ; whilst in water, especially in the form of a bath, in milk and eggs, we have doubtless both powerful and invaluable remedies.

To fulfil the first indication—the elimination of the poison from the system—we must have recourse to those remedies which, whilst they promote the eliminating power of the skin, lungs, bowels, and kidneys, are not too depressant. Thus the skin

may be well acted upon by a tepid or even by a cold bath, according to the strength of the patient, the precise nature of the case under observation, and the season of the year, followed by friction and rubbing with a coarse towel, the good effect of which can hardly be overrated; for whilst the skin is thereby relieved of alcoholic perspiration and other effete matter from the blood, the sentient extremities of the nerves are roused to more vigorous action, and respiration is rendered temporarily more active. A tumbler of cold water given on entering the bath materially increases its efficacy. Of the medicinal remedies best calculated to promote the moderate action of the organs named, none are perhaps better than the compound jalap-powder in conjunction with nitric spirit of ether; and I have usually found one, or at most two doses of two drachms of the former and half a drachm of the latter effectually to relieve both the bowels and kidneys.

The second indication of treatment—the restoration of nerve-power—will be found best and most readily accomplished by the administration of warm milk, either alone or with eggs beaten up in it, for, containing as it does every element of nutrition most easily assimilated, it is singularly calculated to take a quarter or half a pint of warm milk, either alone or with the yelk of an egg beaten up in it, we need scarcely any longer be apprehensive as to the issue of the case, and we can then give a mutton chop or other solid food, which will be another great point gained. It is, however, most important that the milk be taken warm, in order to ensure its rapid and easy digestion. If there is stomach irritability, it must of course be met in the usual way; and if obstinate (though I have not had occasion to try it), I should anticipate the best results from a bladder of ice to the epigastrium, as calculated to restore tone to the nervous system through the especial medium of the solar plexus and the other sympathetic ganglia.

As regards the third principle of treatment—the induction of sleep: having in some measure fulfilled the two former—namely, the eradication of the poison from the system, and the partial restoration of nerve-force by the assimilation of nourishment,—we have doubtless gained a great point in this direction; and, desirable as sleep may be, still I do not advocate the use of many medicines with that object, and I think that in chloral hydrate we have nearly all we want. Indeed, I have so often found that the sleep induced by medicines, especially any form of sedative narcotic, has not been followed by any permanent subsidence of delirium or other urgent symptom; and, from the very transient good effects of sleep thus artificially induced, I am disposed to think that too much stress has been laid upon its importance, and that the value of nourishment in the treatment of delirium tremens has been overlooked.

I shall not here occupy space by the report of cases in support of the above belief, though almost the last case under treatment very forcibly confirmed it; for though several hours of good sound sleep had followed the administration of half a drachm of chloral hydrate, the patient's condition was alarmingly prostrate until egg and milk had been assimilated. Hence I am persuaded that, having once secured the digestion and assimilation of food, we may be less anxious about sleep, and rest satisfied by placing our patient under conditions favourable for it; whilst chloral, judiciously administered, either alone or in milk or some other form of liquid nourishment, is almost the only medicinal hypnotic that I would advocate.

Having thus endeavoured to indicate what appears to me to be a rational method for the treatment of delirium tremens, on the principles set forth in the order named, I feel that these require a liberal interpretation; for doubtless the greatest success in the treatment of this affection, as of most others, will follow the ready appreciation of the most urgent symptoms in this or that particular case. Hence it may be sometimes necessary to disregard the first principle, and at once to direct our efforts to the attainment of the second, by the administration of nourishment; and even to anticipate the third, by placing the patient under conditions favourable to sleep. In like manner, much can be done by judicious general management—by humouring the whims and fancies of a patient, when not of a dangerous character or tendency, and so long as he is carefully watched. Instead of confining a sufferer to the recumbent posture in bed, he may be allowed to be up, to walk about, and to engage in conversation and harmless amusement, whilst the process of digestion and assimilation is going on, or until sleep comes naturally.—Dr. Longurst in "*The Lancet*," August 1st.

Toronto Hospital Reports.

PERITONITIS.

No. 1. Joseph Kinville, æt. 21 years, raftsman, French Canadian. Patient was admitted August 7th. He had complained for about 8 or 10 days before admission of a pain somewhat resembling colic, but had no diarrhœa. He was then compelled to cease working, and received medical treatment. He had taken to his bed several days before admission. He presents a most haggard and dejected appearance; the eyes were sunken and the whole of his body covered with perspiration. The pulse 130, feeble and compressible. The tongue is dried and furred, and the abdomen distended. Excessive tenderness is produced fro

the slightest pressure; and tympanitic resonance on percussion. The most marked symptom is a continuous pain in the region of the umbilicus, and extending from thence over the whole abdomen. It is of a most excruciating character, and causes the patient to shout out in the agony. He lies on his side with the knees drawn up, and cannot move on his back without greatly increasing the pain. He is ordered to bed immediately, turpentine stupes to be applied to the abdomen, and liq. opii. sedat. (25 M. doses) to be given every two hours until the pain is relieved.

Sunday morning, Aug. 9th.—Patient has remained in a somewhat similar condition to that above described.

The bowels have moved twice since he came in, the passages being of a dark colour, and very offensive odour. During Friday night the pain was slightly relieved, but continued to increase in severity during Saturday night until this morning. The abdomen is more distended and the breathing more hurried. Any effort at deep respiration causes the patient increased agony.

Sunday evening.—Patient has been sinking during the day; pulse becoming more rapid and weaker until five o'clock this evening, when he died.

A *post-mortem* examination made twenty-two hours after death revealed the following condition:

On opening the abdomen the peritoneum was found exceedingly congested, and the serous surface covered with lymph, of a broken down, almost purulent character. The cavity was found filled with fluid of a dirty greenish appearance. The omenteum was so agglutinated to the intestines that it was impossible to separate them. The stomach and intestines were very much distended with gas. The mucous membrane of the stomach was soft and of a dark colour; that of the intestines was also soft, and exhibited traces of intense inflammation.

The most careful examination was made to discover any rupture or strangulation, but without success.

The kidneys were normal, as was also the liver. The viscera of the thorax were not examined. It is to be regretted that the history previous to his coming into the Hospital could not have been more accurately obtained. No cause could be found for the peritonitis. The only conclusion one can arrive at, is that it was brought about by the previously existing enteritis.

No. 2. James Howlett, æt. 22, carpenter; admitted Aug. 28th, 1874. The patient had been complaining for about two days before admission, of slight griping pains, accompanied by diarrhœa. He did not receive any injury, and could give no other reason for their coming on, except that he had been eating some vegetables and drinking more beer than usual. On the evening of admission, (this evening,) he applied for advice to a medical man, who sent him at once to the Hospital. He is at present very weak, so much so that he had to be assisted up-stairs. He suffers from very severe abdominal pain, which seems to commence at the umbilicus and radiate over the whole abdomen. His tongue is coated; he has a very rapid weak pulse, about 130 beats to the minute. His breathing is laboured, it being difficult for him to take a deep inspiration. His bowels are constipated.

He was at once put to bed, and warm fomentation with turpentine stupes were applied to the abdomen. Opium was given him in the form of liq. opii. sedativus, together with whiskey and ammonia.

Sunday morning, Aug. 29th.—The pain in the abdomen has increased in severity. The patient lies on his side with the legs drawn up. Pulse increased in frequency. The surface of the body is covered with a cold perspiration.

Sunday Evening. The patient has been gradually getting worse. This evening his bladder became exceedingly irritable, producing a constant desire to micturate. The catheter was passed, removing a small quantity of urine.

He has also been seized with excessive vomiting. The matter ejected is decidedly stercoraceous, consisting principally of fluid of a dark colour. His bowels not having moved since his sickness commenced, a simple enema was given, which, however, brought nothing away. The abdomen is very much distended with flatus, and excessively tender to the touch. The pulse ranges from 140 to 160 per minute. The opium treatment has been persisted in.

Monday, Aug. 30th.—This morning patient was much worse. Vomiting continued at intervals. The pulse was weaker, in fact scarcely perceptible, and the pain was of a more severe character. The

breathing was very rapid, and entirely thoracic. He sank rapidly and died at noon to-day.

Post-mortem examination twenty-four hours after death. On opening the abdomen the peritoneum was found congested, of a dark red colour. The visceral layer was covered with lymph. There was also some fluid containing lymph in the cavity. The mucous surface of the intestine was found thickened, congested, and of a dark colour. No rupture, obstruction, or strangulation could be found in any part of the canal, although a diligent search was made for something of the kind. The liver and spleen were very much congested, and the bladder contracted. No other viscera were examined.

RAILWAY ACCIDENT—AMPUTATION.

No. 3. Edward J., æt. 34 years. Born in New York State; admitted Aug. 11. The patient, a strong, stoutly built man, stone-cutter by trade, received injuries on the Great Western Railway on the morning of admission, for which amputation at the shoulder joint had to be performed. The accident occurred as follows:—Patient, who was under the influence of liquor, jumped from a railway train when in motion, or about to stop, when he fell, and was in some way jammed between the cars, afterwards falling into the cattle guard beneath. When he arrived at the Hospital, some hours after the injury was received, he was still intoxicated. The right humerus in the upper third was comminuted into the smallest fragments. The soft parts about the joint were bruised almost into a jelly. There was also an extensive wound into the fracture. He had lost a good deal of blood before he came to the Hospital. The arm was removed at the shoulder joint, the subclavian artery being controlled by pressure. On account of the burning and laceration on the outer and upper part of the shoulder, the flap was taken from the inner side of the arm. The arteries were all secured by torsion, and the parts of the wound brought together with silver wire sutures.

August 12th. Patient is to-day somewhat delirious. Pulse 150. The contused tissues which could not be taken away during the operation are now commencing to slough away.

August 15th. A large amount of discharge is coming from the wound. The condition of patient has however improved. Pulse 100.

August 22nd. Patient is very much better. The edges of the wound have closed, with the exception of two openings through which the pus has an exit. The cavity left from the sloughing of the tissues, is beginning to heal up by granulation. Since the operation patient is taking the following remedies:—

℞—Quin. sulph.....grs. 50.
Tr. Ferri mur.....ʒss.
Aq. ad.....ʒviii.
A tablespoonful to be taken every 4 hours.

℞—Ammon. carb.....grs. 80.
Spts. ammon. aromat...ʒiii.
Aq. ad.....ʒviii.
A tablespoonful to be taken every four hours in milk.

August 25th. The patient was able to get up to-day for the first time. His condition is good in every way; wound closing up rapidly.

INJURY—AMPUTATION.

No. 4. Joseph W., æt. 32, Canadian. Admitted Aug. 26th, 1874. The patient is a frame moulder by occupation, and while at work to-day a heavy press fell on his right hand, crushing it off as high up as the carpus, so that the fingers were attached to the remainder of the hands merely by the tendons. The wound in the integument extended much farther up anteriorly than posteriorly. Before coming to the Hospital he had lost a great deal of blood. An hour or so after admission the portion of the hand remaining was amputated at the wrist joint, the flap being taken from the back of the hand. The arteries were torsioned, and the parts brought together by sutures.

Aug. 27th. Patient complains of a great deal of pain in the stump. He has no appetite. Pulse rapid and weak. Ordered an iron and quinine mixture.

Aug. 29th. The stump and in fact the whole fore arm is red and swollen. The stitches were removed on the second and third day after the operation. There is a good deal of purulent discharge coming from the wound.

Sept. 6th. The inflammation has disappeared. A portion of the integument in front of the wrist has sloughed away, and the space is now filling up by granulation.

Sept. 17th. Patient left the Hospital to-day. The wound was almost entirely healed up. There was scarcely any pain in the stump, and his health has very much improved.

THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

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

TORONTO, OCTOBER 1, 1874.

THE CULTIVATION OF OBSTETRICS.

Whatever portion may be hereafter assigned to the present age of medical writers of a later period, there can be little question that the high cultivation of Obstetrics, and the rise and rapid development of what may be termed the subdivision of Gynæcology will be held to worthily distinguish the present epoch in medical history. The progress of obstetrics as a distinct branch of medicine has been slow and gradual. It began, not with our generation, but in our day only can it be said to have attained to its full dignity.

We shall find on inquiry that there are certain circumstances and conditions that have favoured the attainment of the present improved status. Most prominent of all must be held the fact that the obstetric art only began to improve when the practice of it was taken up by *men*. In the day when midwives had it all to themselves, their practice was tinged by many absurdities and superstitions. These, by turns, the stronger intellect of man swept away; and he, gradually, arriving at the scientific basis of the physiological process of parturition (which the early midwives could not do for themselves), soon began to repay womankind for his intrusion into the lying-in chamber, by placing at command for her comfort and safety, a degree of skilful interference that possibly would never have been attained had the obstetric art been still limited in its practice to women. Further, it may be remarked in this connection, that in whatever respects the female capacity may be on an equal with that of man, it is undeniable that as compared with man, woman is not inventive. All the instruments of the obstetric armamentarium are the inventions of men. And we need scarcely say, that as the earliest improvements in this art were the work of men, so the latest have been contributed by the skilled male obstetricians of our own day.

We do not purposely bring forward these facts as part of a discussion on the fitness of women for the practice of midwifery; we simply think it well to call them to mind as being founded on the history of obstetric improvements, and as denoting most strongly that the contributors of further improvements must, by reason of the law herein seen to be operative, be men. But if woman could only be made intimately acquainted with the truth, that the cultivation of obstetrics by men has been to their advantage by immense odds over what could have been expected of its continued practice by women, what a debt of gratitude would the sex be sensible of owing to man, and how far it would go in overcoming whatever lingering repugnance there may be to the employment of the accoucheur. As it is, we believe, the preference for the obstetric practitioner over the midwife is arrived at by every day exhibitions of his superior skill, and is not based upon any considerations such as have been here pointed out.

Another circumstance which has contributed to the advancement of obstetrics has been the association of practitioners. Among the leading societies may be instanced the Obstetrical Society of London, which has done much to advance its objects. What has been brought together by the societies, has been diffused by the medical press, as powerful in this as in other spheres for advancement and general elevation. No one can fail to notice, that, in those journals which aim to be serviceable to the general practitioner, a very large space is regularly devoted to obstetrical subjects, and that judged by this standard alone, obstetrics is asserting a place not inferior to surgery or the practice of medicine. Besides the systematic works which have recently appeared, the fact of a special journal having been lately established in England to take up questions in this branch of medicine, is a fact of considerable significance.

We need scarcely say that the earnest spirit which is characteristic of the day in all that pertains to science and art, finds scope for art in the cultivation of obstetrics; and that, in consequence of this devotion, obstetrical knowledge has of late gained many most valuable accessions. We have

not space to particularize much, nor is it necessary for the regular reader of current medical literature; but there are two improvements which have come in since the introduction of anæsthetics into midwifery that stand out so conspicuously as to deserve particular mention. The one is the more general and timely use of the forceps as a means of shortening labour and so lessening the period of suffering in difficult labours, and thereby saving life and promoting more speedy recovery; and the other is Dr. Barnes's plan for checking *post-partum* hæmorrhage by the intra-uterine injection of diluted perchloride of iron. This last resource has undoubtedly been the means of saving many mothers, and has so happily reduced the fatality of parturition that Dr. Barnes is fairly entitled to the name of a benefactor of his race, and is eminently deserving of some public recognition. Of the class of cases suitable for its employment it is incumbent on the practitioner to make a study, which he may now do from the many reports that have been made as to its advantage, and the precautions necessary to adopt. The new practice has already received such eminent sanction that any neglect of resorting to it in a suitable case, either through ignorance or inadvertence, would be most culpable.

This article might be extended much more by referring to the advances that have been made in gynæcology, but that must be reserved to a future occasion. We simply conclude by advising our young friends, students and young practitioners, to give every attention to the subject of obstetrics. The study may be less attractive to most young men than surgery, but this they may depend upon, that in general practice for one surgical case of anything above minor importance, they will have twenty obstetrical cases, some one or more of which will tax all their skill and knowledge, and serve to test their powers. It has been long noticed that success in midwifery paves the way for family practice, and serves indeed as the best foundation for the practitioner's success in life. This consideration and the reflections that will follow from dwelling on the facts which we have recounted from the history of the advancement of this art, should serve to inspire the student with that earnestness and diligence necessary to attain proficiency and skill.

SEDUCTION AND ABORTION.

The subject of seduction is connected with some heinous crimes of which the medical profession is so peculiarly cognizant, that we shall make no apology for offering some remarks concerning the propriety of the Legislature, at its next session, attempting to deal with this crying evil. It may here be remarked that certain past anomalies in the laws of property, to the prejudice of women, could only be accounted for by the fact that men were the legislators. These have been justly dealt with by the Ontario House. How far this observation is applicable to the laws that regulate or control the intercourse of the sexes, is an extensive and interesting topic. The universal practice of mankind, founded without doubt upon physiological distinctions, has recognized the right of the male sex to make the overtures of marriage, and has thrown upon the other sex the task of yielding to, or resisting these importunities. From this commerce arises the most odious breach of faith of which a man can be guilty, the detestable selfish crime of seduction, for which the law seems to despair of giving the wretched victim any adequate reparation; for the unfortunate woman has no action against her seducer, unless upon the breach of a promise of marriage. Under the fiction of compensating a father or master for the loss of her services, damages may perhaps be recovered; but not one dollar of them can the injured female directly claim. Whether this moral wrong should be left still without redress, civil or criminal, or what are the difficulties the legislature has to encounter, in making the guilty violation of chastity amenable to human laws, is peculiarly the province of our legislators to consider. Such, however, as the law now is, it is plain it does not reach effectually the poor and friendless classes. It is erroneously and unjustly held by some, that it is quixotic to expect the sense of honor to be extremely delicate with them; that the loss of character is scarcely felt among a host of offenders; and that chances of securing a husband under the terrors of the magistrates, are temptations too great for common frailty. It were vain to expect that any system could abolish the crime of seduction altogether, but we are certainly of opinion that making it a criminal offence would greatly tend to the abridgment of the evil.

Some legislative change for the diminishing—if absolute suppression is impossible—of the crime of ..'ortion is manifestly needed, and we would submit for the consideration of legislators at the approaching session, whether some check to the indiscriminate sale of certain medicines, which we will not more particularly name, should not be attempted. A little private enquiry would soon satisfy them of the necessity for adopting this suggestion. We speak of that which we do know. In our opinion every druggist should be sworn to keep the medicines we allude to, under lock and key, and to suffer none but himself or a sworn assistant to dispense them, upon a proper recipe. Knowledge is power. In proportion to our command over medical agents for the purposes of health, are the abuses of the same agents for the most guilty purposes. We hope it is sufficient merely to allude to this subject to excite vigorous and concerted action on the part of our representatives in the House of Assembly.

Social Entertainment.—On the evening of the 27th of August, Dr. Rosebrugh, of this city, entertained the delegates from the American Medical Association, to the Canadian Association which lately met at the Falls, viz., Dr. Jenks, of Detroit, and Dr. Thompson, of Lansing, Mich., at West Lodge, Toronto. He also invited several of his medical friends in the city and country. A very pleasant meeting was the result. The supper was got up in good style, and the company enjoyed themselves heartily. After supper, the host publicly introduced Dr. Jenks to the company, and asked him to make some remarks, in an informal way, on some subject connected with his specialty, viz., Diseases of Women. Dr. Jenks very kindly complied with his request, and exhibited a new form of vaginal speculum, explained its mechanism, and gave his views on the treatment of certain forms of uterine disease. He replied to several questions put to him by some of those present, in all of which he showed himself familiar with the subject, and gave some useful hints in reference to the treatment of uterine diseases generally. The evening was spent very pleasantly and profitably. The friends of Dr. Rosebrugh will be glad to know that he has entirely recovered from his severe illness (typhoid fever), and is able to resume his professional duties.

Bellevue Hospital.—At a late meeting of the Commissioners of Charities, &c., New York, a resolution was passed re-organizing the medical staff of Bellevue Hospital. By its terms, eleven former members of the staff have been removed, viz., Drs. Taylor, Sayre, Crow, Gooley, Fordyce Barker, Hamilton, Markoe, Flint, Jr., Polk, Lusk, and Janeway. Some of these men have been on active duty for the past twenty years. The object the commissioners have in view is to so re-organize the staff as to give the different schools equal representation, and to remove as far as possible all grounds of jealousy between them. It is the declared intention of the commissioners to give the colleges equal rights; and in the appointment of the new board, two have been selected from each school and two have been chosen from the profession outside, making in all eight members. These will have the power of nominating thirty-three candidates, from among whom the commissioners will select eleven additional members. We hope that the clinical teaching of the Hospital may not suffer by the change.

Personal.—Dr. Stimson, formerly of St. George, Co. Brant, Ont., has removed to Detroit, Mich., to pursue the practice of his profession. He has been very cordially received by the profession there, and is obtaining a good practice.

At a meeting of the County of Brant Medical Association in June last, it was moved by Dr. Philip, and seconded by Dr. J. Y. Bown, and carried unanimously, "that in consideration of the active interest which Dr. Stimson has always taken in its welfare, the Brant Association desires to place on record its regret at learning that he has removed from St. George, Canada, to Detroit, U. S., and it would cordially recommend him to the kindly greeting of the profession in his new home."

Elixir Ferri et Calcis Phos. Co.—This preparation of Dr. Wheeler's, of Montreal, has probably not received as much attention from the profession in Canada as it merits. It contains 2 grs. lacto-phosphate of lime, 1 gr. of lacto-phosphate of iron, 1 gr. of the alkaloids of calisaya bark, and 15 drops of ferri phosphoric acid to each half fluid ounce of sherry wine. It is a very agreeable preparation, and those who have tried it are high in its praises. It has been tried in the United States, especially by the physicians of Detroit, who commend it highly.

EXAMINATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—At the meeting of the Board of Examiners of the College of Physicians and Surgeons of Ontario, held on the 21st of last month and following days, 29 candidates presented themselves for examination. The following is a list of those who passed the professional examination, and received the license to practice in Ontario:—F. R., Armstrong, Stouffville; R. W. Bell, Carlton Place; S. Bell, Alliston; R. G. Brett, Arkona; A. David, Port Lambton; D. P. W. Day, Harrowsmith; A. M. L. Dingwall, Mount Hope; G. M. Farewell, Stouffville; N. Gillies, Chesley; J. A. Griffith, Guelph; R. Hamilton, Athlone; T. G. Hockridge, Newmarket; H. Howitt, Guelph; D. Leitch, St. Thomas; F. Mitchell, London; C. S. Moore, London; T. C. McConkey, Barrie; A. McLaren, Delaware; A. L. McLaren, Sarnia; J. Richardson, Toronto; W. Robinson, Markham; J. H. Rolstin, Toronto; C. Sinclair, St. Thomas; E. S. Taylor, Dundas; F. Warren, Brooklin; J. R. Van Allan, Chatham. The following gentlemen passed the primary examination only:—E. J. Freel, Markham; S. S. Murray, Carlisle; Jas. W. Renwick, Hespeler.

DEATH OF DR. ANSTIE.—We regret to announce the death of Dr. Anstie, of London, England, editor of the *Practitioner*, which took place on the 12th ult., after a short illness, brought on by blood-poisoning from exposure to sewer gas while examining the sewers in connection with the Wandsworth School. He was attended by Dr. Geo. Johnston and Dr. Burdon Sanderson, but his case was hopeless from its commencement. Dr. Anstie was a physician widely known for his professional abilities, and also as a writer. He published a valuable treatise on the nature and cause of neuralgia, besides many contributions to medical journals on various subjects. He was physician to the Westminster Hospital, and has been for several years editor of the *Practitioner*. His death has been sincerely felt by a large circle of private friends.

ASSISTANT WANTED.—A medical practitioner wishes to secure the services of a good experienced medical man as an assistant, and to take charge of his practice for a short time. For particulars address X.Y.Z., Bowmanville, Ont.

COMPLIMENTARY.—The people of Keenansville and the townships of Adjala and Tecumseth, Co. Cardwell, gave a banvuet on the 10th ult. to Dr. McKenna, who is leaving for Seaforth. The Reeve and Deputy-Reeve of Adjala, and the Reeve of Tecumseth, were present and made appropriate speeches. At the close of the banquet the Doctor was presented with a magnificent set of silver mounted harness, accompanied with an address, which bespoke the high esteem in which he is held among his friends. The Doctor made a suitable reply. We are always glad to see such tokens of friendship. They speak well for the community, and are very gratifying to the recipients.

APPOINTMENTS.—Jacob Bruce Kennedy, M.D., of Welland, Lorne L. Palmer, M.D., of Thorold, and James McGarry, M.D., of Drummondville, have been appointed Associate Coroners for the County of Welland. John McConnell, Esq., M.B., of Thornhill, Associate Coroner for the County of York. Dr. Alleyne Nicholson, late Professor of Natural History in University College, Toronto, has been appointed to the chair of Biology and Physiology in the Durham University College of Medicine and Physical Science at Newcastle-on-Tyne.

RECOGNIZED COLLEGES.—The following is an abstract from the official list of Canadian medical colleges recognized by the Royal Colleges of Physicians and Surgeons, England:—The University of Toronto; the University of Trinity College, Toronto; the University of Victoria College, Toronto; Royal College of Physicians and Surgeons, Kingston; McGill College, Montreal, and Bishop's College, Montreal.

THE NEW MODIFIED CAMMAN STETHOSCOPE.—The modified Camman Stethoscope is now manufactured by Messrs. Tieman. of New York. These instruments have the Flint curve to the tubes, and in general style and finish are perfect.

This form of Stethoscope is also manufactured by Messrs. Codman & Shurtleff, of Boston, and for sale by their various agencies.

BRITISH DIPLOMAS.—James William Whitefield, Esq., M.D., of Canada, has lately passed his examination in Edinburgh, and obtained the double qualification L.R.C.P.E., and L.R.C.S.E.

GUARANA.—Dr. Ritchie, surgeon in the English navy, says: "It is held to be stomachic and an antifebrile, and is used in Dysentery, Diarrhœa, Retention of Urine, etc. It stimulates and at the same time soothes the gastric system of nerves. It is indicated in fever, reduced vital powers, in grief, depression of spirits, colic, flatulence, *anorexia*, nervous hemicrania." Severe cases of neuralgia, and diarrhœa with pain, have been most gratefully relieved. Affecting directly the *mucous membrane*, its application is very general and presents large expectations.

PERSONAL.—Dr. Hodder, the Dean of the Medical Department of Trinity College, who has been in England during the summer, will be here on the 15th inst. His friends will be glad to know that he is in excellent health and spirits. Dr. Bethune, of Toronto, who has been on a visit to his friends in Edinburgh, is also expected home in a few days.

OPENING FOR A MEDICAL MAN.—There is a good opening for a medical man in Haysville, Co. Waterloo.

Dr. C. J. B. Williams has been appointed surgeon extraordinary to the Queen.

CHLOROFORM IN STRYCHNINE POISONING.—(*The New York Medical Record*, July 1, 1874).—A man took five grains of strychnine with a suicidal intent. He was given twenty grains of the sulphate of zinc, which produced vomiting. Convulsions had occurred repeatedly, however, and he was seized with one of tetanic form at the time of coming under observation. Every muscle was rigid, and tetanus was complete. Opisthotonos, irregularity of the pulse, varying from 120 to 140 in the minute, with all the accompanying symptoms, were noticable.

He was immediately placed under the influence of chloroform. The convulsions ceased from the commencement of the anæsthesia, under which the patient was fully kept for three hours. The chloroform was then removed, but the patient did not awake until six hours afterwards,—a case of recovery.—*Medical Examiner.*

DIED.

At Haysville, on the 31st of August, Dr. Maurice M. O'Connor, after a short illness.

At Streetsville, on the 2nd of September, Dr. Crombie, from the effects of nitric acid, taken by mistake.

In Quebec, on the 31st Sept., Dr. Moffatt, in the 57th year of his age, after a few hour's illness.

At. Drayton, on the 11th ult., of typhoid fever, Harry Edmunds, undergraduate of Trinity College medical department, Toronto.

At Flora, on the 22nd August, Campell and Hugh, twin sons of Dr. Paget, aged ten months.

In this city, on the 10th of September, of puerperal fever, Octavia Percil Bernard, wife of Dr. Hostetter.

At Berlin, on the 25th ult., of consumption, Dr. Pipe, in the 39th year of his age.

Book Notices.

THE COMPLETE HANDBOOK ON OBSTETRIC SURGERY—Or Short Notes of Practice in every emergency—With numerous Illustrations, by Charles Clay, M.D., late Senior Surgeon and Lecturer on Midwifery, St. Mary's Hospital, Manchester, England, &c. &c. From the third London Edition, Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson; pp. 328: Price $2.00.

This is a very full and complete handbook on operative midwifery. The first chapter is devoted to the use of chloroform in obstetric practice. The remaining subjects treated of are taken up in alphabetical order, viz.: abortion, anteflexion, ascites, ballottement, bandages, bladder, blunt-hook applications, cæsarian section, calculus, cephalo-tripsy, club-foot, &c., to vectis and version. Thus doing away in great measure with the necessity for an index. Scarcely anything of importance has been omitted. The author describes upwards of one hundred and eighty operations, from the simplest to the most difficult, with a fulness and completeness of detail that is truly wonderful in a work so condensed. The work will be found very useful, especially for young practitioners, to carry with them in their pockets to the bedside of the patient. It is not intended to take the place of larger works, but merely to aid or supplement them. It is very concise and convenient for ready reference in any and every emergency in obstetric practice. We cannot commend it too highly.

ESSAY ON CONSERVATIVE MEDICINE AND KINDRED TOPICS, by Austin Flint, Sr., M.D., New York. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

AN ACCOUNT OF CERTAIN ORGANISMS OCCURRING IN THE LIQUOR SANGUINIS, by Wm. Osler, M.D.

SURGICAL EMERGENCIES, together with the emergencies attendant on parturition and the treatment of Poisoning. A Manual for the use of general practitioners, by Wm. Paul Swain, F.R.C.S., England, Surgeon to the Royal Albert Hospital, Davenport, England, with 80 illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinston, pp. 189; price $1.75.

The part devoted to emergencies of parturition has been written by Dr. Alfred Meadows, and that devoted to injuries of the eye by Dr. G. Lawson. The work furnishes the busy practitioner with a very complete and extremely valuable *vade mecum* of surgery. The surgical portion proper embraces nearly everything of importance in general surgery that one could desire. The antiseptic treatment of wounds is treated of in the closing chapter, and is not the least interesting feature of the work. We have been much pleased with a perusal of this little unpretentious volume.

A CONSPECTUS OF MEDICAL SCIENCES, comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics, for the use of Students. By Henry Hartshorne, A.M., M.D. Second edition, enlarged and thoroughly revised. Philadelphia: Henry C. Lea. Toronto: Hart & Rawlinson.

The profession is already thoroughly familiar with the aim and scope of both the above works, in former editions. The new editions have been revised with great care, and brought up to the latest views on the subjects treated, and will no doubt be favourably received by medical students, for whom they are chiefly intended.

INJURIES OF THE SKULL, in relation to Medical evidence, and remarks upon the use of the Trephine by C. C. F. Gay, M.D., Surgeon to the Buffalo General Hospital.

The first number of a new French Medical Journal, "La Gazette Medicale," is just to hand. It is edited by Dr. Bibaud, of Montreal.

ELECTRO-THERAPEUTICS—A condensed Manual of Medical Electricity by D. T. Lincoln, M.D., Physician to the Boston Dispensary. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

MATERIA MEDICA FOR THE USE OF STUDENTS. By JOHN B. BIDDLE, M.D. Sixth edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. Price, cloth, $4.00.

MEDICAL NEWS AND MISCELLANY.

AMPUTATION AT THE HIP-JOINT.—This operation was performed at University College Hospital recently, by Mr. Berkeley Hill, on a young woman suffering from a large sarcomatus tumour connected with the upper part of the left femur, which had been growing for some months. The tumour encroached so much upon the front of the thigh and pelvis that the operator was unable to transfix the limb to form his anterior flap, and therefore dissected up the skin from the upper third of the thigh and secured the common femoral artery before the deep structures were divided. The bone was then disarticulated by cutting through the tissues overlying the joint, and a short flap formed posteriorly. The abdominal tourniquet was applied to the aorta and the operator was ably assisted by Mr. Heath and Mr. Beck. The patient lost but little blood and bore the operation remarkably well.—*The Lancet.*

FORMULA FOR SUMMER CATARRH.—Dr. Hoover in the *American Medical Journal*, recommends a chlorate of potassa, 60 grains, sulph. morph. 12 grains, to six ounces of water, to be used by the atomizer. He says it will give relief immediately, and effect a complete cure in a few days.

BIRTH OF TRIPLETS AFTER OVARIOTOMY.—In the *Medical Times and Gazette*, Dr. Spencer Wells publishes a letter, just received, announcing the delivery of a lady of triplets, six years after he had performed ovariotomy upon her. There were three distinct placentas.

THE GOOD OLD TIMES—Professor Flint speaks of a memorable instance, in a New England medical college of a single professor occupying all the chairs during an entire session. Those were halcyon days for medical students.

Goitre is attributed by Mr. Bergeret, a recent French writer, to the influence of sulphates in the blood, derived from sulphate of lime in drinking water, and from other sources.

A writer in *The Journal of Applied Science* (September 1) states that castor-oil has so little effect on Chinese intestines that the Celestials eat it habitually in cookery.

Prof. Hughes Bennett, after twenty-six years' service in the chair of *Institutes* in the Edinburgh school, has resigned on account of ill health.

A Department of Public Health has just been established in the University of Edinburgh.