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HISTORY OF MEDICINE.

BY N. AGNEW, M.D., TORONTO.

Read before the Medical Section of the Canadian Institute, Jan. 17, 1873.

MR. PRESIDENT AND GENTLEMEN,—In an association of Medical men, it has occurred to me that it might be interesting to give a sketch—and the limits assigned to a single paper will only permit of a brief sketch—of the History of our Profession, its rise and progress the difficulties it has had to contend with, and the triumphs it has achieved.

"The ills that flesh is heir to" are almost co-existent with our race. As soon as the gates of Eden were closed behind the first rebellious pair, sorrow and suffering became the lot of man; and man's ingenuity was taxed to mitigate the curse. The earliest attempts to relieve suffering, that we have any account of, were in the department of Surgery. By the application of leaves and ointments, and other medicated dressings, the Ancients, perhaps in pre-historic times, sought relief from suffering, and aided the healing process.

The practice of the healing Art, as a distinct Profession, carries us so far into the dim and misty regions of the past, that Esculapius,

its great founder, is believed by many to be a myth—the creation of the fancy of some heathen Poet, and the account of his parentage that has reached us favors such an hypothesis; however, be this as it may, he was deified before the Trojan war, and, be he God or be he man, or a mere phantasm of the imagination, he claims us as his sons, and we are proud to acknowledge our relationship.

For long years, the founders of our Art, groped their way in ignomnce and darkness. Heathens, they relied more on *propitiating* the gods than on medicaments, or surgical appliances. The body was early divided by the Egyptians, into thirty-six regions, each region presided over by a particular god, and much of the skill of the Physician depended upon his ability to propitiate the offended deity; still considerable progress was made, but, doubtless, much of the honor due to the skill of the Physician, was credited to other agencies—a habit of perverted vision that has come down to our own day.

In the armies of Agamemnon, about 1200 B.C., Surgeons were held in considerable repute, one of whom—Podalirius, one of the sons of Esculapius, received the most munificient fee ever presented to a medical man. Having been instrumental in saving the life of a Princess, he was rewarded with her hand, and a magnificent dowry —a stretch of generous appreciation which has never been repeated May we indulge the hope that our beloved Queen may discover some knight of the scalpel, worthy the fair hand of her remaining daughter.

For several centuries after the Trojan war, there is no record of progress, and it is fair to assume that little, if any, was made. During the fierce wars of those early periods, fractures were frequently sustained, yet there does not seem to have been any attempt at reduction. The aid of the gods was invoked, and, if deformity resulted, there was at least no chance for an action for mal-practice.

Three schools of medicine were founded by the descendants of Esculapius—the Asclepiades as they were called, one at Rhodes, one at Cnisdos, and one at Cos. These are the earliest regular schools of which we have any record. The last, that of Cos, was the Alma Mater of the great Hippocrates. Hippocrates was co-temporary with, and a friend of Pythagoras, who founded a school at Crotona, about B.C. 600, and as he discarded the teachings to a great extent of the schools of the Asclepiades, and brought

Philosophy to bear on practice he had the proud distinction of first raising it to the dignity of a Science. But Hippocrates did more than all his predecessors and co-temporaries put together to advance the science. He was the first to reduce dislocations and fractures—he used the actual cautery and moxa—he used, and probably invented, obstetric forceps; and performed many of the capital operations. He performed paracentesis, having detected the presence of the fluid by percussion and auscultation, thus anticipating the discovery of the Stethoscope by Laennec. Yet amid much truth there was much error—a ray of intense light had penetrated the Cimmerian gloom—the darkness was not dispelled.

At this time the study of Anatomy, by dissection was prohibited. To touch a dead body was considered profanation, both by Jew and Greek, and it is probable that all the knowledge of Anatomy which the Surgeons of that day had, was derived from the Egyptians, who practiced the art of embalming. It is, therefore, a matter of wonder, not that they know so little, but that they know so much.

For several hundred years after the time of Hippocrates, little progress was made, although Praxagoras, Plato and Aristotle added somewhat to the general stock of knowledge, but ignorance and superstition still stood in the way of a decided forward movement.

After the death of Alexander the Great, however, Ptolemy Soter, who reigned B.C. 300, a more enlightened, at least a more liberal monarch than any of his predecessors, broke through popular prejudice, and permitted the examination of the dead human body, and under his powerful patronage and protection, Herophilus and Erasistratus, the two great heads of the Alexandrian school, first practised dissection, and thus had the high honor of inaugurating the only mode of instruction by which an accurate anatomical or physiological knowledge can be obtained As might have been expected, rapid progress was now made There was one great fault, however; the surgery of their time was unnecessarily bold, as those distinguished men did not hesitate to lay open the abdominal cavity, and make direct applications to the liver and spleen—a course of treatment that modern surgeons would hardly like to adopt, or patients submit to, even with the lethal aid of chloroform. One of the pupils of the Alexandrian school was the first to arrest hemorrhage by the application of a ligature, this he did, however, not

by applying it to the bleeding vessel, but to the limb; but even this rude mode was a great step in advance of the barbarous practice previously in vogue in amputations, of dipping the stump into a vessel of boiling pitch. Lithotomy had previously been practised; but several of the pupils of this school made it a specialty, and one of them, Ammonius, used an instrument of some sort by which he broke down stones in the bladder.

But now comes a dark period in the history of our profession. Julius Cæsar became virtual master of the world. The seat of learning was transfered from Alexandria to Rome, and the grand old Romans, notwithstanding their wonderful political economy, their shrewd sense and polished manners, were deadly foes to all who practised the healing art, and published repressive and cruel edicts against them. Under such treatment, it is no wonder that the art not only languished but retrograded.

In the early part of the first century of the Christian era, Celsus resumed the forward march. He was the first who recommended the ligation of wounded arteries; so correct was much of his nosology, and treatment, that it would not be objected to in the present day. Another Roman physician, Arctœus, was the first to use vesicants as counter-irritants, and for that purpose used cantharides. In the time of Celsus, dissection was prohibited under severe penalties; but it is presumptive that he and his co-temporaries dissected the Simiæ—being the nearest approach to the human form to be found among the lower animals—as the great Galen did 150 years later.

Galen, the next great medical light, was born A.D. 131. He studied at Smyrna, Corinth and Alexandria. So brilliant was the genius of this truly great man, that his opinions and teachings were received as oracular, and proved a serious bar to advancement, paradoxical as it may seem, for it was generally believed that nothing could be added to his discoveries, and his opinions and teachings moulded—almost ruled—medical thought for nearly 1,300 years. Yet his knowledge must have been very defective, for, as has been premised, his dissections were confined to the lower animals, chiefly of the Simian tribes; and all that he knew directly of human anatomy, was what he learned from the examination of two human skeletons in the museum at Alexandria.

Shortly after the time of Galen, the world was enveloped in

barbaric ignorance and gloom, and much of what had been gained was again lost. The West was repeatedly invaded by the Huns, Goths and Lombards, and for four hundred years, or more, the medical world was enshrouded in this pitchy cloud, through which scarcely a ray of light struggled. The forward march was resumed by Actius, a pupil of the Alexandrian school, A.D. 550. At this time there were several famous schools in Arabia, but, as human dissection was prohibited by the Mahommedans, they did not advance beyond their co-temporaries of the European schools. It is noticeable, however, that Avicenna, an Arabian, who was born A.D. 980, was the first to introduce chemistry into medicine; and, although as we have seen, Hippocrates was the first who used obstetric forceps, Avicenna was the first who described them. The probang was invented by Albucasis in the 12th century. He was very fond of the use, or rather the abuse of the actual cautery, and excelled his predecessors in the roastings to which he subjected his unfortunate patients. The cautery, in those days, seems to have been used as unreasoningly as was the lancet fifty years ago.

About the middle of the twelfth century, surgery was separated from medicine by an edict of the Council of Tours—a dark day for surgery. At that time the practice of the healing art was almost exclusively in the hands of the priests; and as they were forbidden to shed blood, as was of necessity done in operations, the practice of surgery fell into the hands of the uneducated laity—the barbers, tinkers and cobblers of those days. Another period of darkness in the department of surgery was the inevitable result.

The study of anatomy had long been neglected. The teachers of those days were mere blind leaders of the blind—recourse was again had to charms and incantations, to unguents and plasters. The use of the ligature was neglected or forgotten, and the cautery was again resorted to, and, although the College of Surgeons was founded in Paris in A. D. 1271, little advance was made for nearly 300 years. The art of printing was discovered about 1450, and this most important art contributed greatly to the advancement of medical science It was not, however, until the beginning of the sixteenth century, that a true revival of scientific knowledge began; and the study of anatomy, inaugurated by Herophilus and Erasistratus many hundred years before, was resumed as the only basis of correct medical knowledge. As might have been expected, a change

amounting to a revolution took place, and the name of the illustrious Frenchman, Ambrose Pare stands out in bold relief, as the monument of a new era. Pare revived the use of the ligature, in the face of tremendous opposition, but, as fire arms were then used in war, and, as a consequence, amputations had to be frequently resorted to, the great surgeon triumphed. He had truth on his side, and sooner or later truth must prevail. I may remark incidentally, that Pare was only saved from the massacre of St. Bartholomew by the personal exertions of the cruel monarch who permitted that horrid butchery of the best and noblest of his subjects.

As a consequence of anatomical study, the circulation of the blood was discovered by the immortal Harvey, in 1619. This was, doubtless, the greatest discovery of the age, and, if we, as Britons, point proudly to that great name, our pride is surely laudable.

Towards the close of the 17th century, Chamberlin so much improved the obstetric forceps, that he is almost entitled to the credit of their invention. Previous to his time, all the forceps that we have any account of, were joined by a fixed hinge.—If it is sometimes exceedingly difficult to apply the separated blades, what must it have been to apply them united?

The great discovery of the value of vaccination by Jenner in 1775, has been the means of saving thousands, aye millions of lives, and of preventing an inconceivable amount of human suffering, and the discoveries of his great Scotch cotemporary, Hunter, are sufficient to mark the close of the 18th century as an era of great mental activity and achievement.

It will be remarked that I have drawn more upon the department of surgery than medicine for illustrations, the reason is obvious. Surgery was much earlier guided by an approach to fixed principles than medicine, indeed it is not until after the discovery of the circulation of the blood in 1619 that anything like definite principles were established. Previously physicians kept their individual principles,—if they had any—and their remedies, and modes of treatment to themselves. It is true there were the theories of the Humoralists and Solidists, the Methodists and Eclectics, and of those who classified disease as either sthenic or asthenic, this being the nearest approach to principles, and certainly simplified diagnosis and treatment. A disease being referred to its class was invariably treated in the first, or sthenic class, by depressants, in the

other by stimulants. Up to comparatively recent times physicians mixed up their materia medica with the occult sciences, witch-craft, and demonology, and depended more upon dreams, charms, incantations, and the touch of royal and other privileged personages than upon materia medica properly so called.

The Pharmacy of early days was rude in the extreme, and comprised all the abominations of a witches' cauldron. The flesh, blood, brains and excrement of birds, mammals and reptiles were freely prescribed; and such vegetable agents as were employed were of the most violent drastic character, and in the crudest form. The art of the Apothecary was unknown, and chemistry unheard of. Rhazes and Avicenna, two Arabian Physicians, introduced chemistry into medicine about A. D., 1,000, and from that time Pharmacy has improved until the refinements of the present day has resulted as an era of wonderful achievement.

Coming now to our own more immediate time, how are the medical men of our day discharging the great trust transmitted to them? Has the mantle of the illustrious past fallen upon our times? Without arrogance we think it has. If the resources of the 19th century are boundless,—these resources have all been utilized; and, as a natural consequence, great strides onward have been taken. The surgery of our day has become eminently conservative—the medicine as eminently eclectic. The limb that 50 years ago would unhesitatingly have been amputated, is now restored to usefulness. The fever-stricken patient, who would have been bled, blistered, and purged off the face of the earth, is now, by the adoption of a more rational treatment, nourished and restored to health. The discovery of chloroform by Simpson has banished, never to return, the implements of torture of the operating table, the sight and adjustment of which were enough to appall the stoutest hearted patient. I have seen operations and have operated without chloroform, and, of course, with it, and I can assure you, gentlemen, that it is necessary to experience the difference in order to be in a position to rightly estimate this priceless boon.

Great improvement has also been made recently in the mode of performing capital operations, and in the manner of controlling hemorrhage, by the substitution of metallic ligatures and acupressure, for the old methods. But, notwithstanding all that has been gained— notwithstanding the marvelous revelations of the micro-

scope and chemistry—notwithstanding that the minute structure of the "fearfully and wonderfully wrought" human frame has been unravelled—notwithstanding that the function of every organ has been interrogated our work is far from done—progress must still be our watchword, "Excelsior" our motto.

The indications of the present time point to SANITARY SCIENCE as the fruitful field where fresh laurels are to be won. The *Prophylaxis* of disease rather than its treatment is likely to absorb the attention of the best minds of our time. The discoverer of a means whereby the ravages of the remaining exanthemata and cholera may be prevented, will deservedly occupy a niche high in the Temple of Fame, and he who contributes to cause only one case of disease to appear, where two formerly existed, is surely more deserving of being considered a benefactor of his race, than he who causes "two blades of grass to grow" where only one grew before.

One word in conclusion. The path of progress is still strewn with thorns. The blind prejudice of the ignorant ever has been, and still is, the worst foe to advancement. Medical science, like all other science, is sadly hampered by the lack of a more general and higher order of intelligence, capable of appreciating and seconding the efforts of its promoters. May we indulge the hope that our admirable school system will prove a powerful aid in this direction, and that it will materially aid in remedying this glaring defect? To the educated and refined alone need the Physician look for generous appreciation, and a full recognition of his professional worth and social status.

ON THE ADVANTAGES OF ETHER OVER CHLOROFORM AS AN ANÆSTHETIC AGENT.

BY R. H. CAREY, M.D., (HARVARD) LUNENBURG, N. S.

The use of anæsthetics in surgical operations has been, I might almost say, co-existent with the science of surgery. Pliny mentions that mandrake root steeped in wine was usually given to persons about to undergo surgical treatment, in order to produce insensibility; whilst Apulinus speaks of its use by criminals before receiving punishment.

The Chinese, more than 1,500 years ago, used a preparation of hemp or mayo to annull the pain attendant upon cauterization. Pulleyn, in 1579, mentions the possibility of putting patients who were to be cut for stone into a "trance or terrible dream," by the use of mandrake.

Again, John Baptista Porta, of Naples, in his work on Natural Magic, (1597) speaks of a quintessence extracted from medicine by a somniferous menstruum, the nature of which he does not explain. This was kept in leaden vessels perfectly closed "lest the aura should escape, for the medicine would vanish away. When it is used, the cover being removed, it is applied to the nostrils of the patient, who draws in the most subtile power of the vapour by smelling, and so blocks up the fortress of the sense, that he is plunged into the most profound sleep, and cannot be roused without the greatest effort,"—adding rather quaintly, that "things are plain to the skilful physician, but unintelligible to the wicked."

In Middleton's tragedy of "Women beware Women," published in 1657, there is the following passage. I'll imitate the pities of old surgeons. To this lost limb, who e'er they show their art, cast one asleep, then cut the diseased part."

Dr. Snow suggests that the evanescent substance referred to by Porta was sulphuric ether, which had been described more fully fifty years before Porta's book appeared. Compression on the Nerves, by Dr Moore, in 1784, Nitrous Oxide, by Sir Humphrey Davy, in 1800; and Carbonic Acid Gas, by Dr. Heckman, in 1828, were the agents in the latter part of the last and the beginning of this century, considered most useful in producing anæsthesia.

In 1846, sulphuric ether was first used in Massachusetts General Hospital to prevent the pain of an operation, and during the latter part of the same year, was extensively used in England and America. After the lapse of about a year, Dr. Simpson, of Edinburg, discovered the anæsthetic properties of chloroform, and used it in his own department, that of midwifery, since then chloroform has been the anæsthetic most employed by British Surgeons. The advantages of chloroform over ether are, 1st. Its more agreeable odour; 2nd. Its more rapid results, and 3rd. The lesser bulk of chloroform required to produce anæsthesia.

In the truth of the first and third of these so-called advantages, every one will coincide; concerning the second, "that it is a more

rapid anæsthetic" I am inclined to consider it a rather doubtful benefit, since it undoubtedly holds true that rapid anæsthesia, although complete, is generally of very short duration, so that the patient may recover his sensibility as rapidly as he lost it. This seldom occurs when the anæsthetic has taken effect in a slower manner, and may be explained by supposing that a volume of the blood first charged in the lungs, passes to the brain and narcotizes the patient, and that the blood remaining in the extremities, as yet uninfluenced by the vapour, will, if the process of narcotization be arrested, in its turn flow through the brain, and thus revive the patient. It will therefore be apparent that a more protracted inhalation, such as is the case with sulphuric ether, ensures the gradual and complete saturation of the whole circulatory system, and that in consequence a more durable and profound state of anæsthesia, and more satisfactory for surgical purposes, is obtained.

There are some other inconveniences incident upon the use of chloroform, such as its tendency to excoriate mucous surfaces when applied to them, often producing serious effects, such as sloughing.

But the great objection to the use of chloroform, and one that ments the grave consideration of every surgeon, is its tendency to produce death. The fatal cases resulting from its use, have been so numerous and incontrovertible, that we are not surprised to see its most strenuous advocates decrying its too general use, and advising certain restrictions in its exhibition. By the very rapidity of its action, chloroform causes death by paralysis of the heart or overloading of that organ. This is especially the case where fatty degeneration of the heart exists, and in these cases all are resolved that it should never be used. But in how many instances do we find that the *post mortem* alone reveals the presence of disease contraindicating the use of chloroform?

Again, its advocates have always taken special pains to impress the fact, that except in the hands of experts, chloroform is always dangerous. This I conceive one of the strongest arguments against its use. How many of those who have been disciples of its champion, Dr. Simpson, have had whilst under his tuition the amount of experience in its exhibition necessary to qualify them for proper administrators of it? And how often does it occur that they are called upon to use it now? So that they can hardly be said to posess the amount of confidence and experience requisite to warrant perfect safety in the administration of chloroform.

On the other hand, certain conditions being fulfilled, sulphuric ether is of all anæsthetics the safest, and therefore the only one worthy of entire confidence These conditions are pure ether, not oxidised through imperfect corking, containing no alcohol, sulphurous acid or volatile oils, the presence of which is apt to produce imperfect etherization and cause bronchial irritation. When ether, free from these impurities, is administered, statistics of its use demonstrate its perfect safety The committee appointed some years ago by the Massachusetts Medical Society to report upon anæsthetics, state most unhesitatingly, that a "death really attributable to the inhalation of sulphuric ether has yet to be recorded," and quote in support of this statement several eminent authorities, both in Europe and America.

In 1857 it was affirmed that, in the civil and hospital practice of the city of Lyons, ether was exclusively used for eight years consecutively, and that during that period no deaths from the inhalation of anæsthetics occured, and this assertion was substantiated by reference to the Civic Registry Again, from the first administration of sulphuric ether in Boston, to the present time, where it has been used in some thousands of cases, no fatal consequences have followed.

From the frequent deaths from chloroform, a healthy spirit of enquiry has been excited amongst even its most strenuous supporters, and we find such men as Ricord and Erichsen inveighing against its use, the former speaking of its exhibition as an accident that complicated an operation, the latter stating that "when a patient was fully under chloroform, he was on the verge of death."

Erichsen again in his Science of Surgery states very plainly the reasons for the use of chloroform. He says, certainly ether is a safer agent than chloroform, no death having as yet resulted from its administration, and the only argument in favour of the use of chloroform over ether is: chloroform is the most convenient agent, its effects being produced more quickly and no disagreeable smell left behind, as is the case with ether In fact we use chloroform in preference to ether, on the same principle that induces us to incur the increased risk of an express, rather than submit to the slower but safer progression of a parliamentary train. In a note to Druitt's Chapter on anæsthetics he quotes on the authority of the *Westminster Review* that the total number of deaths from chloroform up to

Dec. 1858, were 68; those from ether, 2. On reference, however, to the article by the author's own showing, the deaths ascribed to ether were not immediate, one surviving the operation 16 and the other 19 hours, which, together with the *post mortem* appearances of these alleged cases, render it exceedingly impossible to prove that ether was in any way connected with the fatal results.

With an apparent strong predilection for chloroform, Dr. Druitt is obliged to confess, which he does in a very emphatic manner, that ether is certainly, to say the least, a much safer anæsthetic.

In an editorial article in the *American Medical Times* for 1860, reference is made to the constantly recurring deaths from chloroform, mostly from paralysis or overloading of the heart, and whilst arraigning what are termed the inconveniences of ether, it confesses the feeling of insecurity in the exhibition of chloroform gaining ground, and mentions the fact of the propriety of its use, being a question raised by the Medical Board of Bellevue College Hospital, and at the same time remarking on its exclusion from the New York, Pennsylvania, and Massachusetts General Hospitals.

Taking everything into consideration, therefore, it does not appear to me that the trivial advantages of agreeable odour and greater portability compensate for the deleterious and deadly effects of chloroform, and does seem a strange and sad confession on the part of its votaries to say in effect that it can't be denied that it is dangerous, but then it is so very convenient.

It may be said that, with proper precaution and skilfully applied, it is comparatively harmless, but how often have fatal effects followed its administration by its very discoverers; how often, especially in country practice, must the care of etherization be confided to students unapt in its administration, unaware of its toxicological properties, unmindful of precautionary measures and unheeding alarming symptoms. In conclusion, when we have a safe, or stating the case less strongly, a safer anæsthetic than chloroform, it is surely quite unjustifiable and highly reprehensible for surgeons to adhere so rigidly to the doctrines and dogmas of masters, no matter how eminent, and refrain from using sulphuric ether on account of its origin and odour, and exhibit chloroform, whose deadly properties have but in too many instances merged the sleep of anæsthesia into the "sleep of death."

CASES IN PRACTICE.

BY W. S. CHRISTOE, M.D., FLESHERTON, ONT.

Case 1. EMPYEMA.—This according to authors may be true or false; true when the pus is secreted by the pleura, and false when it results from the bursting of an abscess of the lung into the cavity of the chest. In quantity it varies from a few ounces to many quarts, filling the entire cavity of the chest, in quality the pus in true empyema, varies from a genuine laudable pus, to a sero-purulent fluid, whilst in false empyema, it partakes more of the expectoration present.

I had a little patient some time ago, who proved very interesting on account of the disease mentioned above. He was about eight years of age. He was attacked with Pneumonia of the left lung, and was attended by Dr. Sproul of Markdale, who likewise consulted with Dr. McGregor of Chatsworth. The case received the utmost care and attention, but convalescence failed to be established, and the lad became gradually worse. Great pain over the pubes with difficult micturition set in. I was called merely to give relief, to permit him to die quietly, the other gentlemen's services having previously been dispensed with. I found the little fellow labouring under severe strangury arising from the effects of Emplastrum Cantharides, which had been applied to the chest Using the usual remedies—sedatives and demulcents—he was soon relieved.

About two weeks after this, or the 26th day of June, when I made merely a friendly call, I noticed a bulging of the left side of the thorax, and an apparent pointing of an abscess below the nipple a little anteriorly. Not having met with such a case in my practice before, I was at a loss to know what to do. The pulse being about 150, respiration rapid, with cough and emaciation, the symptoms generally hopeless, my first impulse was to let him alone, without any attempt to relieve him. I had an instinctive dread to perform paracentesis, lest by the introduction of air to the cavity of the chest, I should but hasten the impending dissolution. I had read Dr. Oldright's article in the April number of the *Lancet*; his cases were interesting and instructive, and rather strengthened my

desire to operate. The following day with the consent of the parents I did so, using a trocar and canula. As the place was sufficiently indicated by the pointing I had no difficulty in selection.

Having first used an exploring needle, I thrust in the trocar, and at every expiration a full column of semi-purulent fluid was thrown out, until about three quarts altogether was discharged, emitting no unpleasant odour. The next step was not of easy solution. Should I now wash out the cavity? Or would it be as well to keep the aperture open and risk the consequences? Or would it be better to close it and re-open if necessary? Being sensible that I would not be permitted to reopen it again, I sought, contrary to matured opinion, to keep it open, and to this end I had a short silver tube made with rim, under the supposition that I could keep it in situ with elastic bands around the chest, but in this I was mistaken; after one or two efforts I failed, and relinquished it. I sadly feared it would close, but in this was agreeably disappointed. Whenever it became partially closed, and the discharge visibly diminished in quantity, its accumulation in the chest, would invariably create cough, by which it was forcibly expelled, and thus I was happily spared further trouble on that point, the aperture being kept sufficiently open. It was difficult to ascertain the daily discharge. During the first fortnight, it was rather large, then diminished gradually, until about the sixth week when it ceased altogether. When I last saw the lad, the chest was visibly flattened on the left side, and the respiratory murmur notably lessened, but the cough subsided, the strength returned, and he is now quite recovered. It was with no small effort the child's strength was sustained. Nutriments, to the extent of the stomach's digestive powers were given, comprised chiefly of cream and beef tea, together with moderate stimulants. The medical treatment was, I confess, somewhat unique. Tonics and alteratives were to my mind indicated. I knew many good ones, but always failed to make them sufficiently palatable for children's use. I had exhausted the materia medica on a little patient some time before having hip disease, and although I was always rigidly opposed to anything like quackery, I was induced to try that empirical preparation known as the Elixir Iodo-Bromide of Calcium, by Tilden and Co., of New Lebanon. The preparation is very palatable and possessed of alterative and tonic properties, indicated in this disease. I gave it to her for a continued period,

with visible signs of improvement. The appetite returned, the excessive discharge from the joint ceased, and my little patient wholly restored with shortening only. It's true I used carbolic acid injections conjointly. Having this case so recently before my mind, I put the lad on the same. He took about one bottle and a half of it with the success I have named. I injected nothing whatever into the cavity. If, therefore, I had similar cases, I should most certainly favour the New Lebanon preparation, if it could be had. I am convinced that this was a case of false Empyema, for the fluid from the opening and the expectoration, were similar It therefore must have been an abscess that opened into the cavity of the chest, and I think this is further established from an incident occurring during its collection in the lung. The little fellow was coughing one morning more than usual, and expectorated excessively, insomuch that an abscess larger or smaller, was supposed to have come in contact with one of the bronchi, and thus discharged itself. It gave him much ease, it was however transient, for the expectoration ceased, and the abnomal respiration, and general dullness returned. Now the larger expectoration at this time corresponding in character with the still larger quantity from paracentesis— with the positive fact of the former coming from the lung—is I think proof positive. This case proves, as far as one case can do, that the much ado about the introduction of air into the cavity of the chest is absurd. Here is a case in which the chest was so filled as to occasion dullness over the whole of the side affected In no part of it was the voice conveyed to the ear, and the spine seemed to be bent to accommodate the superabundant accumulation, yet the discharge remained unchanged in its character, excepting in its later stages, when it became clearer, with a few flakes of lymph in connection, nothing of putridity was seen. It furthermore satisfies me, that the great desideratum after paracentesis is had, is to heal the pus-producing surfaces by administering drugs, possessing unquestionable alterative and tonic properties, and for children, where prolonged use is necessary, those that are palatable are the best.

Case II. PROTRUSION OF THE STOMACH.—J H Aged 20 was chopping with two or three others, and was struck with the limb of a tree. In its descent it struck another tree, and broke, leaving a somewhat rough, wedge-shaped point. The force pushed

it through the garments of the arm, and it entered the abdomen rather obliquely, making a wound about five inches long. He had received the injury about an hour before I saw him. Vomiting was present, and in consequence the stomach was thrust through the peritoneum, and through the rough lacerated wound, more and more at each expulsive effort. I immediately endeavoured to return it, but manipulation only increased the vomiting and pain. I therefore ordered warm cloths until I resolved what to do, for it seemed to act like a strangulated hernia. I sent for Dr. Sproul of Markdale, having parted from him only a short time before. He however was longer arriving than I bargained for, and I proceeded without him. I first gave the patient a full dose of morphine, to quiet him, and when he was considerably under its influence, I commenced the administration of chloroform, with the assistance of a judicious friend, and when fully under its influence, I gave the chloroform in his charge, and proceeded to return the stomach but found it impossible, without enlarging the aperture. I accordingly did so at once, and with quite an effort succeeded in returning the stomach; this done, I hesitated a moment, as to the comparatively large quantity of omentum left. Must I return it? Being satisfied the circulation through it was good, I returned it *en masse*, and put in five or six sutures. I dressed the wound, applying plasters, at which stage Dr. Sproul arrived, and finished the dressing by applying pad and roller; ordered cold water dressings. Hiccup was present from the first. He was kept well under the influence of morphine. During the remaining part of the day (January 18th) he rested tolerably well. On the 19th a. m., pulse 90, reaction fully established. Dr. Sproul saw him later, and informed me that the symptoms were quite satisfactory. Ten o'clock p. m., fever very high, pulse running up rapidly. Ordered an injection of warm water, and used nitrate of potash in ten grain doses every hour, until the fever was somewhat controlled.

20th. Under this treatment the pulse fell to 92, thirst abated and the temperature of the body was reduced. Continued the treatment, gradually withdrawing the potash. Tympanitis was very troublesome, and I was afraid after all, the patient would sink. Ordered enema of assafœtida, and very weak soap suds. A good deal of flatus escaped. I was also obliged to use the catheter.

21st. 5 a. m. Called up. Patient reported worse. Repeated the

enema, used the catheter. Noon, patient about the same, pulse 90. 10 p. m., distension of the bowel very great, but the pulse had fallen to 85, notwithstanding considerable tenderness over the abdomen. Ordered an enema of turpentine and assafœtida in a pint of water. This proved very beneficial. I gave a hypodermic injection of morphine over the abdomen, and left him for the night.

22nd. Patient much better; perspiring freely, tympanitis gone, pulse normal. The wound was united excepting one corner, where pus is exuding slightly. During the treatment he has taken beef tea in small quantities hourly. I look for a successful termination.

NOTES ON OBSTETRICS.

BY T. W. KNAPP, M.D., EDIN., SACKVILLE, N. B.

PLACENTA PRÆVIA.

Case 1.—On the 11th of November, 1872, at about 2 o'clock, a.m., I was requested by the husband of Mrs. A. to visit his wife, a tall, thin, slight woman, aged 35, the mother of four children, and whose labors had always before been natural. He stated she was about being confined, was very weak, and flooding. In order to save time, I was driven by himself to his residence, a distance of about a mile. On arriving at the door, I at once dispatched him for brandy, there being none in the house Upon entering the patient's room, I found her lying on her back, her face pinched, anxious, and blanched, her extremities cold, and her pulse extremely weak and tremulous. Her night dress and the clothes of the bed were completely saturated with blood. She stated she had had no pains and no uterine contractions could be felt when the hand was placed over the uterus. She was thought to have been about *eight months* pregnant. I was informed the flooding commenced about a week previously, but only continued a short time. An examination, *per vaginam* enabled me to distinguish the placenta which occupied a position directly over the os uteri, the latter being flaccid and dilated to about one fourth of its full extent, and the former separated from the cervix to the extent of about two inches, the detached portion being nearly opposite the right hip joint. The head of the fœtus was the presenting part—the membranes were unruptured. As

the patient refused to submit to an operation before the return of her husband, I was forced to content myself with the administration of ergot of rye in powder, gr. xx., with borax, and an occasional dose of the aromatic spirits of ammonia, the only stimulant I had with me. The delay, about ten minutes, nearly proved fatal, as a few minutes before his return she passed into a state of syncope, from which she was with difficulty roused by the application of strong ammonia to the nostrils, and friction to the extremities, &c. Immediately upon the return of the husband, half an ounce of brandy was given with water in divided portions by means of a teaspoon, the patient's head having to be kept low. I at once turned and delivered. The hand passed into the uterus with the greatest ease, and the membranes not being ruptured until after its introduction, the operation was performed very quickly. The whole time could not have occupied over two minutes, including the removal of the placenta, which I at once extracted without waiting to tie and divide the cord. The uterus contracted firmly, and no perceptible flooding occurred during the delivery. The mother made a speedy and good recovery. At first the child did not breathe, but by using the ordinary means was soon resuscitated.

REMARKS.—I am aware the late Sir James Simpson advocated the separation of the placenta in place of turning in cases of placenta previa. Without wishing to oppose views, advanced by so high an authority, I can only say I have always resorted to turning in such cases. I have hitherto lost no mothers. On account of the loss of blood rendering the os uteri soft and yielding, turning is generally easily performed. In the present instance the patient informed me she had had no pains from the commencement, and I should, it is highly probable, have had to deliver by turning had I first separated the placenta, which would have been doubtless fatal to the child and most probably also to the mother, in her exhausted state, as in separating the placenta I would most likely have ruptured the membranes, and thus rendered the delivery much more difficult.

CASES II AND III.—TWO LABOURS OCCURRING IN THE SAME WOMAN, COMPLICATED WITH FIBROUS-TUMOUR.

Mrs. B , aged 33, who miscarried in her first pregnancy, at the second month, summoned me to attend her late on the evening of the 21st June, 1871. As the os uteri was not dilated on my arrival,

and I had other matters of an urgent nature requiring my attention, Dr. William Knapp, a junior brother, took charge of the case for me. I did not see her again until the evening of the 22nd, when I found the os fully dilated and the membranes entire. The pains were strong and regular I at once ruptured the membranes, and in about an hour the labour had advanced to the middle of its second stage, when, though the pains still continued strong, it made no further progress. The fundus and body of the uterus were very prominent, and the abdomen as much distended as in twin cases. After waiting fully an hour, and finding that the head remained stationary, having first evacuated the bladder and rectum, I delivered her by means of forceps of a living, full-grown child. The uterus did not contract, but, on external examination, was found to be very hard. A considerable interval having elapsed, and no expulsive efforts being made, I cautiously passed my hand into the uterus and found the placenta attached high up to the fundus and posterior walls of the organ and a hard unyielding tumour imbedded in its posterior parietes, which extended from a little above the cervix to the insertion of the lower edge of the placenta, causing the latter to occupy a deep hollow behind it. Consequently, if the placenta could have been detached by the uterine contractions, it would have to pass over the upper convex surface of the tumour before being expelled On this account I was compelled to remove it by means of the hand No hemorrhage followed, and the uterus contracted to the extent permitted by the tumour, the upper portion of which still occupied a position about midway between the umbilicus and ensiform cartilage I diagnosed the tumour to be fibrous. Notwithstanding the complication caused by the tumour, the patient made a favourable recovery.

On the 17th of December, 1872, I was again called upon to attend Mrs B I found her in the first stage of labour, the os uteri about two-thirds dilated, the pains strong, and the membranes entire, the nates presenting. The labour advanced until it had reached the same stage as the first labours, when as before, the pains ceased to have any influence in advancing it, on account of the resistance caused by the tumour neutralizing the expulsive efforts of the uterus I consequently brought down the feet and delivered her of a strong, healthy boy. I had the same difficulty with the placenta as on the previous occasion. The tumour had not increased in size since her

last confinement. On the 19th of December, I was summoned hastily to see her, and found her suffering from severe pain in the abdomen. The uterus was contracted to the extent admitted by the tumour, but was tender when pressed upon. The abdomen was tympanitic. She had vomited several times. The pulse was rapid and tongue dry and coated. Respiration hurried. Lochia scanty. Prescribed pulvis opii in half grain doses every four hours, and flannel cloths saturated with equal parts of turpentine and warm water were applied to the abdomen, to have light diet and injections of warm water *per vaginam*. 20th.—Has kept down the powders, and the pain has left the abdomen, which is still tympanitic. Ordered a turpentine enema, which greatly relieved the distention. If the pain returns, to take the powders as before. 21st.—Has diarrhœa, but tympanitis has subsided. Administered starch enema with tinct. opii, which remained up some hours, during which she was very comfortable. *22nd*—*As she is still feverish, and there is* slight diarrhœa I prescribed liquor ammon. acetatis ℥ss, morph. sulph. gr. $\frac{1}{8}$ every four hours. 24th.—Appetite returning, and better in every respect. She has been taking tinct. ferri. mur. since yesterday, and chicken broth with rice. As she seemed improving rapidly, I discontinued my visits. 28th Dec.—As she was suffering from severe pain in the spine, caused probably by the pressure upon the nerves, I was called in again, and relieved her with morph. sulph. I continued to attend her until the 1st of January, and finding her again convalescent, prescribed equal parts of acid hydrochlor. dil. and acid nitric dil. to be given in doses of twenty drops in a wine-glass full of infusion of cinchona *ter in die*. I again left off attending her, directing her husband to send for me if she did not continue to improve. The only other treatment was the substitution of a lotion containing one part of carbolic acid to forty of water, to be used as a vaginal injection, in place of the warm water. *I saw her husband several times after I had ceased to attend her,* and he always informed me she was doing well. About three weeks ago, however, I was informed by some of her husband's near connections, that Mrs. Cardy, a female Dr., and a Dr. Flemming, who has only been a short time in Sackville, had visited her and had a consultation about her case, and that I had been much censured by them on account of the powerful medicines I had employed, especially the use of turpentine.

REMARKABLE CASE OF TETANUS AND SELF-MUTILATION.

BY J. M. HART, M.D., CAMBRAY.

Was called on the 7th Dec. to see F H æt 19 All the muscles of the trunk were rigidly contracted, as were also those of the neck and jaw, there was complete opisthotonos, severe paroxysms occurring at short intervals, when the jaws were firmly clenched and the body bent backward to form a complete arch The countenance was expressive of much pain and anguish; the features were fixed and convulsed at times, and at no time could he separate the teeth more than ½ an inch The head was thrown backward and the abdominal muscles were extremely rigid; pulse about 90, respirations occasionally difficult; intellectual faculties clear; skin clammy. On making enquiry I was informed that about a week previously he had received an injury; a punctured wound of the knee, situated at the lower margin of the patella caused by striking the knee against the tooth of a cross-cut saw There had been considerable swelling at first, which subsided in a few days. On making pressure above the wound a paroxysm was at once produced

Gave the patient hydrarg submur, grs. x. and put him on pot. iodidi grs. vi. together with ʒss. of tr. cannabis indica every hour. Ordered a poultice to be applied to the wound There was some tenderness of the spine, and a bladder of pounded ice was applied. Diet nourishing, consisting of eggs, milk, beef ext. &c.

Dec. 9th, morning—General condition of patient much as before, has rested better at times, but is frequently awakened by a violent paroxysm. Gave a large dose of chloral hydrate, and proposed dividing the nerve above the injury; but the patient and his father dissented. I then asked for a consultation, and my esteemed friend, Dr. Herriman of Lindsay, was called in Evening.—Again visited patient in company with Dr. Herriman; has slept comfortably for some time after taking chloral, vomits frequently; has hiccup. We decided on dividing the injured nerve. Dr. Herriman accordingly placed the patient fully under the influence of chloroform, and I made a Λ shaped incision above the wound, divided all the structures freely down to the upper margin of the patella. After he recovered from the influence of the chloroform he

seemed better. Pressure above the wound did not now produce a paroxysm. He was then put on chloral hydrate grs. 15 every four hours; pot. iodidi, and cannabis indica, as before, gave an enema of solution of tobacco, which relaxed the abdominal muscles, relieved the hiccup, and pain in the region of the diaphragm, to meet Dr. Herriman in the morning,.

Dec. 10th.--Patient has been more comfortable, paroxysms not quite so frequent nor so severe. Treatment continued. sent to Toronto for calabar bean. and nicotine.

Dec. 11th.—Patient more comfortable, with the exception of two very severe paroxysms shortly after midnight, complains of the ice to his back, discontinued its use, tobacco to be used every 6 hours.

Dec. 12.—Patient continues to improve; has had two or three severe paroxysms during the night about the same time as the night before. As there appeared to be something periodic in their occurrence, I left a couple of powders of Quinia. sulph. Calabar bean and nicotine arrived; gave ½ gr. ext. calabar bean every four hours; did not use nicotine, as the tobacco appeared to answer every purpose.

Dec. 13th.—Patient has been tolerably comfortable, appetite improving, not so much rigidity of trunk, abdominal muscles much relaxed; can open his mouth better.

I made a discovery this morning which, had I known it at an earlier date,, and before improvement began, would have served to very materially affect my prognosis. It appears that a few days before he injured his knee, he had been climbing over a high rail fence, and when on the top rail, slipped, and in falling was caught by a sliver, which entered the scrotum, and made a long rent, through which the right testicle protruded. He said nothing about the matter; but according to his statement, in a day or two the testicle turned black, and he ligatured the cord *en masse*, and cut the testicle off. As improvement had set in, and there was no tenderness in the region of the scrotum, I merely ordered a poultice to be applied, and continued the same treatment.

Dec. 14th.—Patient much as when visited yesterday

Dec. 15th.—Continues to improve.

Dec. 17th.—Patient does not appear so well; has had several paroxysms, though not of a very severe character, appetite not so

good, bowels were not moved yesterday; ordered a copious enema of soap and water; some tenderness of scrotum and stump of cord, which is quite hard; poultice to be kept warm, same treatment continued.

Dec. 18th.—Visited patient to-day in company with Dr. Herriman. Patient more comfortable, applied to wound in scrotum, ung. ant. tart. with a view to causing a discharge.

Dec. 20th.—Patient much improved in every way, all the muscles much relaxed; general health good. He has continued to improve up to the 6th Jan. when he was able to go around the house with ease. I have not seen him since; but was informed by his father the other day that he was quite well.

AMENDED MEDICAL ACT.

To the Editor of the Canada Lancet.

SIR,—So far as I can learn there seems to be a fixed and growing want of confidence in the executive abilities of the Medical Council prevalent among the profession By Act of the Provincial Legislature, a corporation has been brought into existence whose special duty it is, or should be, to *effectually* guide and guard our interests How far it does so has long been a fair question, and is now a question of great import. The Council, in the Act of 1869, provided a first *approximation* only to what was required in the way of legislation. If the penal or any other clause is found to be ineffectual through lack of means provided therein to make it efficient, it is the *plain duty* of the Council to secure such amendment. They at the same time desire to increase the revenues of the College by an annual assessment of not more than $3 per annum on each of its 1528 members. Strange to say, they make the amendment of the penal clause contingent upon obtaining this annual licence fee as though there were some necessary connection between the two. This, in the words of a circular sent out by the Registrar, apparently the expression of the Executive Committee, assumes the offensive form of the plain threat, "it must be distinctly understood that if a general disapproval of the 'Annual Licence' clauses should lead to their being withdrawn, the 'Penal Clauses' will be withdrawn like-

wise." There's coercion for you! It would be well for the profession to give the Executive Committee to understand that the days of terrorism are over. Let them go a few steps further and they will levy black-mail on us. If the Council can secure an Amended Act with a satisfactory penal clause *with* the "Annual Licence," why can they not secure it *without* it? Is the implication that the "almighty dollar" is to have its omnipotence tried upon M.P P.'s? If not why can't the Licence clauses stand upon their own merits? When the Council can show us by *acts* that they indeed guard our interests efficiently it will be time for them to ask for a pecuniary expression of confidence in their administrative ability, but until then, in granting it, we would be but giving a premium to those who shirk duty, and every new attempt at securing our rights might be made the occasion of securing a fresh bonus. Let the, in many respects good, Act of 1869 be still further approximated to our wants, and should the Council (having thereby secured our confidence and deserved our gratitude) require a greater income, it will be forthcoming, and that with no niggard hand.

The merits of the Annual Licence clause are fairly questionable. At a nearly full meeting of the Council on the 11th July, 1872, the Committee appointed to prepare a synopsis of the amendment necessary to the Medical Act advised (among other things) "lessening the number of the Council and Examiners" but this was expunged forthwith and the report was otherwise adopted. They then threw overboard one plan for diminishing the present expensive working. Hitherto $10 has been the fee for registration which we accepted in good faith as sufficient for life membership. But now a demand for $2 per annum, it may be $3, is made upon us. It requires $25 invested at eight per cent. per annum, to produce $2, or $37.50 to produce $3, so that the Council virtually is putting on an additional registration fee of, say $30. And for this we have, what? Why, nothing but a rotten promise that they will *then try* to obtain for us what we are entitled to already at the hands of the Council. For myself, before confiding further I want a substantial and unquestionable *quid pro quo*. If the students in mass meeting want to know what they are paying for, so does the profession in practice. If the Council resent the "threat" of the students to absent themselves from examination in April, so well may we as constituents resent the *threat of our representatives* that they will

not present our rights before the legislature unless we yield their pecuniary demand.

It must be admitted that the action of the Council hitherto has been very much more in favor of giving substantial advantages to the several Medical Colleges than of legislating for the benefit of the profession throughout the country. It has always seemed to me that each meeting of the Council has been managed by those pecuniarly interested in the welfare of the teaching colleges As a single example of this there was passed on the 12th of July, 1872, the following resolution: "That after this date no certificate of pupilage or of attendance upon lectures in any college shall be recognised as valid unless the same be signed by a duly registered practitioner, except in Chemistry and Botany." This in effect amounts to this.—certificates signed by men of as high professional standing as Gross, Thomas, Sayre, Spencer Wells, Simpson, Virchow or Robin are not valid, while those of teachers of merely local celebrity are to be accepted. Hence students are compelled to obtain, by payment, the requisite certificates from some one-horse provincial institution, *and then* when the provincial college has bled his pocket as fully as it can, he may seek a higher training from masters of the healing art elsewhere. That is a precious exception: "except in Chemistry and Botany," verily, there must have been a professor at the elbow of the writer of that resolution, so well does it apply to Ontario Colleges. Were the interest as direct, doubtless the regulation "he must attend the practice of a General Hospital for eighteen months" would read thus. "He must attend the practice of an Ontario General Hospital." *On paper* the requisite "Two courses of six months each on clinical medicine and clinical surgery," reads well, but *de facto*, the Council has in the past, year after year, admitted to its examinations, students *en masse* scores of whom were never at a single clinic and are perfectly innocent as to how they are conducted. Why don't they say right out that all are required to avail themselves of the magnificent clinical advantages of Toronto General Hospital and the Dispensary on York Street, while students who have served years on the intern staff of Guy's Hospital shall not enter the examination Hall of the C.P. & S.O. It would only be consistent with the certificate regulation. The Hospital regulation is not so worded and the reason is obvious. You have, yourself, Mr. Editor, already called attention to the monstrous

anomaly of requiring a M.R.C.S. Eng., (*e.g.*), to pass the examination of the Council with which this is of a piece. Would it not be well that the representatives of constituents at some distance from the collegiate centres see to it, that regulations are not prompted by and framed in the interest of schools.

Allow me to say, in concluding, sir, that my remarks are not the result of a spirit of querulous fault-finding, but spring from a hearty good will for the advancement of the profession in Ontario. As your pages are read by professional eyes only, I deemed them more suitable for criticism than the columns of a daily to which I notice that others are now daily resorting.

I am, sir, respectfully yours,

A. HAMILTON.

Millbrook, O., Feb. 22d, 1873.

To the Editor of the CANADA LANCET.

DEAR SIR,—In the *Lancet* for January I observe you have seen proper to pronounce upon what you term a "breach of professional etiquette," as between myself and Dr. Philp of this village. Perhaps it would have better served the cause of truth and fair play between members of our noble profession, if a little care had been taken to ascertain the facts before pronouncing an unqualified condemnation of the course pursued by me in this so-called scarlet-fever case. The fly-sheet, issued by Dr. Philp, upon the strength of which your remarks seemed to be based, I regarded with perfect indifference, as I was well aware that in this community it could do no harm whatever, and the sequel proves this true, for the effects of that wonderful production were and are perfectly *nil*, but when, through your article it became spread throughout the profession, I have deemed it my duty to make an explanation of the case. It must be remembered that the excitement in this community was exceedingly great, owing to the prevalence of small-pox in an adjoining neighborhood. The conduct of Dr. P. in this case, in not allowing persons to go in, and his own scrupulous care not to carry the contagion to his family, raised the suspicion, that notwithstanding he had pronounced the disease scarlet-fever, it might after all be the much dreaded small-pox. As I was waited upon by the father of

the deceased, and subsequently by the Reeve of the Township, and urgently requested for the purpose of pub ic peace and safety, to examine the body. I could no longer regard the matter with indifference, and therefore reluctantly complied.

If some more agreeable man had been my *confrere*, I should have thought it better to have requested him to accompany me, but under existing circumstances, deemed it unnecessary The body presented no outward signs of having died of scarlet-fever, and from information given me regarding the symptoms of the disease, I was led to the conclusion that she died of neither small-pox nor scarlet fever, and I, by no means, pronounced dogmatically that she died of diphtheria.

The interview, of which such a flourish is made, was simply no interview at all. Dr. P. met me on the street, and in a very excited and incoherent manner attacked me—professionally perhaps—when a few words passed in quick succession without any definite result save, I presume, his determination, in professional dignity style (?) to expose me through the medium of a fly-sheet.

I would not perhaps in the present case, have exceeded the limits of my power, if instead of merely visiting the body as I did, I had regarded the importance of the general feeling, and in the exercise of my official functions, have ordered an inquest and *post mortem*,

My standing with the members of the profession in this section is too well known to require any mention from me in this paper, and if the circulation of your periodical were confined to them alone, there would be no necessity for the explanation now given.

I am sorry, therefore, to be compelled to trouble the profession with this matter—of merely local interest - but justice to myself and to them demands it, and in the interests of both I have to respectfully request the publication of these statements in the *Lancet*.

Yours respectfully,

O. SKINNER

Waterdown, January 29th, 1873.

[Dr. Skinner's own letter admits all we charged him with, and if anything were wanting to complete the picture, it has been added by the learned gentleman himself in referring to an inquest and *post mortem* under the circumstances.]—Ed.

SINGULAR CASE OF HERNIA.

To the Editor of the LANCET.

DEAR SIR,—I beg leave to submit the following singular case of hernia for publication in the *Lancet*: M. P., æt. 66, whose right testicle never descended lower than the os pubis, has for forty years been affected with hernia on the right side. During the first thirty years, he had inguinal hernia, but the intestine for the last ten years had descended into the scrotum, forming there a tumour considerably larger than a man's fist, and frequently accompanied with severe pain, extending to the umbilicus. The intestine required to be returned five or six times daily. He has always been able to accomplish its reduction without professional assistance. Six months ago, he applied a truss with a spring so strong that he required to remove it daily once or twice for about an hour. After it had been used for three months, he discontinued its use, and for the last three months, the intestine has never descended, or been productive of the slightest inconvenience, even when he requires to use considerable effort at defication, takes a heavy lift, or is seized with violent coughing.

WILLIAM WILSON, C. M.

Carleton Place, Jan. 30th, 1873.

To The Editor of the LANCET.

DEAR SIR,—On a former occasion I wrote to you honestly seeking information, and regret that none of my *confreres* vouchsafed me any. Though in my climacteric I am willing to be taught, and therefore (so far) entitled to teach, if capable of so doing. You were pleased to ask to hear from me again, and I avail myself of the invitation, though I know what I write will be unpopular with my brethren, and I fear unacceptable to you. *N' importe* I must find vent for thoughts that burn within me. Ours is called a "liberal profession," Why? Do its members evince true liberality?

I was lately called by telegram a long distance, to see a lady, formerly a patient of mine. There were at least thirty able practitioners in the city where she then was, but not one would go to see

her, until she first dismissed her medical attendant, who was one of the heretic sect—a Homœopath. Was this liberal? I know the systems we and they adopt cannot be conjoined—they are incompatible, but in many points we are at one with them, for example in diagnosis. Within the last year I was called to see a lady. She was indisposed, and believing in Homœopathy, had employed a Homœopath, the question arose, "Has she small pox?' It may be liberal to say, "the Homœopath must be ignorant indeed, if he could not decide that point." Not at all.

I knew a case that occured nearly fifty years since, where two medical gentlemen then at the head of the Profession in Montreal, whom I will only initial, Dr S and Dr. G., differed on this very point, and called in Dr R to decide the point, which the latter did before he saw the patient, by the pithy remark, "You are wrong my friend, *it is small pox, I smell it.*" Let us then pardon the young Homœopath for not being positive, when the first man in Montreal had to *smell it out* Now the lady here had an undoubted right to select her medical attendant, and the other inmates of the house, and the public an equal right to be assured whether that fearful scourge was in the house. But my dignity forsooth would be compromised, if I go in company with her Homœopathic attendant, to view the case and give my opinion!

Within a few months I went to see a case of severe injury of the wrist. Query, is fracture complicated with dislocation? Must I refuse to give my opinion, because he will not turn off his Homœopathic friend?

Some years ago I rode thirty miles to see an obstetrical case, and horror of horrors, actually consulted with the medical attendant an Eclectic! I am an habitual sinner. I have again and again gone to obstetrical cases attended by Homœopaths, and laid the flattering unction to my soul that I was in the path of my duty, had benefitted my patient, and not derogated from my *dignity*, though a fledgling of two years standing here, lately boasted that he had never descended so low as to speak to a Homœopath in the sick chamber. Save the mark! The spirit of the age has become so far mollified, that the Bishop of London and Cardinal Wiseman can meet on the same platform, at any public meeting, where charity is the object, without bandying the epithets, "Idolator," "Heretic," and would it not be well, if the different branches of our profession

would treat a *gentleman* with courtesy, even though his theory differed as widely from ours as Wiseman and Cummings differ on the immaculate conception or Papal infallibility? If the Odium Theologicum (a proverb) is thus giving way, may not we also show a little practical liberality.

Of course I cannot consult with a Homœopath in the treatment of a case of Phlegmasia dolens. A case of puerperal convulsions, brings us instantly to a dead lock; but may I not consult with him, as the unavoidable necessity of the murderous Craniotomy? If my experience have any value or my tact any existence, are they profaned if I afford their aid to a poor benighted Homœopath? The application of the forceps is very simple, but not always very facile. I may perhaps be able to assist a gentleman, and relieve a suffering woman, and no woman shall appeal to me in vain for my best efforts on her behalf, and I will impose on her no hard or humiliating conditions. If my professional dignity cannot stand the shock, it must go to the wall. I must keep my conscience clear whatever becomes of my standing.

Yours obediently.

SENEX.

To the Editor of the Canada Lancet.

SIR,—In the January number of the LANCET I see a reply to a letter of mine, by Edward Clapham, in which he states that I omitted to send his previously published card. Now Sir, what are the facts:—he says he felt it necessary to make certain explanations in self-defence in order to refute certain slanderous reports that were put in circulation as he alleges by Members of the Medical Profession in Belleville, against him. This certainly is a very sweeping charge. However, this explanation that was to be a final settler to the envious croakers in the future, and to establish his reputation and at the same time to brand his enemies with the infamy they deserve, turns out to be a very lame Duck after all. It is a puerile attempt to justify the publication of a former synopsis of the wonderful career of this admirable Crichton of the healing art. However this precious document of his did not appear in any of our Town Papers until the 7th of December, and not the 12th of November

as he states. A cause that has to be maintained by the utterance of untruth must be bad indeed. Then again he says he was properly introduced by his partner; the following is a sample of his Ethical Introduction. "It will be seen by the above that I have taken in a partner, Dr. Edward Clapham, (for some years Professor of History in the Iowa State University, and formerly resident Physician in the Hospital for Women & Children Yorkshire, England,) and that from the first of July until I return from Europe in the Spring my medical business will be conducted by him in whom I have every confidence knowing him to be an educated gentleman, as well as a man of much experience in Medicine and Surgery as also a man of original thought."

I suppose this is in strict accordance with Medical Ethics, and would pass muster both in England and Edinburgh. It is to be regretted that this eminent Dr. could not have been registered sooner. It was too bad to be kept in painful suspense, in consequence of the unavoidable delay in the Registry Office, especially as he is so much in love with the system Medical Registration seems to meet his warm approval, he is so happy that such a system is in vogue. I hope it will be to his entire satisfaction. His whine about the slanders and peculiar animus of the controversy are all of his own producing and is but another illustration of the old adage that "those who live in glass houses should never be the first to throw stones." The French and German part of his precious card by his own explanation was not for effect. It was merely necessary that like the Vendors of certain Quack Medicines, the brilliant qualities and wonderful career of this Medical Prodigy should be known in different languages. Then again it looks so remarkably learned and sounds so very classical. How could it be possible for this Medical Barnum to resist the temptation? By his own showing his professional attainments from England represent him as being simply a chemist. How then could he be a Medical officer in an Hospital in Yorkshire? He detests the shop style of advertizing, no doubt of it, nevertheless his experience in Kalamazoo life has not been without its advantages. His office and its wonderful arrangements it is now generally conceded is in perfect accord with the effective wonder-exciting western Yankee style, and when it was first opened it was indeed the wonder, if not the terror of the unsophisticated crowd, especially the juveniles who resorted there to see the sights and to

hear the thrilling tales of a staff Surgeon of the United States Army, Why, Sir, the veriest Charlatan or Mountebank could scarcely use more extraordinary means to court notoriety or pander to the ignorance of the masses. He says I utterly fail in comparison with himself. I at least should hope so. If I had become so low in the scale of honor as to use such expedients to procure business as he has done and thereby disgrace a noble profession, I should expect every man of principle to frown upon me. As to his partner's business having had anything to do with this dispute it is an assumption utterly groundless. The medical men in Belleville have quite as much to do as either he or his partner and are fully as successful in their treatment of diseases. In reference to my being the mouthpiece of the medical men of the Town this is certainly a compliment I did not expect, much less deserve, knowing as I do that they are fully competent to take care of themselves and do not need my assistance.

And now, Sir, as I do not intend to follow his controversy any further and as you did me the honor to comment in rather unpardonable terms of my breach of Medical Ethics. The subject is left in your hands for adjudication with my confidence that you will do justice in the premises. I Remain,

Yours Respectfully,

R. TRACEY.

Belleville, January 25th.

To the Editor of the CANADA LANCET.

"Leave dang'rous truths to unsuccessful *satires*,
And flattery to fulsome dedicators."—*Pope*.

DEAR SIR,—In the January number of the *Lancet*, over the signature of "Vox," I find that my correspondence, which appeared in the December issue, has been passed in review—couched under many puny sentences—some of which may be *original*—while others are acknowledged as *quotations*. The term *pathy* seems to have *disturbed* him, and my brief definition of the three sects of the profession, as they existed in Ontario prior to 1869, to have *admonished* him—so much so, as to have thrown him into a paroxysm of *irony*. This effort of mine was not set forth as an instruction to you, sir, or to him, (?) although by his frank acknowledgement, he seems to

have profited by it, which, in the end, may draw him back to the school of his first *faith*—but was intended for those who might not fully understand the distinctive features espoused by each of the three schools. Vox complains of my not giving the "*vernacular*" of my quotation from the writings of Gregory. This he should have done in his "*cram*" review It is not customary for a writer, who quotes the words of another, to *change the language*, but simply use the phrase *verbatim*, more especially when he takes no *exception to the quotation.* As to the small "*fry*"—(I can assure you *it is infinitely small*, as regards the number of members composing it,) whom Vox has strenuously invoked to espouse his cause, they have discarded his sentiments, and are zealously endeavouring to elevate themselves to a position based upon the broad principle of *free* diffusion of useful knowledge among the profession. Finally, as a last resort, Vox speaks in rather unpleasant terms respecting my publishing in the *Lancet* the names of those who have urged the subject of fusion, stating as a reason that the "*proposition*" was never intended for the "*public*"—but for the "*Medical Council.*" Who but a man like Vox, could express himself thus? A profession like ours, having to do exclusively with the public weal—and yet its chosen Legislative members must do business within a *circle!* Form a *ring*, and forsooth, elect him as a *leader!* What nonsense. Oh! shame, Vox! Be honest, had you not better turn your attention to the reading of Æsop's fables, or ponder over the eccentricities of Diogenes, and to dispel your sombreness, peruse the work entitled, "*The Devil on two Sticks*," rather than try to dictate the movements of a sect that you have neither part nor lot with?

Yours very truly,

S. S. CORNELL.

P. S.—Will some person please furnish me with the *girth* of Vox?—He appears to be a "*long-waisted old body.*"

[Dr. Cornell is altogether at sea as to who Vox is. This correspondence, however, must drop here. We would also take the opportunity of stating that in future, no letter of a personal nature, will be inserted in the *Lancet*, unless it bears the real signature of the writer. The acts of public men are open to criticism, but we think such criticism should be done openly, and aboveboard.]—*Ed.*

Selected Articles.

THE SURGERY OF THE OVARIES.

The history of the various methods of treating ovarian cysts is worth tracing. Every method of treatment may be looked upon as a form of experiment calculated to bring out some feature in the constitution of ovarian disease. The amount of knowledge thus acquired could never have been deduced from ordinary clinical observation. In this way many methods now proved to be bad have, by their failure, been of the utmost value in elucidating the many-phased characters of these cysts, and thus in leading up to the more rational and successful treatment of the present day. Tapping by the abdomen and tapping by the vagina, simple or followed by drainage or the injection of irritating fluids, the excision of a portion of the cyst and maintaining a fistulous opening, and all the various surgical proceedings anxiously tried as means of averting what was long looked upon as the last desperate resort—extirpation—may be said to culminate in this great lesson: that the radical method of ovariotomy is really safer, as well as more thorough, than all the rest. The general conclusion that logically springs from the clinical records of the last twenty years, is simply to elevate extirpation into the first rank in the treatment of ovarian tumours. All other methods have sunk into comparative insignificence; some, at best, are resorted to as palliative, expectant, or diagnostic expedients. Although tapping and iodic injections may, in certain rare cases of simple ovarian or extra ovarian cysts, suffice for cure, just as some cases are cured by spontaneous or accidental bursting, it may be accepted as a general law that, if a patient is to be cured of an ovarian tumour, it must be by gastrotomy and extirpation. Of course, there are cases—unfortunately many—for which this proceeding is either impracticable or unadvisable. And one of the greatest as well as most difficult questions to solve is, to discriminate between cases which admit of the operation and those which do not. One rule of great practical value has been much insisted upon by Hutchinson and Barnes. It is to avoid solid non-fluctuating tumours, or only to approach them with the utmost circumspection. The solid tumours will mostly include fibroid tumours of the uterus, many malignant

tumours with extension of disease to the neighbouring parts, and extensive pelvic and visceral adhesions.

As to the period in the course of the disease to select, we may adopt, with some modification, as a principle, the dictum of Nélaton. Extirpation is to be performed at the mean period of development. At the commencement it is too soon; towards the termination it is too late.

It would be hopeless to attempt an adequate discussion of the details of the operation. Different opinions are entertained upon almost every step. The greatest variety of ingenuity has perhaps been expended upon the treatment of the pedicle. Shall it be tied? and if tied, shall the stump be kept outside the peritoneum, or shall the ends of the ligature only be kept outside, or shall stump, ligature, and all be returned into the abdomen. Shall the stump be simply cauterised and returned into the abdomen? This plan has its advocates; and, could we feel secure against secondary hæmorrhage, it would probably be the best for general adoption. But there appears to be a general consent, amongst the most experienced and successful operators, that the introduction of the clamp by Hutchinson is one of the most important practical achievements in the history of the operation. This instrument, which is simply a modification of The carpenter's callipers, has been variously modified. It may, we think, be said, although we are not going to enter on the treacherous ground of statistics, that more successful work has been done with the aid of the clamp than with that of any other mode of dealing with the pedicle The appreciation of the modes of dealing with the pedicle, like all other practical questions, is discussed with admirable clearness and judgment by Peaslee. The general conclusion arrived at by Wells may be accepted. Apply the clamp if the pedicle be long enough and other conditions be favourable. If the pedicle be too short and thick, apply the ligature or cautery. After all that may be urged on theoretical grounds in favour of cautery or ligature, on the intraperitoneal method, reasoning and experience concur in proving that the clamp, which keeps the dangerous part outside the body, avoids the risk of hæmorrhage, if not that of peritonitis also.

We advert to one practical point discussed in Peaslee's work and not referred to by Wells. It relates to the difficult question, how to deal with adhesions. "If," says Peaslee, "the cyst proves

to be very intimately adherent to the intestines, the liver, spleen, uterus, bladder, or ureter, it should not be detached at all." And here comes the point. In cases where detachment was obviously impossible or too dangerous to attempt, the operation has commonly been given up, doing the best that semed possible to secure external outlet for the contents of the cyst. But Atlee refused to be baffled by this difficulty. He sought to get behind it—to circumvent it. "The pentonial covering should be separated from the fibrous layer of the cyst, and all the adherent portion left in contact with the viscus to which it is attached, as Dr. W. L. Atlee has practised for many years. In his 215th case, adhesions, seven or eight inches long, were thus left attached to the transverse colon"- (*The Lancet* Jan. 4th, 1873.)

THE SWELLED LEG OF FEVERS.—Dr. J. Warburton Begbie considers that these cases may be classified as follows:—1st, cases dependent on vascular obstruction: *a*, venous, *b*, lymphatic. 2d, cases in which inflammation of the areolar tissue exists.

Pain and swelling are the characteristic features of interrupted circulation through veins. When the convalescent from fever is either suddenly seized with pain in one of the lower extremities, or the limb becomes the seat of gradually augmenting uneasiness succeeded by swelling, together with enlargement of the superficial veins, there can be but little doubt that obstruction to the return of blood through a large vessel exists. The swelling, besides being confined to the limb, presents a very different appearance from ordinary anasarca; it does not pit on pressure, but is firm and has a brawny feeling. The color of the skin, except where the prominent veins exist, is not much changed from that of health. There is always more or less constitutional disturbance, chilliness and discomfort being present, and not unfrequently the local affection is preceded by rigors. Sometimes very alarming symptoms have occurred, implicating the heart itself. The author supposes these sudden and alarming seizures to be due to the fact that a portion of clot, orginally obstructing the femoral or iliac vein on the affected side, has found its way to the right chambers of the heart, where it may be detained, or, passing thence through the pulmonary artery,

may reach the lungs. In cases due to an obstructed state of the lymphatics, Dr. Begbie has noticed a distinct enlargement of the lymphatic glands of the groin of the affected limb Moreover, the limb, besides being swollen and firm, as in the phlegmasia due to venous obstruction, wants entirely the notable prominence of the superficial veins, and has hyaline lines in various parts—not unlike the marks over the abdomen which are observed in women who have borne children—which may be justly ascribed to dilated cutaneous lymphatic vessels.

The painless character of the swelled leg of fever when due to lymphatic obstruction, is in striking contrast with the suffering of the patient when the venous system is involved. Dr. Begbie has never known the serious results of blood poisoning, nor of embolism, nor purulent deposits in remote parts, to occur in the cases arising from lymphatic obstruction. Yet cases occur in which both systems, venous and lymphatic, are involved; in such the prognosis must be guarded.

The cases of swelled leg in which an *inflammation of the areolar tissue exists* have been especially characterized by the affection of both legs; first one and then the other becoming swollen. The swelling sometimes commences in the foot or lower part of one leg, and then, gradually rising upward to the thigh, ultimately affects the thigh of the other limb, and descends to the leg and foot. An inflammatory condition of the areolar tissue would best account for this peculiar progress. Sometimes in these cases the lymphatic system does not escape implication, and then superficial abscesses may form. Embolism and metastatic inflammation do not occur, and while purulent absorption may under some circumstances be induced, this occurrence need not be dreaded as a likely event —*Boston Med and Surg. Jour. from Edinburgh Med. Jour.* Sept., 1872.

A Mode of Operating for Radical Cure of Varicocele.—Dr. H. B. Davison, San Francisco, (*Pacific Surg and Med. Journal*), has adopted a new mode of operating for radical cure of varicocele, for which he claims three great advantages over any other means:

First, by perforating only one wall of the scrotum, less pain, less inflammation, and less risk of adhesion of the wounded sac and spermatic cord.

Second, by placing the patient in a recumbent posture when the operation is being performed, so that no blood may be inclosed in that portion of the vein cut off from the circulation, the resultant inflammation will be much less, and the testicle will not swell so much, and absorption will be accomplished in much less time.

Third, by *removing the ligature before it cuts through the vein*, the risk of phlebitis is lessened, and the patient is enabled to resume his ordinary duties much sooner.

Those who have been operated on have no return of the disease, and it would require a very close examination of the parts to discover that any operation had been performed. In one case the patient had been wearing a suspensory bandage for over twenty years, and the left testicle was much atrophied. It is now about sixteen months since the operation, and the testicle has regained its normal size, and the patient has a corresponding increase of sexual power.—*The Clinic.*

Galvanic Treatment of Bed-Sores and Indolent Ulcers.—Dr. Hammond, of New York, recommends for indolent ulcers and bed-sores the galvanic treatment, as first suggested by Crussel, of St. Petersburg. He says "During the last six years I have employed it to a great extent in the treatment of bed-sore, caused by diseases of the spinal cord, and with scarcely a failure; indeed, I may say, without any failure, except in two cases where deep sinuses had formed, which could not be reached by the apparatus. A thin silver plate—no thicker than a sheet of paper—is cut to the exact size and shape of the bed-sore, a zinc plate of about the same size is connected with the silver plate by fine silver or copper wire six or eight inches in length. The silver plate is then placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois skin soaked in vinegar intervening. This must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete in a great majority of cases In a few instances a longer time is required. I have frequently seen bed-sores three or four inches in diameter, and half an inch deep, heal entirely over in forty-eight hours. Mr. Spencer Wells states that he has witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrizations begun in forty-eight hours. During his recent visit to this country, I informed him of my experience, and he reiterated his opinion that it was the best of all methods for treating ulcers of indolent character and bed-sores."—*Southern Med. Record.*

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TORONTO, MARCH 1, 1873.

AMENDMENTS TO THE ONTARIO MEDICAL ACT.

The Bill to amend the Ontario Medical Act now before Parliament, is, we think, in a fair way of becoming law. Its principal features are, first. that it gives power to the Council to hold and acquire chattel property and real estate, for the purposes of the act and power to sue and to be sued.

2nd That any member of the College of Physicians and Surgeons, may have his name transferred from one class of voters to any other, after having passed a satisfactory examination before the Examiners appointed by the Council, on those subjects specified by the Council as peculiar to that system of medicine he desires to connect himself with.

3rd. (And this is the one to which exception has been taken by some members of the Profession). That it gives power to levy an annual assessment of two dollars each on the profession, for the support of the Council, the erection of a hall, the founding of a library and museum, &c., &c.

4th. That it makes the penal clauses more stringent and effective, and gives power to distrain and imprison, if the penalty and costs be not paid. These are the leading clauses in the Bill and they are such as are imperatively required in the interest of the Council, the Profession and the Medical students.

An amendment is also proposed by Dr. Clark, M.P.P., for Norfolk, which will permit any student who has passed the primary examination of the Council, to practice under a regularly licensed practitioner, and to be registered as an undergraduate in medicine. Such privilege to extend over a period of not more than two years, but such student shall not be allowed to practice in any of the cities, towns, villages, or old settled counties or townships of Ontario, it being intended solely as a measure of relief to newly settled districts, surveys, &c., &c.

There appears to be literally no objection to the 1st, 2nd, and 4th items above mentioned, but in reference to the taxation clause a good deal has been said *pro* and *con.* Now it must be borne in mind that the Medical Act under which the Council is working, has been in operation some time, that the expenses of the Council and Examiners are very great, that the source of revenue from registration is dried up, and that the whole expense of the Council and the Examining Board has to be borne by the Medical students. The students are in open rebellion against the exorbitant fees which the Council is obliged to demand of them, and they absolutely refuse any longer to bear any more than their share of the necessary tax. Matters have come to a dead lock, and the Council now wish to obtain power by legislative enactment to levy a small annual assessment upon the Profession to meet the emergency, and it seems but fair and just that the latter should bear their share. In all justice and fairness, we also think that the Government should bear a just proportion of the expenses, or grant a subsidy, as the act is undoubtedly in the interest and for the protection of the public.

The essential feature of the Act, viz., the *Central Examining board* must be kept intact at all hazards, and this cannot be done without funds. The students feel that it is an injustice, and justly too, that they should bear the whole burden of the expenses of the Council, and in this they have the sympathy of a large majority of the members of the Medical Profession.

Prior to the passing of the present Medical Act there was an average of 180 students licensed annually, and during the two years prior to the passing of the Act there were 167 Homœopaths and Eclectics licensed. Since the passing of the Act, during the three years it has been in operation, there have been only 160 students of the general profession who have received licence to practice, and not

a single Homœopathic or Eclectic student has presented himself. This is a sufficient answer to those who are continually asking what good the Council has done. The standard has been raised, and as a natural consequence there have been fewer aspirants. Gentlemen who now oppose the whole Council, seem to forget the outcry that was raised a few years ago against the Colleges, "that they were flooding the country with doctors." The Act has done good service and let us by all means see to it that no niggardliness on our part shall prevent it from carrying on its good work. Three different plans have been proposed to meet the difficulty—one is, to ask the Government to grant a subsidy. This appears to meet with little favor in the proper quarter. The second is to reduce the size of the Council and also the Examining Board This meets with the most strenuous opposition both in and outside of the Council. And the third is to make an annual assessment upon the profession, to be fixed at $2 each. In this way it is hoped that the Council will raise sufficient funds to enable it not only to carry on its legitimate, work but also to provide a building fund for the erection of a hall and the establishment and maintenance of a library and museum This latter is a desideratum that we have long wished for. It is not creditable to the liberality of the profession, numerous, wealthy and influential as its members are, to be without a habitation, that the Council must go begging for a hall in which to hold its meetings, and the Examiners to hold their examinations We appeal to the liberality and the generosity of the profession in this matter The Lawyers have their Osgoode Hall, the Apothecaries will soon have their Apothecaries Hall, but the Medical profession "hath not were to lay its head." The lawyers pay an annual license fee of $20 per annum. The Apothecaries an annual fee of $4, and they pay it cheerfully. We have also been informed that the members of the medical profession in the United States pay an annual tax of $10, but some of the members of the Medical profession in Ontario, to their shame be it said, cry out against a tax of $2 per annum Some of those who oppose this tax say that it has not been brought before the profession. We would simply refer such to the August number of the LANCET for 1872, and several subsequent numbers, in which this very matter has been again and again brought under their notice, and although our columns are always open even to those who differ from us, we have not had a single letter in opposition to the principle.

Wherever any special interest has been taken in reference to the *proposed legislation, resolutions in favor of the annual assessment* have been carried. At a meeting of the Profession in Toronto it was carried, at a meeting of the Medicine Society of Lambton it was carried, and at a meeting of the Profession in Ottawa, it was also carried unanimously. The only real opposition has been from a few private individuals who appear to be afraid of their own shadow.

SIR WILLIAM GULL ON THE CASE OF NAPOLEON.

In our last issue we published the report of the *post mortem* examination of the body of the late Emperor of France. It appears that Sir William Gull left Camden place as soon as the autopsy was over, and was not present when the record was drawn up. He records his dissent on one point, viz., the origin of the calculus, in the following terms :—

"I desire to express an opinion that the phosphate of lime calculus, which formed the nucleus of the mass, was the result of prior cystitis (catarrhus vesicæ), and not the cause of it. This nucleus was of uncertain duration, and may even have been more recent than supposed in the appended report. However this may be, it was encrusted by two distinct and more recent formations of crystalline phosphate. The inner incrustation around the amorphous phosphate of lime was dense, and separated from the outer incrustation by a looser cellular but crystalline deposit of triple phosphate.

"It seems to my judgment more in accordance with clinical experience to regard cystitis as a prior lesion, and that by extension, as is common in such cases, it affected subsequently the ureters and pelves of the kidneys. No doubt in the latter stages of the malady, the calculus became, by this formation and increase, an augmenting cause of the lesions.

"The other facts and statements I entirely endorse.

(Signed,) W. W. GULL, M.D.

"Brook-street, Jan. 10."

The *Medical Press and Circular* in commenting on the conduct of Sir W. Gull in writing to the *Times* in refutation of some observation which appeared in the *London Lancet* regarding his course of action makes the following remarks :

"Sir W. Gull has thought it consistent with his position to write a letter to the *Times* in reference to some observations made by the *Lancet* and quoted in the *Times*. More surprising still, he has also informed the *Lancet* that he does 'not think it proper that he should personally justify himself before the Profession.' The opinion of the *Lancet* having been endorsed by ourselves and other journals, may certainly be assumed to be the opinion of the Profession We would add now that we think it would be far more proper for Sir. W. Gull to justify himself before the Profession than before the public. Whether he acted wisely or not in giving a seperate opinion on the autopsy of the Emperor is assuredly more a professional than a public question. If an unknown physician had rushed into the *Times* to protest against the comments of the Medical journals as written by persons 'imperfectly informed of the circumstances,' it would be regarded as calling for adverse criticism. Our respect for the position of Sir W. Gull must not lead us to adopt another standard for him, and we do not hesitate to say that this last act of his needs far more justification 'before the Profession' than his addendum to the report of the autopsy. Anything he had to say should have been to the Profession, and he should have either addressed the Medical journals or maintained a dignified silence."

Nearly all of the Medical journals of Great Britain have commented unfavourably upon this action on the part of Dr. Gull, the opinion being generally expressed that it was entirely uncalled for. He should either have remained to join in the consultation of his colleagues or appended his signature in the ordinary way—or omitted it altogether. The idea has been widely spread in the press, that the report affirmed the impossibility of detecting disease of the kidneys, and we think that Dr Gull would have done more for the Profession by pointing this out than by making an addendum of his own which could serve no useful purpose.

TORONTO HOSPITAL.

"We understand that there is a petition being carried round Toronto for signatures praying the Legislative Assembly to give an additional grant to the Toronto Hospital, so as to make provision for at least a hundred or a hundred and fifty additional free patients. We are exceedingly desirous to have all benevolent institutions put on a thoroughly effective footing, and our General Hospital among the rest, but we have not so high an estimate of the past or present management of this particular charity as to wish to see any additional

grant made to its funds without a thorough re-organization of its whole internal management. It is not many months since we expressed our opinion fully on this subject. No attempt has ever been made to controvert the substantial accuracy of the statements we then put forward, and until a thorough reformation is set about, to grant additional funds would only tend to additional mismanagement. We have been given to understand that the Government has under consideration a plan for making a thorough change in the management of a charity which, upon the whole, has not been creditable to Toronto. We hope this is the case, and that such arrangements will be entered into as to give full confidence to the general community."—*Globe.*

We fully endorse the above remarks, and hope soon to see an entire change in the management. It is very desirable to have an additional grant in order to place this charity on a better footing, and to enable it to give relief to a larger number of sick poor; but at the same time it is equally desirable that such changes and additions should be made in the whole management as will secure the confidence of the community generally.

RESPONSIBILITY OF MEDICAL PRACTITIONERS TO THE PUBLIC.

We have been frequently asked to give our opinion regarding the responsibility of medical practitioners to the public. The code of medical ethics adopted by the Canadian Medical Association, and which is a transcript of the code adopted by the American Medical Association, lays down this matter very clearly and very fully. The first section states that "a physician should not only be ready to obey the calls of the sick at all times, but his mind should be attuned to the greatness of his mission and its responsibilities. These obligations are the greater because ordinarily there is no *other tribunal to appeal* to than his own conscience in case of neglect, &c." The italics are ours, and we have underlined these words to show that the framers of the code of ethics wished it to be fully understood that there is no law to compel a medical man to obey the call of a patient ·ut his own conscience. A very general impression seems to have ained currency in many parts of the country that a medical man is ound by law to visit and prescribe for a patient when called upon,

and can be prosecuted if he refuse to do so. This, it is needless to say, is all a mistake. There is no law on the Statute Book, nor is there likely to be one, which can compel one portion of the community to do service for another under a penalty, in case of refusal, such would be an interference with the public rights of individuals, which no Legislature would permit, and no portion of the community would tolerate. If, however, a medical man makes an engagement to attend a lady in her confinement, or agrees to visit a patient on a certain day or a certain hour, then he is responsible in law, and can be prosecuted for breach of contract if he fails or refuses to go when called upon, and is held responsible for any injury the patient may sustain by reason of his neglect, unless he can show that he was unable to attend through illness or absence from home. This is a matter that, if more fully understood by the public, would be the means of placing the medical profession in a more favorable position in the community. Many medical men seem to act as if they were compelled to obey every impudent summons they receive, and take no pains to disabuse the public mind in reference to it. This is decidedly wrong. If the public were given to understand that the services of the medical man were more a favor, than a right which they could demand by a threat of proceedings, they would feel under greater obligations, and be in a position more fully to appreciate the nature of the services rendered.

REGISTRATION ACT.

We would like some amendments made to the working of the present Act referring to the registration of deaths. In the last number of the *Lancet* is a case in point, and one also of great hardship. Dr. M'Cherell, of Freelton, was fined in all a sum of $54.75 for not having made a return in the case of the death of a woman residing at Strabane, in the manner provided by law. The duties of medical men, in every community, are at present sufficiently onerous without imposing such work as this upon them. It is no great amount of trouble for a medical man to fill in a certificate of death when called upon to do so by the friends, but it is quite a different thing to impose upon him the task of attending to the whole matter of registration, &c. The duty of registration of deaths

should undoubtedly devolve on the friends of the deceased. It has been suggested that the Act should be made somewhat similar to that in force in Great Britain. Under it no interment can be allowed until a certificate has been issued by the registrar. When a person *dies the friends bring a printed form of certificate to the medical* man, who fills it up, stating the cause of death. This certificate is then presented to the registrar, who issues an order for the interment. The law as it at present stands is very unjust towards medical practitioners, and we trust that our medical friends in the House will attend to this matter and secure such measure of relief from the Legislature, as will meet the views of the profession

DEATH OF MR. BAKER BROWN, F.R.C.S.

The death of Baker Brown, who has been for some time a sufferer from cerebral paralysis, is announced in the British Journals. He had at one time a very large and lucrative practice, and was considered one of the most skilful operating surgeons of the age. His good fortune appears however to have deserted him in his declining years, and he is said to have died penniless. A fund was raised on his behalf by the profession of England a few months ago.

APPOINTMENT OF CORONERS.

Isaac Wesley Brown, Esq., M.D., of the village of Beachville, to be an Associate Coroner within and for the County of Oxford.

John D. Naylor, Esq., M.D., of the village of Fenelon Falls, to be an Associate Coroner within and for the County of Victoria.

NOTES AND COMMENTS.

THE LATE LORD LYTTON.—The illness (*British Medical Journal*) which terminated the life of the distinguished novelist was sudden and unexpected. He had for many years been the subject of discharge from the ear, probably attendant on disease of the bone. This had, however, at no time previously given rise to symptoms

causing much anxiety. On Thursday, acute pain in the ear and head set in, and continued until Saturday, when unconsciousness supervened, and speedily ended in death.

BLISTERS IN PNEUMONIA.—Dr. C. J. B. Williams, (Am. Prac.) in speaking of pneumonia, says —" My experience has taught me to put great faith in large blisters, both in asthenic pneumonia and bronchitis, and I am confident that I have seen many lives saved by their means. Instead of being lowering, they give a salutary excitement to the circulation, and the copious serous discharge which proceeds from the skin tends to relieve the congested lung without wasting the blood, that is so necessary to sustain the functions, Small blisters teaze as much as large ones, and are far inferior in the relief they afford." We fully endorse the views of Dr. Williams on this subject.

ABORTIVE TREATMENT OF BOILS AND FELONS.—The following method of treating boils and felons is regarded by Dr. Simon, (*Gaz Med*) as almost infallible. Wherever the boil or felon may be, and of whatever size, so long as suppuration has not commenced, rub it gently with the finger wet with camphorated alcohol, pressing especially on its centre. This is to be done for half a minute at a time, and repeated seven or eight times. The part is then to be covered with camphorated olive-oil. If resolution is not brought about by one trial it may be repeated at intervals of six hours. We have repeatedly used camphorated oil in threatened abscess of the mammary gland in females, and always with good effect; and are not surprised to learn that it has proved equally serviceable in the treatment of boils and felons.

NATURAL CURE OF DISEASE.—Professor Armor, (*New York Medical Journal*), in a lecture on the above subject, says:—there are mainly two errors which the young physician should carefully avoid. The first is in doing too little, the second is in doing too much—the frequent resort to heroic, violent, depressing and uncertain drugs. It cannot be too often repeated that powerfully-acting drugs unintelligently administered are dangerous things, The strong and successful practitioner is usually a man of few remedies.

He lays down the following rules: 1st—Never administer a powerful drug without a definite purpose; that is, without a clear indication, for drugs never occupy neutral ground.

2nd—Never use more medicine than is requisite to produce the effect which is intended, and continue it no longer than is absolutely necessary. It is a wise and true saying, that "it often happens to a good physician to find no indications for treatment, to bad ones, never." He also strongly recommends *placebos*, of a palatable form when the indications for active medicine are not well marked, and whether administering drugs or not, see that the patient is put on the best possible *hygiene*.

TREATMENT OF PUERPERAL FEVER.—Dr. Charles Bell, of the Royal Maternity Hospital, (*Am. Journal of Obstetrics*), believes that puerperal fever is very similar to erysipelas. He therefore suggests similar treatment. He gives small doses of calomel and James's powder every two hours until the bowels are freely moved, and thirty drops of Tinc. Ferri. Mur. every three hours. The vagina is to be washed out several times a day with Condy's fluid and tepid water, and a linseed poultice applied to the abdomen. This treatment if regularly and fully carried out, and not in the timid partial way in which many do in erysipelas and then undervalue the treatment, will give the best chance of cure to the patients.

ESCAPE OF LUMBRICI FROM ABSCESSES, &c.—Two remarkable cases of this kind are mentioned in the "*London Lancet*," November 9th and 30th, 1872. One case occurred in the Mansfield Workhouse Infirmary. A boy, aged 13, was suffering from disease of the hip joint, abscesses kept forming and bursting about the joint, from one of which was discharged a large lumbricus about 18 inches long and coiled upon itself. The wound healed rapidly afterwards, and the lad's health improved very much. Another case occurred in a child 10 years of age, suffering from phlegmon of the spermatic cord on the right side. Poultices were applied, and in a few days the abscess was lanced. Two days after a large worm was found on the poultice. Santonine was then administered, and was followed by the expulsion of eleven lumbrici through the scrotum, and several by the bowels. The child got better. It was subsequently ascertained that an inguinal hernia existed on the right side, from which it was inferred that inflammation and sloughing had taken place, and in this way the worms escaped. It is not so easy to understand how the lumbricus found its way into the abscess at *the hip*.

IODINE AS A DISINFECTANT.—Iodine may be used to disinfect the air in hospital wards, sick chambers, &c., in the following simple manner—first suggested by Dr. B. W. Richardson. Solid iodine is exposed in glass or porcelain vessels in different parts of the room The vapor of iodine is given off at ordinary temperatures It has proved a very efficient mode of obtaining a constant disinfection.

ASPIRATION IN HERNIA.—Attention has lately been attracted to a method of treating strangulated hernia by puncturing the sac with a fine needle and evacuating by means of an instrument termed an *aspirateur*, a portion of the contents, after which reduction is easily accomplished There is no escape of air or liquid into the abdomen, and the puncture of the intestine is found to close immediately. The same treatmeat is frequently resorted to by many practitioners in abdominal tympanitis, and also from distension of the bladder from urine when the catheter cannot be passed.

IN-GROWING TOE NAIL.—This *bete noir* of minor surgery is still engaging the attention of members of the Medical Profession in different parts of the world. A writer in the *Boston Med and Surg. Journal for February*, proposes a new operation for its relief It consists in removing with the knife by a single stroke all the diseased parts, together with quite a large piece of the sound flesh, skin deep, from the side of the toe, sometimes making an open wound one inch long by half an inch wide. No portion of the nail need be removed, but, if in order to fully secure all the diseased flesh overlapping or undergrowing, a segment of the nail is removed, no harm can come The wound is allowed to heal by granulation; and, as contraction of the cicatrix takes place, there is a drawing in of the skin from all sides, including of course that near the nail. The shape of the toe is also improved by the operation.

HONORS.—William L. Copeland, Esq., M.D., of St. Catharines, Ontario, passed the required examination for membership in the Royal College of Surgeons, England, on the 24th ult, and was duly admitted a member of that body.

J. B. Crozier, Esq., M.D., of Toronto University, now in London, England, has been appointed assistant Physician to the Hospital for Diseases of Women.

MEDICAL ACT FOR NOVA SCOTIA.—A Medical Bill has been passed through the Legislature of Nova Scotia, and comes into force on the 1st of May next; one of its provisions is, that after May 1st, 1873, any person practising as a physician or surgeon in the said Province for gain or reward without being registered under this Act, shall forfeit a sum of $20 *for every day* that he shall so practice. This appears pretty severe, and as is usual under such circumstances, it is likely to defeat itself. We are glad however to observe that the Medical profession in our sister Province is taking steps to place itself in a better position in regard to irregular practitioners.

NOTES ON HOSPITAL PRACTICE

Reported for the LANCET by Messrs Cameron & Nevitt.

Case I. EMBOLISM AND PAGALYSIS FROM CONTINUED INTOXICATION.—R. S. æt. 37, was admitted into the Toronto General Hospital, on the 11th Sept. 1872, under the care of Dr. Thorburn. His left eye was much congested, and the whole countenance expressive of alcoholic abuse and stupefaction. His gait was dragging, his tongue protruded to one side, and there was slight paralysis of one side of the face.

He was put upon iodide of potassium and tonics, with full diet, and a collyrium of sulphate of zinc to the affected eye. Under this treatment he improved, until Oct. 5th, when he died suddenly.

Post mortem 24 hours after death.

The vessels of the membrane of the brain were injected, especially upon the right side. Brain softened and much congested on the surface, an unusual amount of fluid in the right ventricle. Right middle lobe of cerebrum altered in structure, and very much softened, and a small clot which was found in the vessel leading to it, was considered the cause of death, as well as of the various symptoms preceding.

Case II. AMPUTATION OF FINGERS OF LEFT HAND.—A. L. F., æt. 60, was admitted into the hospital Oct. 11th, 1872, under the care of Dr. Richardson.

The hand had been crushed by the rollers of a printing press. The index finger was completely smashed, and the integument entirely torn from the dorsal surface of the hand, while that on the palmar surface was badly lacerated. The palmar arch was not injured, and there appeared to have been no undue amount of hemorrhage.

On pinching the fingers sensitiveness was found to be present in all but the first. This was then amputated, two vessels were ligatured, ¼ gr. morphia given, and the patient conveyed to bed; the hand elevated, and cold water dressings applied.

Oct. 12th.—Doing well; slight oozing.

Oct. 13th.—Wound dressed, pulse good, tongue foul.

Oct. 14th.—Appetite poor; tongue foul.

Oct. 16th.—Complains of a great deal of pain in the hand. To have dressings of boiled linseed oil and carbolic acid.

Oct. 17th.—Very restless, and in much pain, a poultice applied to the back of the hand; 20 grs. chloral hydrate to be taken as required.

Oct. 18th.—To-night patient became delirious on the following morning was quiet, but at night he became worse.

Oct. 22.—Doing well; delirium all gone; has slept well each night, middle finger unhealthy looking.

Oct. 30th.—The middle finger is quite gangrenous and black, and was consequently removed, otherwise doing well.

Nov. 2nd.—granulations looking flabby, to be dressed with *Lotio Rubra.*

Dec. 19th.—The granulations being in a healthy condition, three grafts were put upon the dorsal surface, and a narrow strip of plaster put over them, and ordered to remain for 24 hours undisturbed.

Dec. 21.—All the grafts took, and the surface is healing up nicely.

Discharged Dec. 25th, 1872.

Case III. TREPHINING.—M. D. æt. 22, admitted into the Hospital Oct. 22nd, 1872, under Dr. Bethune's care. He had received a kick from a horse on the left side of the head, near the junction of the frontal and parietal bones. The right side was paralyzed, the tongue could be protruded, but could not be moved to the right side.

Oct 24th.—An incision at right angles to the wound already existing was made, about one inch in length, the trephine applied, and several large pieces of bone that were pressing upon the brain, were removed, and several pieces raised. The lips of the wound were brought together with silver wire sutures, and weak carbolic dressings applied. Ten hours after the operation the pulse was slow and full; ¼ gr. morphia was given.

Oct. 25.—During the night, patient pulled off the dressing and strapping, which caused a little bleeding; patient restless, no dressings could be kept upon the head, which was tossed from one side to the other continually. A dark coloured elevation was noticed at the upper corner of the wound, pulsating, and covered by the dura mater, which exuded slightly; a great deal of discharge came away from the wound

Oct 27.—A poultice was applied to the head. 28th—Poultice discontinued, and slight pressure instituted, with a pad of lint and bandage, to endeavour to overcome the *hernia cerebri*.

Oct. 29th.—Hernia increases, and the wound very offensive.

Oct. 30th.—Had two involuntary passages from the bowels to-·.y.

Oct. 31.—Sleeping the greater part of the day; breathing stertorous, and saliva trickling from the corner of the mouth; the pupil of the left eye very much dilated, and of the right contracted, hernia protruding about the size of a hen's egg.

Nov. 1st.—Breathing very rapid, 60 or more expirations per minute.

Nov. 2nd.—Died in the afternoon.

Post mortem.—A portion of the inner table, about the size of a 5 cent piece, at the anterior inferior part of the wound, was found pressing upon the brain. Dura mater intensely congested, and numerous firm adhesions, especially on the left side. *Brain substance* very soft, and from the wound, as deep as the corpus callosum, completely disorganized.

Case IV. Typhoid Fever.—D. F. æt. 20, admitted into the Hospital Nov. 13th, 1872, under the care of Dr. Geikie.

Patient pale and thin, wore an anxious expression of countenance. States that on the Saturday before his admission, he felt very

unwell, vomited, legs swelled, and thick rash came out over them. About a week afterwards, the same kind of rash came out over his body and arms.

There is slight pain on pressure over the right iliac fossa, and a good deal of diarrhœa; the rash still remains in blotches purplish red, and does not disappear on pressure; temperature 95½°, pulse 120; skin dry; tongue dry and brown. He was put upon the ordinary fever mixture, with plenty of milk, beef tea, and stimulants

Nov. 16th.—Vomits, especially at night, a quantity of dark looking matter; diarrhœa increasing; ordered tannic acid and plumbi acetas

Nov. 19th.—Diarrhœa checked, no vomiting since last night.

Nov. 22.—Temperature 100° in the morning; diarrhœa set in again. To have the following ℞. Bismuth trisnit ʒij, creta prep. ʒ ss. tr. opii ʒ ss. aqua ad ʒviij. A tablespoonful three times a day.

Nov. 26th.—Improving; diarrhœa checked; petechial spots have nearly all dissappeared; complains of great pain in his joints, which are swollen. He was treated for rheumatism for a few days, and these symptoms disappeared, the legs still swollen; his urine was tested and found to have albumen in it.

Dec. 6.—This morning a suspicious redness and puffines was noticed over the left eye, which continued to spread until the whole head and face were swollen puffy and red, both eyes being completely closed Tr. ferri perchlor. to be painted over the face.

Dec. 7th —Swelling in face and head somewhat less; arms and legs puffy and pitting on pressure, urine scanty and albuminous.

Dec. 9th.—Petechial spots and diarrhœa both appeared again; tongue dry and coated, pulse quick. Ordered to resume the former treatment.

Dec. 10th.—Spots disappearing, and diarrhœa checked; swelling is also going away. He continued to improve until ——

Jan. 3rd 1878.—He complained to-day of chills, and felt cold the chills being followed by flushes of heat; ordered quin. sulph. grs. iij every 4 hours; urine very dark and thick. appears to be no scarcity of it; has several large bed-sores and an abscess over the right iliac spine, which was opened, and a quantity of pus escaped. From this time he gradually recovered, and was finally discharged cured on the 12th Feb. 1873.

BOOKS AND PAMPHLETS RECEIVED.

CONTRIBUTIONS TO MENTAL PATHOLOGY, by J. Ray, M.D. Boston: Little, Brown & Co.

This is a very interesting book, and well worthy of a careful and attentive perusual. It cannot be said to be a systematic work on Insanity, yet it treats of some subjects in a very full and lucid manner. *e.g.*, The causes of Insanity, Delusions, and Hallucinations, Confinement of the Insane, Management of Hospitals, &c. The history of several cases of feigned Insanity is given at length, and a very interesting chapter on Shakespeare's delineation of Insanity closes a volume, of about 550 pages. Most of the articles contained in the work have already appeared in various Journals, especially the American Journal of Insanity, and they are now published in book form.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE LUNATIC ASYLUM, TORONTO.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE LUNATIC ASYLUM, LONDON.

VACCINATION BY DR. H. A. MARTIN, OF BOSTON, MASS.

Dr. Martin is a strong advocate of the use of Bovine Virus. A large number of healthy young heifers are kept constantly on hand, and he is therefore able to produce a regular and constant supply. He has given up general practice entirely, and devotes his whole time to the business. He is deserving the support and confidence of the profession at home and abroad.

OUR FIRESIDE FRIEND—*The Standard*, one of the leading religions weeklies of America, says:—

"CUTE."—This is the title of a fine oil chromo (printed from sixteen stones) which the enterprising publishers of *Our Fire-side Friend*, Messrs. Waters & Co., of Chicago, give to every yearly subscriber to the paper. Price, $3.00. The picture is really a fine one, and would undoubtedly retail in the art stores for $10. *Our Fire-side Friend*, though less than two years of age, is, we learn, an established success, and is, we believe, the first successful literary paper in the West.