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TABES DORSALIS, PROGRESSIVE LOCO-MOTOR

* ATAXIA, OR, POSTERIOR SPINAL SCLEROSIS.

BY WAITER LAMBERT, M.D., AMHERSTBURG, ONT.

This matady was first described by Dr. Todd, in 1847. In contradistinction to paraplegia, he said: "that two kinds of paralysis might be noticed in the lower extremities, the one consisting simply in the impairment or loss of voluntary motion; the other distinguished by a diminution or total absence of the power of co-ordinating movements. In the latter form, while considerable muscular power remained, the patient found great difficulty in walking, and his gait was so tottering and uncertain that his centre of gravity was easily displaced." The latter he called "Tables Dorsalis."

About the year 1858, M. Duchenne commenced to publish a stres of articles on this disease, which he thought to be entirely new, and he called it "Ataxie Locomotrice Progressive," en Anglais, "Progressive Locomotor Ataxia." He named it Locomotor Ataxia (4, primitive, and haxis, order) on account of the deficiency in proper voordinating power in locomotion, and progressive, because at that time the disease almost invariably progressed "from bad to ""OPSC," until the patient "shuilled off this mortal coil."

Since then, the disease has been a good deal studied and written upon by the medical men of England. Among the number, I may mention Drs. Radeliffe, Julius Althaus, Johnson and Jackson. The first and second have given us good articles upon it, but no one up to the year 1867, had succeeded in making a perfect cure from u. Prof. Flint, in his admirable work on practice of Medicine, after describing Loco-motor Ataxia in his most lucid manner, says, "the prognosis is as unfavorable as possible. The most to be hoped for, is, that it will remain statuorary or advance very slowly."

In the autumn of 1868, I had my first patient of this disease, and succeeded in curing her, which I published in the February, 1869, number of the New York Moltad Founds,—the first perfect recovery, I believe, on record. Since then, Prof Hammend has perhaps given us the best description of this malady yet published, in which he claims to have cured 5 out of 91 that he has treated. He calls the disease "Posterior Spinal Selerosis," designating it by the lesion, and not by the symptoms, the lesion being selerosis of the posterior roots of the spinal nerves, or wasting of the posterior columns of the spinal cord.

Symptoms - This disease has no uniform set of initial symp. toms. Sometimes it begins with dull, heavy pains in the small of the back or other parts of the spinal column, which are very soon followed by sharp, clastic-like pains, which shoot down the limbs along the course of the nerves, and which are very generally taken by the patient for twinges of neuralgia or rheumatism, or it may be first manifested by a sense of constriction around the lower part of the chest, or abdomen, as it a cord were tied tightly around the body of the patient. With Major D., my third patient, the first thing that disturbed him was (being awoke at night) pains running down the outside of the legs and along the outer border of the foot-This was soon followed by a sense of constriction around the lower part of the chest. In some cases, the first symptoms are cerebral. and may consist of attacks of vertigo, epileptic fits, disturbances of vision, defective accommodation and amaurosis. My second patient, Thomas C., suffered from this symptom, or rather disease, for about fifteen months, before the ataxic symptoms manifested themselves At other times, the stomach and bowels are the first to speak out: there may be vomiting, diarrhea or constitution. Finally, the first symptoms may be connected with sensibility, giving use to anesthesia and the various abnormal sensations connected therewithIf the lesion, as is generally the case, exists in the dorsi-lumbar region of the cord, the first symptoms of anesthesia, perverted sensibility or ataxia are noticed in the feet; a common feeling is as if the toes are too large for the shoes, and sometimes as if there were airbubbles between the soles of the feet and the shoes; sometimes there are burning pains in the soles of the feet, and very generally "pins and needles" and other forms of numbress.

One curious symptom that Prof. Hammond has frequently noticed, is that, not only is the sensibility lessened, but the transmission of sensitive impressions to the brain does not take place with the normal degree of activity. In a lady patient of his, a pin stack into the calf of the leg was not felt for fourteen seconds on the right side, and syxteen on the left. In another patient, in hospital, if the feet were put in hot water, the sensation was not felt for about three minutes.

When the lesion is above the origin of the brachial plexus, the ataxia and anaesthesia will be first manifested in the upper extremities. One lower limb is sometimes affected before the other, and the two lateral limbs may be first affected. When one limb is first affected, whether it be a lower or an upper extremity, it is on the left much oftener than on the right side. In Major D,'s case, the left lex and right arm were the most troubled with anaesthesia. The ability to feel pain is not only diminished, but there is a notable abatement of tactile sensibility. In using the resthesiometer, we found that the two points could be widely separated, and a single impression only be felt on parts of the body which, in the normal state, would give the sensation of two points at a much less distance apart But the most marked symptoms, those which might be termed pathognomonic, and by which the disease is most easily recognized, are those that relate to motility. In the commencement of the malady, there is no loss of motor power; but there is an inability to co-ordinate the muscles to bring them into harmonious action, and thus execute with precision the various voluntary move, ments.

The effect of co-ordination is apparent when any combined movements are undertaken. Pluts, in the act of standing, a great many muscles are simultaneously made to contract, and each one to just that necessary degree which is essential to maintain the body in the creet posture. Very often the first evidence of motor diffi-

culty is experienced in regard to this faculty of standing, not so long as the eyes are open and directed towards the feet, but the moment the eyes are closed, the patient loses his equilibrium and down he timbles.

In proportion as the affection is marked, the patient's gait in walking is uncertain, irregular and grotesque The lower limbs are thrown forward by forcible terks, without any definite direction the healy is swaved from side to side in the attenuts to maintain an equilibrium, and the arms are thrown out like those balancing on a tight-rope. In cases less marked, the greatest difficulty is experienced in beginning the walk, and, after getting under way, the nationt is unable to advance slowly but walks with precinitation or falls into a running guit. Notwithstanding the violence of the exertions, the muscular strength being retained nationts are some. times able to walk long distances. The muscles of the lower limbs are generally less developed than those of the upper and trunk , but there is no appearance of wasting in them. Their electro-motility is perfect : they stand out hard and firm when made to contract by the will and the contraction seems every whit as strong as it ought to be. Indeed Major D. could, while in the sitting posture but out either foot in any direction, and there hold it as firmly, or nearly so as one in health; and yet he was not able to stand alone.

When the lesion is above the origin of the brachial plexus, there is the same difficulty in the upper as in the lower extremity, in co-ordinating the muscles into harmonious action. The patient finds that the ends of the fingers have lost, to some extent, their acute sensibility, and there is resirauit in the management of the fingers. He experiences these difficulties in picking up a pin, in writing, and in other actions requiring nice manipulation (for instance, if he attempts to carry a glass of wine to his lips, he γ point of the contents, and if told to place his finger on a particular part of his face, the movement is accomplished with a wabbling motion, and the finger is darted suddenly to the part as it approaches it.

A phenomenon is often noticed as regards the upper extremities which also exists in the lower, but which cannot be so readily manifested, and that is, that the patient loses the ability D distinguish even considerable differences between weights. An attavic person, with the upper limbs affected and eyes closed, may

have an ounce weight put into his hand, and if in a few seconds it be removed, and a half-ounce one substituted, he will not be able to tell correctly which is the heavier. Or both hands may be extended, and the two weights placed simultaneously in them.

Paralysis of the bladder is a common circumstance, and the sphineter is frequently affected, incontinence of urine, spermator-heea and anaphrodisa are pretty constant symptoms. On the other hand, there may be in the early stages of the disease a morbid excitability of the sexual organs, to such an extent, in some cases, that the sexual desire is almost meximpusshable.

Death may take place, either as the direct consequence of the lesion of the spine, or as the result of some inter-current affection, such as bronchitis, pneumonia, dysentery or phthisis.

The etiology of this disease does not seem to be thoroughly understood. It has been autobated to venereal excesses, and undoubtedly it is in a fair proportion of cases, but this is not as common a cause as has generally been supposed. Of or cases which came under the observation of Prof Hammond, he gives mordinate sexual indulgence as the cause in seven, intunes in four, standing in a constrained position in three, a syphilitic taint in three, undue mental exertion and anxiety in two, and in the remainder there was no assignable cause. Of the three cases which I have been called upon to treat. I think the cause of the first was exposure to wet and cold while menstruating, probably predisposed by the aniemic state in consequence of living in a malanous district; the second from violent exercise and irregular meals, and perhaps cold, as he first felt the amaurosis after taking a long drive in the cold, when he became very much chilled, and the third from excessive use of tobacco, and perhaps assisted by undue mental exertion and anxiety he also resided in a malarious district and had been subject to acue.

Diagnosts — Ataxia, it is said, may be confounded with several diseases, especially with simple loss of muscular sensibility, disease of the cerebellum, general paralysis of the insune, general spinal paralysis and common paraplegia, saturnine paralysis, Cruveillner's disease, paralysis agitans, and with chorea and some other affections of the kind, but fortunately, as a rule, very luttle attention will serve to prevent such confusion. Simple loss of "muscular sense" has been supposed to be the cause of ataxia, and undoubtedly this

malady is frequently associated with ataxia, and most easily confounded with it. In simple loss of "muscular sense," the sight can supply what is lost, and thus when the eye is open and the attention alive, the involuntary co-ordinate movements, as well as the voluntary movements of the affected muscles, are all executed regularly

In disease of the cerebellum, the jattent reels and rolls about in walking as if he were giddy or drunk, without any peculiarity in the manner er placing his feet; while, in the ataxic patient, the gait is staggering and precipitate; the legs are thrown about vaguely and spasmodically, and the heels brought down with force at each step, the muscles acting with a sort of jerk or spasm, there appears to be a want of balance between the flevors and extensors in each leg, the flevors baving the advantage. A patient with discase of the cerebellum can stand and walk better with his eyes shut than with them open, for the vertigo is not, in the former condition, felt to the same extent. The reverse is true in nosterior spinal seleros;

In general paralysis of the instane, the hesitation in speech, the trutulousness of the lips and tongue, the general tremulousness, the trutulousness of the muscles as to voluntary movement, and the mental condition of the patient, must readily serve, to prevent the unsteadiness of gait and other evidences of disordered co-ordinate movement, from being confounded with those which occur in ataxia.

In general paralysis of the spine and in common paraplegia, there is true paralysis, more or less complete, of the muscles as to voluntary power, and the muscles, moreover, are much damaged as to their nutrition and contractility, and generally as to their sensibility too. Generally there is tenderness in some part of the spine, and perhaps pain in the same region. The gait is quite different being hampered, slow and dragging, each leg being brought forward with evident difficulty, and the part of the foot first brought in contact with the ground being, as a rule, not the heel, but the toes.

In saturnine paralysis, it is the volu tary power over certain muscles which is impaired and gone, and the muscles are atrophied and deprived of electric contractility when the malady has reached its height.

In Craveilhier's disease, the wasted muscles are changed in a great measure into fat, and as it were dissected away, and any errors in movement are such as may be accounted for by this atrophy and

absence, whereas, in ataxia, the muscles are plump and to all appearance perfectly healthy, and the errors in movement are those which refer to want of co-ordination.

In chorea, there is a great want of co-ordinating power in the muscular movement, but the rest of the history is quite different from that of atavas, it generally being one arm or one leg that is affected; at least 1 have found it so, and 1 have treated a good number afflicted with this disease.

In paralysis agitans, the general features of the disease are more akin to those which are present in general paralysis, than to those which are characteristic of atavia.

Procesosts - The prognosis is very anfavorable. Some may be restored to health, quite a few amehorated, and perhaps in more we will be able to retard the onward progress of the disease. the year 1866. Dr. Julius Althaus wrote "the prognosis is not favorable, for up to the present time not a single case is on record in which perfect recovery has ensued. Much must depend upon the period at which the case comes under treatment. If all the symptons are fully developed, the hope of cure will be slight. although even then much may be done to alleviate the patient's suffering The case is different if the patient presents himself in the early stage of the disorder The fact that the cerebral nerves, with the excepsion of the optic, and that, too, occasionally, generally recover from their affections in the course of the disease, goes far to prove that, previous to the structural changes in the cord, there is a functional stage in which much may be done by medicines. The disease mrely occurs before 30, and more often in males. Of my three cases, two were males, aged 35 and 40 (when the disease commenced), and the other a female, aged 22.

MORBID ANATOMS. The anatomical characters of this affection consist of atrophy and degeneration of the posterior columns of the spinal cord, involving both the grey and white substance, or either, and the posterior roots of the spinal nerves. The cerebral lesions are met with in the lower cerebellar peduncles, in the restiform bodies, in the optic thalam, optic nerve and motor oculi, and sometimes the abducens and auditors.

TREATMENT.—The medicines found most useful in this disease are ergot, phosphoric acid, strychina, nitrate of silver, bromide of potassium, iodide of iron and cod-liver-oil. Methodically used, not

all at once, but separately and as each patient's symptoms and idiosyncrasy may indicate.

Electricity, by many, has been found useful, both by Faradization and the continuous current passed from the spine to the feet in my first patient, I succeeded with the acid phosphoric-dila, alternated with the pyro-phosphate of iron, and the daily use of Faradization. My third patient had his disease arrested by the acid phoshit, followed by ergot. The latter medicine seemed to acid specifically upon the gential organs, and arrested the spermatorrhea with anaphrodisa. Natrate of silver has been lauded by some. My second patient had taken it for a year steadily for amaurosis, before the attack symptoms manifested themselves.

Cose 1. The following is the report of my first case, February 1668—Miss Fanny B., aged 22, had been suffering slightly with anaema and scauty mentination for about one year. At different times, she took terruginous preparations, with decidedly good effects but, as soon as releved, she would leave off taking the medicine, and her trouble would return. She also had agic once or twice during the summer, it being very prevalent at that time in the neighborhood. For it she was specifically treated, and from it she soon recovered.

For the chlorosis, I sometimes gave mist ferri comp (Griffith's) sometimes tinct, ferri and quinia disulph., lastly, I was giving her syr, ferri iodidi, with cod-liver oil. In September last, from exposure to wet and cold, her menses reased, and all the symptoms of progressive loco-motor ataxia set in. Her parents, who live in the country, came for more medicine, and casually told me that their daughter walked with great difficulty, and that her menses did not come on at their usual period, consequently I went to see her, and in her attempting to shake hands with me, she grasped me by the wrist. This excited my fears immediately that she had Duchenne's Upon further examination, my diagnosis was verified The patient, in attempting to walk, staggered and swayed her body from side to side, to keep her equilibrium. She would suddenly halt to recover herself, and then would plunge forward, seemingly in a great hurry to reach the point to which she desired to go. She was unable to feed herself, from the want of co-ordinate action of the muscles, and, in fact, unless she was watching her hands continually. she was hable to drop whatever she had in them. also affected, she was not able to articulate some words perfectly.

What is passing strange in this case is, that I was giving her yr ferri iodidi at the very time that the disease manifested itself i the very medicine that Dr. Julius Althaus used with so much benefit in his case, the only one recorded, until lately, that had been much benefitted by medicine.

As soon as I recognized the disease, I gave potass-bromid, grs. w, ter in die, and submitted the patient to the action of magnetoelectricity, once every twenty-tour hours. Lalso gave two pills of aloes and iron, which produced too much relaxation, the effect continging two or three days. This, in fact, seemed to prostrate her to such an extent that she was obliged to take to her bed, and there remain for a time. Fortunately, just then I received the September number of the New York Medical Fournal, and in it saw that Dr. Desiardin Baumetz had given phosphorus in this disease, with excellent effects. I immediately ordered acid-phosphoric-dil., m. v., ter in dic, in simple syrup. The next day her menses came on, and in a short time she began to improve. In a few days I increased the dose to twenty, twenty-five and then to thirty minims. After ten or twelve days. I omitted the acid, and gave her the pyro-phosphate of iron for a week, and then returned to the acid. I continued the electricity every alternate day. In two weeks she was able to sit up, and had sufficient control over the muscles of her upper extremities to be able to knit. In one month she could walk about the house tolerably well. Now (December, 1868) it is something over two months, she can take long walks, do housework almost as well as ever, and has become very fleshy. The electricity has been discontinued for about one month, and she is not at all regular with her medicine at the present time. However, I have the most sanguine hopes that she and perfectly recover. The improvement has been so great, that it is impossible to discern anything wrong with her, except a very slight irregularity in her walk. the middle of January, 1869, she had pertectly recovered, and has remained so up to the present time (February 2nd, 1873). This was the first case on record, and the first time that phosphoric acid had been used for this malady.

CASE 2 This patient came under my observation only after he had been an ataxic for about stateen years. He was a native of Lower Canada, was a clerk in one of the governmental departments, married, at least had been, but was at this time a widower, took violent exercise at some gymnasium, and had his meals irregularly. His eye-sight failed him suddenly, after a long exposure to cold. After consulting the physicians of Montreal, he was advised to go to New York, where he saw John Kearney Rogers; from thence he went south, and remained some time over a year; was taking the nitrate of silver during this time for amaurosis. He returned to Canada, and then went to London, where he saw Dalrymple; he prescribed nitric acid and nux vomica. For a little while before this, the ataxic symptoms began to marifest themselves. London he went to Edinburgh, and saw some celebrated oculist there; does not remember name; continued the same treatment. The eye-sight gradually returned, but ataxia of the lower extremities became more manifested. He returned to Montreal, tried to walk off the disease by doing five miles every day, but only succeeded in becoming worse; he had ceased taking medicine long before I saw He walks now with very great difficulty, and then only with the support of two canes. He has perfect control of his upper extremities, and tolerably good eye-sight at present; reads a great deal. I tried the acid-phos.-dil. with him with no effect. cluded that the disease was of too long standing to be at all affected by medicines, and consequently gave him nothing more.

CASE 3 .- Major D., a native of Kentucky, 51 years old; married; no children. I will give the history of his illness, before I saw him, during the summer of 1867, in his own words: "First symptoms of indisposition, constipation of the bowels, loss of appetite and weakness, contracting of the leaders and flashes of pain below the calf of the leg-occasionally extending to the heel and outer side of the foot. Treatment, regulating the bowels and application of Hoskin's liniment. Apparently restored to health by January, 1868; enjoyed good health until the spring of 1869. Again, increase of weakness and dizziness; darting pains returning to my limbs. May 18th, 1868, after over-exertion, was taken with a chill, which lasted several hours, without being followed by fe er. Great weakness in my limbs and an increase of numbness in my feet, with but little pain; confined to bed three weeks. Having gained some strength, on foot again, but not able to walk without staggeringbringing the heels down first, with a flopping motion of the foot-Felt a drawing or tightness about the chest; at times had great difficulty in inspiration. In October, applied ice to the spine and

hot water to the feet; relieved for a time, but did not last. tite bad; nervous and able to sleep but little. In the spring of 1871, not able to walk; great weakness of my kidneys. (He here means incontinence of urine.) General health pretty good, but gradually less strength in my limbs."—The state in which I found He came under my care in September, 1871. thesia of both upper and lower extremities, more marked in right upper and left lower; the ends of the fingers, particularly, feel numb; scarcely able to write even his own name. Perfectly unable to walk, or even stand alone. Appetite bad, and a tendency to diarrhœa; partial incontinence of urine; seminal discharges, without erections, in fact, had had no desire for marital intercourse for many months. Sensorial nerves all in good condition. He had chills and fever for a week or two after he arrived here, having come from a very malarious district. I first gave quinine for the chills and oxide of silver for the diarrhoa; they both soon subsided, and then I prescribed acid-phos.-dil. and elixir of calisaya, strychnia and iron by hydrogen. For six weeks he gained rapidly, recovering his lost appetite, his bowels became regular, the feeling of constriction disappeared; he once more could write long letters with apparent ease, was able to stand upon his feet and had a return of marital feeling. All at once the progress towards health was arrested, but did not retrograde as it heretofore had done I then gave the ergot in fluid extract; this arrested the seminal flow, but had no other discernible effect. He has taken no medicine for about one year now, and remains in the same state, without any retrogression. did think that he would have quite recovered, if he would have abstained from the use of tobacco, to which he was, and continues to be, a perfect slave.

PISTOL-SHOT WOUND OF THE BRAIN—TEMPORARY IMPROVEMENT—NO PARALYSIS—DEATH.

BY HENRY BOGUE, M.D., RODGERVILLE, ONT.

On the 1st of April, 1871, I was sent for to see P. D., a young man of about 28 years of age, and a resident of the township of Hay, whom the messenger reported as "having been hurt by a bull, and that his skull was fractured." After travelling a distance of five

miles. I reached the house, where my patient was lying on a couch, stretched at full length on his back, bleeding at the nose and mouth. pulse medium as to volume and momentum, pupils contracted. skin cool, clammy and moist, respiration short and easy, no blowing at the corners of the mouth , stupor and insensibility complete, The body being examined, no minry could be discovered on any part, except a slight wound on the forchead, somewhat resembling a leech bite, so small and insignificant looking, as to be almost unworthe of attention. I was at a loss to know what to think of the case when the young man's father informed me that his son had been feeding the bull (a wild, vicious beast) that morning, and that the animal having raised its head somewhat suddenly struck the boint of its horn against his forehead and fractured his skull, as he thought, and produced all the mischief now before us. Nothing more obvious presented itself in the meantime than what the father had related. and although feeling myself still in the dark, as to the real cause of the mischief. I remarked that in my opinion serious mary had been done to the brun, and although there were no signs of compression, there must have been fearful concussion, and that, in all probability, he would die

In the meantime I proposed to enlarge the wound at the minted spot, to see if the skull was fractured or driven in in any part. supposed the inner table might be driven in on the brain, although nothing could be detected externally to signify such an event. was about to proceed with this simple operation, when his elder brother suggested that it would be better to have another medical man. Accordingly Dr. Hyndman, of Exeter, was sent for arrived in about two hours, during which time nothing was done, the patient remaining the same. We proceeded to examine the skull at the injured part, but could only find, as abnormal, a little round opening, about one-eighth of an inch in diameter, through which brain matter was oozing, and through which the probe moved in all directions and to any depth. In the present state of matters, Dr. Hyndman expressed his opinion that the case was a critical one, and declined to have anything more to do with it. While casting about me what steps I should take next, one of the friends happened to put his hand into the pocket of the patient, and brought there from a small pistol. So soon as this was seen, a solution at once appeared to my mind of the whole matter, viz., that the wound was

eccasioned by a pistol-shot, either by his own hand or that of some inknown person. No one present had any suspicion of strangers around, and none had been seen that morning, nor had any firing been heard at six o'clock, the time at which the accident occurred However, enough had revealed itself, to convince all that a pistol shot wound had been inflicted, and that it was probably nortal After some little reflection and examination of the patient, we expressed our opinion that he would not recover, although probably he might linger on for a few days, but would die in the end exhausted. In this opinion Dr. Hyndman and I were at one

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Being now entirely worn out, having been in attendance for six or eight hours, and anxious to see some other patients. I left promising to call if anything new transpired. Partial consciousness returned during the night, and another medical man was called. Considerable amendment took place. I called next morning, when he seemed somewhat better. For the next eight days reports of his recovering spread abroad, and very marvellous things spoken of him. His powers of observation and comprehension were partially restored. He lingered on too a week or eight days, and thin died suddenly.

Acrors. The body was examined trelve hours after death on the tenoval of the calvarium, the appearance of the brain was healthy, on removing the brain from the skull, and slicing down as fir as the corpus callosum, nothing unusual was to be observed; but beneath that and the forms, through the septima lucidem into the left ventricle, a bloody-looking tract was seen, along which the finger ould be passed. Upon introducing the finger, something hard was left in the posterior part of the lateral ventricle, and, upon dissecting down, it was found to be the greater portion of the buildet.

REMARKS.—In this case, no important part of the great nervous contre was injured. Neither the corpora striata, optic thalaim, corpora quadrigenina, pons varolii nor medulla oblongata were pierced by the bullet—not even the origin of a nerve injured—in fact, very bitle of the real brain matter, hence the reason why he lingered on so long. The ball entered the brain in the median line, through the longitudinal fissure, at about halfani-inch above its base, travelling back on a level with the base of the brain as far as the posterior rart of the lateral ventricle. His hearing remained, so did his sight and sense of smell. There was no paralysis in any part of the body speech still remained, and five days after the accident. The 'pearty.

action was good, the lungs clear, and the bowels were moved by means of clysters and medicine.

An inquest was held on the remains, and the following verdict was returned.—"That the said P. D. came to his death by means of a pistolishot wound of the brain, but by whose hand this jury dath not unfeature to decide."

EXTRAORDINARY ANOMALIES IN THE ARTERIAL

BY M. HILLARY, M.D., M.R.C.S., IRELAND.

The following very odd distribution of the arteries was observed by me in the upper extremities of a female subject I was dissecting in the Toronto School of Medicine:

The axillary artery divided in its second portion on both sides into two tranks, and as the ultimate disposition of the artery of one side was somewhat different from that of the other, I will describe the left one first.

The antenor trunk, the smaller, coursed along the arm close to the posterior division, passing rather in front (as it got lower down) of the bueps muscle, and about two inches above the eibow joint divided into the radial and ulnar, both of which passed down superficial to the bueptial fissin, crossed by the superficial vents and nerves at the flexure of the elbow. The ulnar passed down superficial to all the muscles until within one inch of the annular ligament, then it dipped down to join company with its nerve, after which it took, a perfectly normal course and distribution.

The radial took its ordinary course, between the supinator longuages pronator teres and flexor carpiradialis. It gave off the radial recurrent, dividing into five branches, one passing up between the supinator longus and brachialis anticus, to anastomose with the superior profunda, the other a minute twig communicating with the interosseous or posterior man trunk in front of the brachialis anticus. The posterior trunk or division assumed the duties of the main artery of the limb, both as to course, relations and distribution of mutatitie branches. It first gave off the subscapular, posterior circustrative branches. It first gave off the subscapular, posterior circus.

cumiles (no ant. circumfles) then becoming brachiol it gave off at their usual points, the superior and inferior profunds, and ana-stomoica magna, it then terminated in the common interos-cous, which disided into the anterior and posterior interos-cous giving off before its division what took the place of the anterior and posterior ulnar recurrents, the anterior ana-stomising with the ana-stomotica magna, the posterior with the inferior profunds.

On the right extremity there was some difference. The posterior main trunk was not as large as on the left, and the branches it gave off were smaller in size and the anastomoses were not so distinct.

The anterior trunk was larger than the posterior, to which it kept a close relation. It divided into the radial and ulnar lower down than on the left side, and these branches were covered by the bicipital fascu. The radial passed down superficial to and separated from its nerve by quite an interval, and did not join it urtil it arrived close to the annular ligament. This artery gave off at the usual point, the radial recurrent, which divided into three branches, one passing upwards, the other a small twig communicating with the interosseous, as on the left extremity, the third branch, a larger one, joined the radial nerve and accompanied it half way down the arm when it lost itself in museular branches.

The ulnar ran along the inner margin of the flevor carpi-radialis superficial to all the nuiseles, on the surface of the flevor sublimis, as there was no palmaris longus, the course being in the middle of the arm close to the radial. Almost an inch above the annular ligament it nade an abrupt curve inward to the pisiform bone, where it resumed its normal course and relations.

It would be superfluous to state the importance of a recognition of this pecuharity from a surgical point of view.

This is the only instance I can find of such a peculiar division. The division of the brachmal into three has been rarely seen; in a couple of instances, only, I believe. As they approximate somewhat to this instance I give you the extracts:

In plate XV of Knox's edition of Frederic Tiedman's plates on the attenes, there is an example given which Tiedman says is very rate. The interosseous being given off from the brachial and the whar having a superficial course, in a female subject whose bones were soft. In a foot note he says:—This rare distribution of the arteries has been observed by Ludwig (l. c. p. 7), Sabatico (l. c. p. 69) Hildebrandt (l. c. B. 4, page 871), A. Monroe (l. c. vol. m, page 304, the interosseous sometimes arises from the middle of the humeral artery) and Barrelo (l. c. p. 104, note w), I have only seen it once.

Sharpey & Ellis's edition of Quain's Anatomy (vol. 2, page 290) foot note. In one instance only the three arteries of the fore arm (R. U. & Interosseous) arose together from the brachad artery at some distance above the elbow joint, (plate 33, fig. 3). A similar case is recorded by Dr. Barclay.

In none of those instances have any of these great anatomists seen an example such as I have shewn you, and I merely referred to their notes as having a bearing somewhat, as in the present case, on the necessity of a knowledge of those peculiarities for many surgical reasons.

Toronto, March 24, 1873.

CEREBRO-SPINAL FEVER

BY JOHN CLARKE, M.D., IROQUOIS, ONT

The following cases of this disease have occurred here lately. I regret that circumstances did not permit my taking notes of the exact symptoms, progress and duration of each, yet the main points are so prominent, that I may trust to memory in reverting to them. It is one of those diseases, for the description of which, a number of superlattives is required.

The first case was that of a robust boy, set. 16, who, on the 12th January last, about twenty-four hours after crossing the river in a violent storm of snow and sleet, was setzed with a severe chill, followed by the usual concomitants of ordinary continued fever. I saw hum shortly after, when he was in great suffering, his face very much flushed, tongue coated, the fur, however, not being nearly as thick as in simple fever, excessive and unremittent pains throughout the whole body, but particularly in the head and nape of the neck, the muscles of which were somewhat contracted. The pulse was about \$5 to the numute, full, and somewhat jerking. Voniting, attended with but little nauseac commenced a tew hours after the inception of the disease, and soon became almost constant and irrepresible. The

symptoms increased in seventy for about a week, with the exception of the vomiting, which, after the third day, remitted in violence, Dehrum of the busy kind set in early. At the eighth, or ninth day, the cutaneous hyperaesthesia became extreme, more especially over the joints, there were also considerable internal pains in the umbilical and epigastric regions. By this time the pulse had become remarkably slow, about 40 or 45 to the minute, although the appearance of the patient and other symptoms would seem to indicate a range of 120 or 130; each pulsation was quick and had the sensation of a jerk, followed by a recoil. There was also retention of the urine, which became cloudy and albuminous no coma, but great wakefulness, tongue covered with a very thick, dirty fur. The prostration was so great that a fatal termination was hourly looked for. yet about the middle of the third week the patient began to improve and continued in an improving state for several days, ben, owing to injudicious exposure, a severe relapse set in. The to- sue, which had cleaned off, became, quite suddenly, dry and hard, and all the symptoms of the primary onset were repeated in a more intense form. Although the prostration was much greater than in the previous stage, in about eight days the patient began to improve and continued convalescent for about a week, when, without any ki-wit cause, another, and still more severe relapse occurred attended with precisely the same symptoms. The exhaustion seemed so great as to preclude any possibility of recovery; however, thanks to the case malaatras naturas, the symptoms one by one disappeared, and at last a final and decided improvement took place. The emaciation was extreme. The patient was a stout, well-developed box, above the average for his age, yet at the termination of his illness, the thickest part of the thigh could be encircled by the thumb and foreinger.

Regarding the treatment pursued, apart from highenic regulations, very little could be done. In the earlier stages, a few grains of caloniel, placed on the tongue, seemed occasionally to act excellently in allaying vomiting, but the effect was by no means uniform. Crotion oil, when retained on the stomach, was the most efficient vergative, in doese of two drops producing but gentle purgation, and serving also to modify the head symptoms. Although the cerebral desurbance contra-increated the use of narcotics, vert the pain was 59 great and the restlessness 59 constant, as to demand some tranquilizing agent, and, with this view, I at first administered chloral carefully, but even in large doses it produced none whatever of its ordinary soporific and quiescent effects. I was obliged, therefore, to resort to some more potent agent, and from morphia, an apparently objectionable drug, found such good effect that I saw no reason to discontinue its use throughout the further progress of the disease. To be effectual, large doses (r gr. of the acetate) had to be given, and from such doses no bad effects were discoverable, but, on the contrary, pain and restlessness were relieved, sleep often produced, and much support in the later stages derived from its use. Quinine and stimulants were also found to be beneficial after the more prominent symptoms had subsided. No topical applications could be tolerated on account of the extreme tenderness in the cervical region.

The patient is now (March 31st) perfectly cured, and walking about the streets, though in a most woefully dilapidated condition.

The second case was that of his sister, a girl of about 14, who, during the height of her brother's attack was seized with a much more severe form, (explosive, or meningite foudroyante of the French authors), in which all the symptoms were intensified and concentrated. The severity of the attack was such that in twelve hours after the onset the disease had reached an almost fatal termination. The prostration was much greater than in her brothers case, after the second relapse and several weeks illness. For two or three days she lay in a critical condition, but afterwards recovery was rapid. There were no relapses. Very little treatment was neccessary, nor, apart from those circumstances referred to, was there anything to distinguish it from the previous case. No other cases have occurred in the vicinity.

College of Physicians and Surgeons, Ont.—At the Matriculation Examination held last month, in the Toronto High School, the following candidates passed a satisfactory examination: — D. M. Fisher, Richard Stephen, E. Kitchen, Andrew McDiarmid, A. H. Miller, George A. Langstaff, George A. Kennedy, A. D. Campbell, Charles Phillips, James Campbell, W. C. Freeman, Jonathan Day, G. S. Ryerson.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

PROFISSIONAL EXAMINATION, 1873.

Oky with the "Lond" 'r C. Los M.B.

MEDICINE AND MAD, PARROPOGA -DR. WRIGHT.

- Define dropsy , give the causes producing it and principles of treatment
- Give symptoms, pathology and treatment of scarlet fever in the anginose form.
- What pathological conditions produce colic? give the varieties of the disease, their diagnosis, prognosis and treatment.
- 4 What are the characteristic features of definium? In what discuses apart from mania does it occur? What are the pathological conditions giving rise to it, and how are these distinguished and treated?
- 5. What are the phenomena of psne-lo membranous croup, its morbid anatomy and treatment?

MEDICAL DIACNOSIS - DR. STRANGL.

- i. What are the symptoms of epilepsy, and how would you distinguish the actual from the tenanch discuse?
- Describe the points of resemblance between chronic bronchitis and phthasis, also means by which you would diagnose one from the other.
- 3. What affections are hable to be mist then for the haemoptysis of pitthesis, and how would you distinguish between them?
- Give the symptoms of pericarditis.
 Give the symptoms of crebro-spinal fever.
- Give the symptoms of inflammatory croup, acute laryngitis and diplatheria, pointing out the distinguishing characters of each.

MATERIA MEDICA -- DR. FULION.

- Name the natural order of plants to which colocynth belongs, and give the composition of its principal officinal preparations.
- 2 What are the contra-indications to the use of opium? Give the principal alkalous obtained from it—their doses and modes of administration.
- 5 Give the formula, mode of preparation, use, and ordinary dose of each of the following—chloroform, wollde of potassium, acetate of lead and strychinne.
- 4 Under what circumstances would you prefer a direct to an inditect emetic? State your reasons for that preference.

SURGERY-DR, CANNIEL.

- 1. Mention the several products of inflammation. What are the characteristics of jus, its constituents, how is it formed and what are the various changes it may undergo in the process of elimination?
- 2. Give a classification of wounds, and state how you would recognize a builtet wound. What are the general indications in the treatment of gunshot wounds, and what are the complications which may arise, and which should be guarded against?
- 3. What are the various surgical diseases which may affect the bones, and what is the difference between caries and necrosis? What are the causes of each disease and their proper treatment?
- Point out the difference between concussion and compression of the brain the diagnostic symptoms of each affection, with their appropriate treatment.
- State the peculiar dangers attending penetrating wounds of the chest, how you would know whether the pleural cavity had been opened, or the lungs wounded, and proper treatment in each kind of chest wound.
- Give cause, symptoms, pathology and different modes of treatment of poplitical aneurism.

PHYSIOLOGY-DE, 11/4RS.

- t. What are the functions of the foramen ovale in the feetus, and the results of its non-closure after birth?
- 2. What is the use of the cerebro-spinal fluid?
- 3. Describe the different kinds of muscle and their nervous supply.

THEORETICAL AND PRACTICAL CHEMISTRY -DR. SASOSTER,

- Explain the meaning of the terms "latent heat," "specific heat," and the "mechanical equivalent of heat."
- Describe the different compounds of S. with O., H. and C., giving name, formula, molecular weight, preparation and properties of each.
- 3. Describe the compounds of As. with O, H and S., as in 2nd.
- Give the formula and molecular weight, and briefly describe the preparation of the following, viz bromine, caloniel, Scheele's green, vermilion, acetic, oxalic and carbolic acids
 Constitution of the formula of the carbon acids
- Give the formula of the sucroses, glucoses and amyloses. Describe the preparation and composition of destrine and gun-cotton.
- Give a brief synopsis of the chemistry of milk.
- Describe the purification of the reagents required in testing for arsenic.
- a. How would you determine the presence in urine, of bile, albumen, fat, or chyle?

- 3. A metallic solution is not precipitated by HCL or H.S. in excess, but after the addition of NH, CL and neutralization by NH, a precipitate is found by addition of (NH,) 'S; what metals may be present, and what in each case would be the color of the precipitate?
- 4. How would you determine the presence of oxalic acid in an organic mixture?
- 5 How would you examine + urinary calculus to determine its composition?

MIDN'U SY-DR. HILDING.

- 1. What changes take place in the uterus during pregnancy?
- 2 Describe puerperal peritonitis; give its causes, symptoms and treatment.
- How would you diagnose accidental from unavoidable hamorrhage, and what treatment is recommended in cases of the latter?
- Mention the several disorders of menstruction. Give the different varieties of amenorrhoga and treatment to be adopted.
- Describe the necessary steps to be taken to effect delivery in cases of arm presentation.
- 6. When are forceps necessary, and under what precautions?

DESCRIPTIVE AND SURGICAL ANATOMY | DR. SULLIVAN.

- How would you remove the spinal cord for examination? At what vertebra does it begin, and where does it end? How is it retained in position? Describe the roots of the nerves; their difference and place of union.
- Give the course of the large intestine, the relations of the rectum, and name the vessels and nerves supplying the latter
- 3 Trace the superior longitudinal and lateral sinuses from the commencement to the point of termination, naming the bones grossed by them.
- 4 Describe the formation and course of the superior vena cava and greater azygos veins.
- 5. In the dissection of the neck, where do you see the first branches of the certical please? What nerves form it? Trace the longest branch, giving course and termination.
- How would you expose the internal oblique? also the muscles passing round the external malleolus? Give their attachments.
- 7 Where does the radial artery pass into the hand? Give its course thence to its termination, and name the two largest branches given off in the hand.
- What parts pass through the parotid gland? Give the general distribution of those parts.
- 4. What muscles cause the deformity in fracture of the cervix femoris within the capsule?

- 2. What parts would you divide in cutting down upon the subclavian artery in the third part of its course?
- Give the relations of the thyroid gland, name the blood vessels supplying it.
- 4. What parts are divided in resection of the shoulder joint? What vessels and nerve are in cless proximity to it?
- Beginning externally, name the parts passing beneath Poupart's ligament, and the posterior annular ligament of the wrist.

MEDICAL IURISPRUDENCE. DR. CAMPBELL.

- State the conditions under which alone dying declarations are admissible as evidence.
- 2. Wherein do the medical and medico legal definitions of a wound
- Give the probable characteristics of suicidal, a codental and home cidal gunshot wounds.
- cidal gunshot wounds.

 4. By what encumstances would you judge that drowning was the
 - result of smedle, accident or homicide?

 5. Describe the post-mortem appearances usual in death by light
 - ning.

 6. What medico-legal inferences may be drawn from corpora lates.
 - and their different appearances?

 7. Define infanticide, and state the best means of establishing that crime was committed.
 - Describe the varieties of insanity.
 - Under what circumstances are physicians hable to actions for damages in signing certificates of insanity?
 - 10. How far does outcide render void a policy of life insurance?

TOXICOLOGY- DR. 1UCK.

- Name the principal narcotic poisons. Describe the symptoms produced by them and give treatment to be adopted.
- Contrast the symptoms produced by nateotic poisons with those
 of natural disease.
- Describe the symptoms and treatment of poisoning by corrosic sublimate and oxalic acid.
- Describe the mode of detecting, in organized tissues, the presence of arsenic or corrosive sublimate.

SURGICAL PATHOLOGA DR. PH.1 P.

- Describe the destructive process in the solution of ulcerating parts.
- Describe the two modes of development of fibro-cellular tissue for the repair of wounds.
- 3. Give the distinction of specific from common diseases.
- 4. Explain symmetrical diseases. In reference to the formative process, what is proved by the phenomena of symmetrical diseases?
- 5. Describe the reparative process in the union of fractures.

DOTANA DR. MORRISON.

- 1. Describe the elementary vegetable cell.
- Give two definitions of a flower, one as regards its structure, the other as regards as function, and describe fully the structure and function of the author, pollen and stigma
- 3 What organs or parts of a plant attord characteristics of the greatest importance? State the difference between a natural and attificial system in botam.
- . What is transpiration? How determined?
- 5. Describe the reproductive organs in mosses and ferns.
- 6. What are the histological characters and mode of production or cork, starch and vegetable ivory?
- Explain the nature of carbonic seld and ammonia to the nutrition of plants, and describe the effects of growing plants on the atmost here.
- To what order does each of the following plants belong aquitegas canadenss, expripedium pubes ens, aconitum mapellus, artica montanum and veratum vinde;

SANDARY SCHNEL- DR. MUR.

- 1. What hurtful substances suspended in an impure supply of water are most likely to lead to outbreaks of diarrheat and typhoid fever, and what on examination are the principal evidences of the presence of such injurious matters?
- 2 To what cause has the presence of goare in certain localities been attributed?
- 3 Describe the extent to which the quality of air is likely to be effected by the decomposition of bodies, where inter-mental interments obtain, and state briefly the evils to which a crowded population in the immediate vicinity of a cemetry may be hable.
- 4 What are regarded as the causes of hospital crysticlas, and what course should be adopted to limit its transmission?
- Mention the various methods of removing sewage, indicate the Lest and state the influence the construction of sewers has had upon the death-rate of towns.
- 6 State the action of water on the lead pipes commonly used in cities for conveying supply to householders. Also the amount of lead in solution deemed minorious, the amount also which may be considered dangerous, and specify the best means of protecting the conveyance so as to insure the safety of consumers.
- 8. What prophylactic measures should be enjoined in anticipation of cholera, and when the disease does occur what steps might be taken to lessen its spread?

RESULT OF THE EXAMINATION.—Forty-three candidates presented themselves for examination, of these thirty-seven passed successfully and six were rejected in whole or in part. The following are the names of the successful candidates:

Primary,—H. N. Beemer, N. Brewster, W. Brock, A. J. Campbell, K. H. Cameron, C. Fast, D. Fraser, D. B. Fraser, J. Golden, S. D. Hagle, W. T. Harris, L. D. Healty, L. J. Lennov, W. H. Lowry, C. S. Moore, N. W. Meldrum, A. McLaren, P. McLean, J. L. McDiarmid, G. Smith, and G. Shaw.

Fin. 2. D. O. Algure, M. I. Beeman, N. Brewster, O. C. Edwards, S. A. Ellsson, C. Fast, F. A. Gaviller, J. G. Iden, S. D. Hagle, A. J. Johnson, F. W. Jackson, F. G. Kittvon, H. Lang, H. T. Machell, C. S. Murray, N. W. Meldrum, A. Nichol, C. A. Paterson, L. A. Stevenson, A. H. Wright and R. C. Young.

Ot those candidates who presented themselves for primary only, the following passed without requiring an oral examination. W. Brock, C. East, D. B. Fraser, D. Fraser, W. H. Lowry, L. J. Len no., N. W. Meldrum, P. McLean, and G. Smith. For both primary and final—S. D. Hagle. For final only. M. I. Beeman.

Correspondence.

MALIGNANT DISEASE OF THE ORBIT.

(To the Editor of the Levot.)

Sin, —In the LANGLI for April, Dr. Garner, of Lucknow, reports two cases of malignant disease of the orbit, for which he deserves the thanks of the profession. These cases terminated fatally from a recurrence of the disease, the one in about two months and the other in about five months after the eye-ball, and all that could be seen of the morbid growth, had been removed. From the fact that the disease returned in these cases, although, after the operation, no remains of the morbid growth could be seen—even with an ordinary pocket lens-iDr. Garner seems to inter that the origin of the disease is not in the orbit. Whether, in these cases, the disease had its origin in the orbit or elsewhere, is more than any one, from the report, could undertake to say.

I, however, respectfully submit (without entering into the ellology of cancer) that the recurrence of the disease in Dr. Gamer's cases may be due to the fact that, although after the operation no trace of the disease was recognized, if the tissues still remaining had been examined with the micro-cope, they would have been found to be infiltrated with cancer cells.

It has been proved, again and again, that if the apparently healthy tissue adjacent to a cancerous breast be examined with the microscope, it will be found to be already infiltrated; and in malignant disease within the eye ball, where the selerotic appears to be entire, the loose arcolar tissue outside and adjacent to the selerotic has been found, with the microscope, also to be infiltrated. Hence the maxim is now enjoined, that whenever we excise infecting tumors, to tenouse a cone of healthy tissue also.

In removing cancerous tumors of the trunk, this zone of healthy tissue can be removed with the kinfe, but in the orbit this is impossible. The best method, unquestionably, in removing morbid growths from the orbit, is that first introduced into the Middless Hospital, and now adopted by the surgeous of the Royal London Ophthalmic Hospital, via, a concinction of excision and coloureties.

The entire contents of the orbit are removed as perfectly as possible; if necessary, following the diseased growth into the antrum, frontal sinus, nasal cavity or ethaloid cells. If the walls of the cavity are involved, the peri-orbita or bone is detached with on elevator or raspitors. Hæmorrhage is arrested with a hot iron; the cantery also destroying morbid tissue inaccessible to the knife or scissors. In most cases, I think it advisable to remove the evelids also, or at least the palpebral conjunctiva, and tarsal cartilages Bleeding having ceased, the operation is completed by applying to the wound an escharotic of chloride of zine paste, spread upon lint. This paste is composed of one part by weight of chloride of zinc, four parts of wheat flour and tinct, only sufficient to make a paste of the consistence of honey. Its action is superficial, or deep, according to the thickness of the faver of the paste. The eschar is hard and dry, and, by the time it is completely detached, cicatrization is found to be nearly complete.

THE RESIDENCE AND ADDRESS OF THE PARTY OF TH

If considered desirable, the entire bony wall of the orbit may be destroyed. This sometimes comes away entire, a specimen of which is now in the museum of the Middless Hospital; the patient, at the time the case was reported (November, 1868), was doing well—then nearly three years after the operation. Several very

interesting cases are reported in the Ophthalmic Reports, vol v. 3, 4, as well as in the last edition of J. Solberg Wells' "Treatise on Diseases of the Eye." Of course it is not claimed for this combination of excision and escharotics, that it will necessarily prevent a recurrence of the disease. It is simply claimed that this operation offers a better prospect of immunity from recurrence than that of any other known procedure; or, in the language of Mr. J. W. Hulke, "it is the practical observance of that principle on which every operation should rest, viz., that it is therough for the particular end in view."

RAPID RECOVERY AFTER AMPUTATION OF THE THIGH, UNDER THE MOST UNFAVORABLE CIRCUMSTANCES.

(To the Editor of the LANCER,)

SIR,—I enclose you the following brief report of a case of amputation, which, if you think worthy of inserting in the LANCET, I will thank you to do so.

R. M., act. 67, has been afflicted with necrosis of the tibia, with an unreduced dislocation of the patella, ever since he was ten years of age. The tibia and the bones of the foot were extensively involve. The whole length of the anterior part of the shaft of the tibia was destroyed, and there was no evidence of any effort at reproduction of bone. The shaft was so weakened that it was unable to support the weight of the body, but would bend when the slightest weight was brought to bear upon it. There were several sinuous openings, which discharged a large quantity of unhealthy and offensive pus, and his sufferings were very great. The limb was utterly useless. He also labored under disease of the heart, and the urine contained a large quantity of albumen.

Under these most unfavorable circumstances, I hesitated to operate; but the patient was so determined to have the limb removed, and being willing to take all the risk of the operation and placing himself unreservedly in my hands, I had no alternative. I amputated the femur in the lower third, under chloroform, assisted by DrsSmith and Oakes, of Digby, and in four weeks time he was quite well and able to attend to his ordinary affairs. The principal treat-

ment consisted of carbolized oil and oakum locally, tonics and full diet. This case is remarkable, chiefly from the rapidity with which the healing process was brought about in a constitution so long weighed down with disease, and as showing that, even under the most unfavorable circumstances, much may be done by assisting nature.

Yours very truly,

H. D. RUGGLES, M.D.

Weymouth, N. S.

(To the Editor of the LANCET.)

SIR,-In the April number of the LANCET I saw a communication over the signature of P. V. Dorland, in reference to the controversy between his partner (Dr. Clapham) and myself. It would seem by this that Dr. Clapham is on the retreat, and the fortunes of the day are to be retrieved by his partner. Well we confess we feel a little shaky on being compelled in self-defence to enter the arena against this medical Goliath and renowned champion of the quill. He has acquired wonderful popularity since the Railroad accident near Shannonville last Tune, on account of his discovery of the peculiar virtues of cayenne pepper and its successful administration, in the treatment of severe burns and scalds. This discovery of itself is quite sufficient to immortalize his name, and give him the vantage ground over "the common practitioner and mere routinest." We think however it was the great Samuel Thompson of Gatesburg, N. Y., who first brought this article most prominently before the public; but its crowning virtues were left to be discovered by our worthy friend, and which at once places him in the front rank of the profession. * * * Nevertheless great men are not without their faults. and my learned friend is not an exception to the general rule. With all his greatness, he lacks a certain amount of magnanimity, but the want of this generous faculty is more than counterbalanced by his excessive modesty. Indeed some of the greatest operations that he has performed in an important branch of the profession have never been allowed to see the light or be made public, by reason of that exquisite urbanity, retiring disposition, and great modesty which characterizes the actions of distinguished physicians and surgeons; and it is to us a matter of wonder that a gentleman of his known

veracity should (inadvertently no doubt) commit so serious an error in reference to facts in his communication. I never mentioned private diseases of females in my card-simply "diseases of women and children."-on the same principle that he in his card states chronic diseases a specialty. It certainly appears improbable, that I should be jealous of either him or his partner, as his statement alleges. It is scarcely possible that I could have entertained a shadow of hope of ever being a successful rival to men of such transcendent abilities-abilities which place them so far beyond the range of common practitioners that lealousy could have no part in producing a controversy like this. I was not aware that I had written anything that could justify a personal attack. He accuses me, as if it were a crime, of being an Englishman of Welsh extractiona member of the Irish P. Benevolent Society, Orange, Odd Fellows, Freemasons, &c. Well, what of it? These Societies are time honoured, useful and honorable. In conclusion I have only to say that if he sees fit to deal unfairly in personalities, I have no objection, but shall feel constrained as I see the necessity under the circumstances to "carry the war into Africa."

Yours respectfully,

R. TRACY.

Belleville, April 24th, 1873.

[This controversy, in the columns of the LANCET, must drop here.]—Ed.

(To the Editor of the LANCET.)

SIR,—I beg to explain how my name came to be attached to a certain "Testimonial" given to Mr. John Granger, and published in the February number of your journal. About seven or eight years ago, Mr. Granger called on me, saying that he was about moving to the West (as I thought, to the Western States), and asked me to sign a "Testimonial," to which the names of several medical gentlemen in this neighborhood were already appended. Having known Mr. Granger for several years, and believing him to be a respectable man and very capable of making himself useful as a sick nurse, I. without consideration, signed the "Testimonial." I regret the circumstance, as I have never knowingly given countenance to quackery. At the same time I am sorry that Mr. Granger has not had better

educational advantages and medical training, as there can be no doubt but he has a natural aptitude for the practice of our profession.

Yours respectfully,

R. J. GUNN.

Whitby, March 26th, 1873.

(To the Editor of the LANCET.)

SIR,—Will you kindly allow me, through the medium of the LANCET, the privilege of intimating to such as have not received the "Cancer Ointment," respecting which I wrote an article, published in the February edition; that in consequence of the demand being so unexpectedly large, my stock was soon exhausted. I am now preparing a fresh supply, which will be distributed within a week or two. I am happy to say that the success attending the administration of this remedy, in the hands of others, has been marked; and it would afford me much gratification if the gentlemen, from whom I received the reports of its success, would publish the notes of each case.

Yours faithfully,

J. H. BURLAND.

Hatley, April 16th, 1873.

Selected Articles.

TREATMENT OF PSORIASIS.

Dr. Montmeja (L'Abeille Méd., 27 Jan., 1873) remarks that psoriasis is, after eczema. the most commonly met with among the so-called Dartres. The school which preceded that of our actual masters had classed this among the squamous diseases. In spite of this difference in classification, the treatment of both schools is almost identical. This disease is not severe in itself, but tenacious, obstinate, and those attacked by it, even in a slight degree, are terribly liable to relapses. Frequently hereditary, the disease shows itself first of all in adult life, after which it may be intermittent in its attacks or be inveterate. We must not then, in the actual state of our knowledge of therapeutics, delude ourselves about the cure of psoriasis; we whiten the patients, or we may hasten the evolution of an outbreak, but it is quite impossible to ward off relapses.

The treatment of this disease is based on two methods, local and general. The general treatment recognized by the predecessors of the modern's shool would prove that they had recognised a certain air of family resemblance to other skin diseases. The general reatment consists in mild purges frequently repeated and arisinical preparations, or cantharides or sulphur, or infusion of sena. As to the administration of assenic, Professor Hardy prefus the following: Distilled water, 300 grammes, arisentee of soda, 5 to 10 centurgrammes, of which mixture a tablespoonful aday is at first prescribed, and then two in a short time.

We have seen the functure of cantharides employed with some success in the dose of two drops from the commencement in a wine-glassful of sugar water, augmenting this dose by a drop each day, until thirty drops are reached. This medication requires extreme rigidance, because of the danger which may result from its prolonged use.

There are other mediciaes which seem to act curatively in portiast by providing an artificial entitled of the sam, of this namber is copadia, the excellent effects of which have been noticed by M. Hardy, who was treating hims. If for gonorrhea whilst affected with portiasts. Encouraged by this fortuitous result, Hardy administered copadia in large does to patients without gonorrhea – the action of the remedy on the disease was seen to be incontestable.

To these treatments we may add sulphur baths. The most useful local texturent without doubt consists in vapour batis, either alkaline or sulphur, and in the application of empyreumatic oilupon the cropions. It is rare to find sulphur ominion of see in such criptions, as also is the case with mercurial oritions, which, although favourable at the height of the cription, are absorbed after the squames fall and cause salustion.

Writers on skin diseases give the preference to tar omitment or oil cade outment, tar and oil of cade are prescribed inised with lard in the proportion of one-fourth. We may, according to the teleration of the skin, diminish this proportion, or, again, employ the tar or jumper oil pare, when there is perfect tolerance,—The Dorlow.

SUCCESSFUL CASE OF TRANSFUSION.

UNDER THE CARE OF I. E. CAREY, ESQ., M.D., GUERNSEY.

On the 28th of January, 1872, Mrs. V. was seized with the early pains of labor, which continued during the riminater of the day. On the morning of the 29th, the head entered the cavity of the pelvis, though the pains were so slight that they could scarcely

be said to manifest the characteristics of the second stage. Even these however coased, and the progress became absolutely nil. The patient being irritable and much exhausted in the afternoon an opiate was given, but no sleep followed, and at 10 pm the head occupied the same position at had done futteen hours previously.

The patient was a primipara of an indofent disposition, and tending to obesity. About two months previously she had suffered from an artist of pleuro-pneumonia on the right side, and a fort night later from a similar attack on the left side. Her sister states that since that date she has been insufally drows, dooing at all times when not actively employed. There has been no swelling or the feet. This drow-suess has not been so marked within the left.

few days as previously. The urine was not examined

A to p in the head occupied the right oblique diameter of the peltic carry, but no to attain the could be felt. A large capit six ecclaneum had formed, and the lower part of the vigina and labla were cedemations. An attempt to deliver with forceps having failed, delivery was accomplished with difficulty by version at 12.5 a m on the 30%. The child was suil-born, but was resuscitated by insuffation. The attents at first contracted, but soon ralaxed, and a quantity of air was sucked into the cavit. Hemorrhage came on with increasing intensity, in spate of all cloris to control it. Presiste on the abdominal acrita at last partly succeeded, but the patient had fallen into a state of sproops, and most rides were audiple all our the chest, even at a distance from the bed. Under these featurestances transfission was performed.

An ordinary glass male syringe, holding about an onne and shall, was pour ired, and a friend having been found willing to give the necessary blood, the operation was commenced. The blood was drawn into a wormed wince-glass, taken up in the syringe, and stadily, injected into one of the venus at the bend of the elbow, which had been opened for the purpose. This was four times typicated, and tallowing for blood lost by "fottme; about four omees were injected. The effect was instantineous; the patient revived, looked about her, and in a few minutes poke. The pulse, before "openequible, reappeared, and the rides subsided. She had so "time fince opin and brandly, and by half-past three, was so well that

ze left her.

HUGOS TERRESTICATION TO THE STREET

Jan. 30th, 8 a.m. Has been quiet, but has not slept. Had brandy repeatedly. Pulse 146, steady: respiration 28, variable.

9 p.m. Pulse 124; respiration 28, steady.

31st, 11 a.m. Pulse 128. A little excited, but feels well, and langry.
6 p.m. Patient suddenly served with dyspiner. Moist rales

2d over the chest face had, extremites cold. Pulse 134; respiration 42. To have fined pointing, every four hours, and brandy Feb 1st. Better this morning. Pulse 138; respiration 32. quiet. It is supposed that the death of her child yesterday after-

noon may have had some connection with her seizure.

2nd.—Quiet and comfortable since last night. Bowels moved yesterday by castor-oil. Pulse 120; respirations 32. Wound in arm healed.

After this date, with the exception of a wild expression, which she constantly wore, and of occasionally giving way to bursts of

emotion, she progressed favorably, until

Feb. 8th, when the pulse began to rise, and she showed unmistakable signs of sinking. She refused food, and became quite unreasonable. Pulse 126; respiration 34.

9th.—Patient rapidly sinking; reason quite gone. Pulse 120, intermittent, feeble; respirations uncountable. Has lost control of

the sphincters.

4 p.m. - Died, eleven days after operation.

REMARKS.—Transfusion is one of those operations which we are but seldom called upon to perform in the course of obstetric practice. When however the necessity does arise, it is all the more apt to find us unprepared; and as that necessity is always urgent, it is our duty to be aware of the most readily procurable instruments with which it can be performed. In the preceding case the operation was performed with, what I do not hesitate to call, success, with instruments found in the ordinary domestic laboratory. common glass syringe and a wine-glass can almost always be obtained. We found the size mentioned very convenient, as containing just about the quantity which could be injected before clotting interfered seriously with its action. The blood was not drawn into the wine-glass until the moment it was required, and the glass was washed in warm water between times. A glass syringe, by its transparency, gives us the most perfect assurance that we exclude all air—a point of the most vital importance. - Glasgow Med. Four.

CLINIC ON RENAL DISEASE IN CALCULOUS PATIENTS, AND ITS INFLUENCE ON THE CHOICE OF OPERATION.

BY SIR HENRY THOMPSON, M.B., SURGEON TO UNIVERSITY COLLEGE HOSPITAL, ETC.

[The following lecture is of interest to the profession, as it in cludes a discussion on all the points bearing on the now celebrated case of Napoleon III.]

The patient, a naval pensioner, aged 60, thin and careworn, had, suffered from symptoms of stone for more than three years. In the course of 1872, he had been admitted into a metropolitan hospital,

when the stone was crushed several times. After this, the patient continued pretty comfortable for about three months; he then rapidly relapsed, and, when he came under Sir Henry Thompson's care, the old man was in a most miserable condition. He could not hold his urine more than half an hour, even at night, and, as he could only pass it when in the erect position, he was obliged to leave his bed every time, and was greatly reduced by pain and want The urine was alkaline, of low sp. gr., contained a large amount of albumen, and an unmistakable granular cast was found under the microscope at the first examination. On sounding him, fragments of phosphatic stone were detected. It was evident that the patient had advanced disease of the kidneys, and that his ultimate fate was settled; still, his principal sufferings were due to the presence of the calculous matter in the bladder, and these could be removed or greatly relieved by lithotrity.

He was accordingly admitted into the hospital on January 21st; on the 24th, Sir Henry removed some debris, and repeated the process on the 28th without any unfavourable symptoms: on the contrary, the patient during this time improved in strength, could move about better, and was able to hold his urine for an hour or more at a time. All but a few fragments had in fact been removed when, on February 1st—a cold day—the patient slipped out of the ward and stood for some time in the yard of the hospital smoking. Next day, he had a severe rigor, followed by headache, drowsiness, partial suppression of urine, etc., and, although at first he rallied somewhat under treatment, he never recovered the effects of his unfortunate in-

discretion, and died on February 19th of uramia.

Post Mortem Examination.—The external surface of the kidneys was granular; the capsules were opaque and adherent; on section, the cortical layer was thin, mottled with patches of yellow degeneration, and studded here and there with small abscesses; the pyramids were congested. The pelves of the kidneys and the ureters were dilated, and contained puriform matter. The muscular coat of the bladder was hypertrophied; the mucous membrane was much congested, dark, thickened, opaque, and ulcerated in places; the so-called "middle lobe" of the prostate was much enlarged, forming a regular bar across the neck of the bladder; in the deep hollow behind this were a few small and soft fragments of stone, weighing in all twelve grains.

In commenting on this case, Sir Henry Thompson said:—The question we have to consider to-day, gentlemen, is this—If stone in the bladder be complicated by the presence of chronic renal disease, what should be done? When are we justified in operating? and which operation should we choose? "Chronic renal disease" is a wide term; and, in order to answer the question better, I will con-

sider the chief forms of kidney-disease separately.

We may at once dispose of malignant disease: if this be so ad-

vanced that a satisfactory diagnosis is possible, any operation is clearly useless. Chronic Bright's disease, again, is a loose term, and includes several varieties, the two that churth concern us now are the large white smooth kidney, and the granular contracted kidney; the so-called amyloid disease is rare. There is no difficulty in the diagnosis of Bright's disease, even when considerated by the presence of stone, the low specific gravity of the urine, the presence of casts and of an amount of albumen out of proportion to the amount of the n esent decide the nature of the case at once. Next, there is what may be called the calculous kidney. You will often meet with men who are frequently, or almost continuously, passing crystals of mic acid or small calculi. This never goes on for any length of time without damage to the kidney, on microscopic examination, you will always find blood in the urine. They are often stout red-faced healthy-looking rustics; but if such a man come to you with a stone in his bladder, and tells you he has been accustomed to ross grand for years, beware of him, in spite of his apparent good health, he will be unusually hable to severe rigors and urinary fever.

Next, sacchanne diabetes is occasionally associated with stone. I have met with two such cases, and never had any more trouble-some, there was in both very great irritability of the bladder and of the system generally, and if you should meet with the same complication, the case will probably require all the care and patience you

can muster.

Eastly, there is that dilated condition of the Sidney and the prefers which is due to long standing, obstruction in the passages This has been sometimes called "surgical kidney," a most inappropriate and unphilosophical term, and one which I never use. Sofir from being really a "surgical" kidney, it is one which denotes the want of surgical treatment, one which never would have existed had surgical aid been afforded at the outset of the malady. This cordition is most frequently met with in cases of old structure, also in cases of enlarged prostate, large calculus, long continued atony of the bladder, etc. Owng, then, to the presence of some obstruction to the escape of urme from the bladder, that organ becomes dilated and hypertrophied, the pressure tells backwards on the greters, these and the pelves of the kidneys become dilated, the secreting substance itself is compressed against the capsule, and, finally, the whole organ may be distended into a sort of cyst. I have seen the ureters as large as the small intestine, and contain, with the pelves of the sidness, thirty fluid ounces of water. A calculus by aself never produces this effect unless it be large, and not necessarily even then it depends on the amount of obstruction. And now comes an important fact, size, that all this may occur without any distinct symptoms. you may suspect that this state of things is present, but you cannot make absolutely sure. The patient probably has some cystitis, and consequently pus in his urine, but there is no more albumen present than the pus would account for, there are no casts, the urine may be of fair specific gravity, and there will even be no deficiency of orea; if there be, the patient will at once show symptoms. The fact is, that we are liberally provided with secreting and exercting organs. A man may live very confortably, even though a considerable proportion of both lungs be blocked up with tubercle, two half lungs are sufficient under ordinary circumstances, but if he get a little bronchits—an amount which a health, man would scarcely feel—it carries him off: he has just enough breathing space to sustain life, but no margin to spare. Just so a man may live with two half kidneys: he gets along quite well under ordinary circumstances, there is just enough of the organs left to meet the wants of the system, but any small derangement upsets the balance, and serious symptoms appear at once.

A high authority abroad has stated that this state of the kidneys can be diagnosed by means of palaption, but I cannot affirm his assertion. It would be exceedingly difficult to detect with certainty a soft, movable, and collapsable tube lake the ureter even in a 11m person; but generally these patients are past middle life, and stout also from confinement; the parts are not sensitive, unless suppuration or a renal calculus be present. You may often be hable to make a strend guess, but even a strong suspicion is not a sufficient ground for refusing to relieve a suffering patient.

In the next place, to what extent does the presence of renal disease affect the prognosis of lithority? O mutuing slight cases, I have operated on three patients who were suffering from advanced from English disease. The first was some years ago. A very pale, weak, and putify-looking man, with a large phosphatic stone, some, came to me to be operated on, but I refused, he, however, begged so hard that I would do something for him, and was in so mean pain and distress, that at I stock him in. Even then I kept him three weeks under observation before I did anything, which is not my usual custom. If then crushed the stone very carefully in eight wittings, allowing a good interal between them. The man was in the hospital three mouths—three times as long as most of my patients—but he went out freed from his trouble, and died of the kidney disease nine months afterwards without any recurrence of the calculus.

Some time afterwards, I operated on a second and smithar case. He had some rigors, but went out at the end of ten weeks cured of his stone: he came to show himself three months afterwards, when he had still a large amount of albumen in his urne, but no recurrence of the stone. Emboldened, perhaps, by success, I attempted a third and worse case shortly afterwards. This patient went on well for a time, but after the fifth sitting urremic symptoms supervened, and he ded.

I cannot tell how many cases of mechanical dilatation of the kid-

ncy I may have operated on with success; for, as I said, I know no means of ascertaining with certainity during life the existence of the disease; but I have little doubt that there has been more or less distension of the ureters, etc., in a considerable number of the more severe cases. I may instance particularly three cases of stone complicated by very tight and old standing stricture. My plan under such circumstances is to tie in eartherers for a week, or until I can introduce a small lithornte, after each crushing I replace the catheters, and continue them until the stone is removed. I have not the smallest doubt, judging from the history and state of these patients, that all had some, perhaps a considerable, amount of disease, yet in each case the result was successful.

Surgeons have said that, it a patient with stone in the bladder have also chronic disease of the kidneys, the best plan is to cut him; to have one operation and have done with it, and not to go on teasing the man with instruments for several weeks. I can only say that lithotomy would certainly have killed any one of the three pale, techle, bloodless patients I first mentioned; indeed no one of the six could have been cut -- no surgeon would have thought of it. It is just fifty years since lithotrity was first introduced, and up to thirty years ago, or less, this dictum was true, but it is not so now. The statistics of lithotomy were never better than they were fifty years ago; indeed they are now scarcely as good, for since then many of the most favourable cases have been treated by crushing The statistics of the lithotrite on the other hand, have improved, and are improving every year. Lathotomy, then, has stood still, lithotrity has been greatly improved, and the axiom is consequently now reversed. There is no doubt with our present experience that, if only the stone is sufficiently fnable, lithotrity, if skillfully performed, is the best operation in such cases, the shock, loss of blood, etc., of lithotomy make considerable demands on the strength of the panent. The lithotrity must, I repeat, be carefully done, of the two operations, that of crushing is certainly the one in which previous practice on the part of the operator makes the greater difference in the chance of curing the patient. Therefore, I say to you masmuch as you may be well able to do a good bold operation of lithotomy at the outset of your career if you have surgical talent at all, do so with any doubtful case, or if the stone be at all large, until you have had a little experience with two or three cases of small stones by lithotrity. Whatever you do by that means, let your early attempts be always made on small calcult only.

In conclusion, I may repeat the advice which I am constantly giving you. Always find the stone, if possible, when small, the symptoms produced by a stone, say of the size of a nut, are detenough. There is no question, then, about the advisability of creaning or crushing, or about the presence or absence of kidney disease; crush the stone at once, and the cure of the patient is almost or

tain. - British Med. Journal, Merch 8, 1873.

PUNCTURING CLOSED CAVILLES -BIADDER NIAL SACS -ABSCESSES, &c.

Dr. H. R. Clark mentions, in the Med Record, a case of reten tion of uring from enlarged prostate. On failing to pass a catheter into the blidder, he resorted to puncturing that organ above the publs, with a trocar and canula of the size of ene-twelfth of an inch. Several punctures were made, and the canuli was withdrawn as soon as the bladder was emptied. Soon after this the parts relaxed and

permitted the passage of a catheter with ease.

Dr. J. L. Little, in the New York Med Young, records a similar case, where he nunctured the bladder in the same region with an aspirator, 64 times. Both cases did well. I remember, in my young days, of seeing an old country doctor puncture if bladder of an old man, with a small trocar, for retention This case did well too. Puncturing the knuckle of intestine in irreducible strangulated hernia, is now becoming a very frequent operation, resulting in the most desirable manner. Several cases have been reported of late, wherein strangulated hernias were reduced after princture of the strangulated knuckle of the gut, by M. Dematouay, of Pans, and D. Chauveau, of Courtelain, and several others. A few years ago, six cases were reported of reduction of the strangulated gut, by the introduction of the canula of a large hypodermic syringe into the cavity of the strangulated knuckle, and the barrel, with the piston pushed down, was then attached to the canula, when the piston was gently withdrawn, and in this way the fluid and gaseous contents of the strangulated knuckle were removed, and the hernia afterwards yielded to gentle pressure. All these six cases, so far as my recollection goes, were successful. I have two others so treated, and with the desired results. It is evident that the great advantage offered by the hypoderinic syringe, as well as the aspirator, in the successful treatment of herma, by drawing off the fluid and gaseous contents of the strangulated gut, and thus facilitating its reduction, should give it preference in all cases when the usual means have filled to reduce the strangulated gut, and before the hazards of an operation are entered upon. I have been told by two old country practitioners, that each of them had succeeded in reducing a case of strangulated he nia by puncturing the knuckle with a small trocar and One of them used a rather ingenious contrivance to effect his object. The rim or flange of the canula was cut off, and after it has passed into the gut, a small rubber bulb, lightly wrapped with a string, so as to express the air, was slipped over the canula, and the string removed, so as so allow the bulb to expand, and exhaust the quity of the gut of its contents. Both of the Casas were successful he the country any of these contrivences are handy, and might, with appy facility, he put to good use in cases of this kind. The mortality of hern'a operations with the knife are of sufficient enormity to justify the means betten suggested, in the absence of a regular assurator, before resorting to the operation of hermotomy.

Whenever there is any dangerous collection of fluid, these means may be resorted to for its removal without the incurring of any great risk. In argent cases of collection of fluid in large quantity in the sac of the pericardium, I should not bestate to punctur, the sac with an aspiration, or, in its absence, with a small trocar and canula of the size used by Dr. Clark (one-twelfth of an inch), rather than risk the probable destruction of the patient by the pressure of the accumulated fluid on the heart. If the canula has te upper end free, so that an exhausted rubber builb can be attached, a trocar of this size can be put to a multitude of good uses in currencies.

In every instance, after resort to puncturings, a full dose of morphia should be given, and the effect kept up by small ones of ½ gr., repeated frequently. This should never be neglected on any occasion. I have repeatedly executed carbundes, and large abscesses, with the hypodermic syringe. In fact, during the last twelve years, I have always used this instrument to remove the one from all localities that the canula could reach. After the just is removed in this way, I paint the swollen parts with collodion, to which morpha or attopa is added. To each ounce of collodion five or six drops of castor-oil is added. To gives the film toughness. By this method pais can be removed without causing pain, which is certainly a matter of considerable moment to the humane physician, as well as his patient.—Med. Achtrici.

COLD BATH IN ACUTE RHEUMATISM.

From time to time various medical fournals have contained reports of the good effects of the application of cold in rheumatic hyperpyrexia. In the July number of the Practitioner, Dr. Charles Kelly, Asst. Physician to King's Coll. Hospital, reports two cases of considerable interest. In his own words, "Both suffered from their first attack of rheumatic fever, both had similar symptoms, and in both the pencardium was inflamed. The man seemed to be going on very well for a time, but then his temperature went up and he died, the noman, who was equally ill, and in whom the temperature was still higher, was cooled down more than six and a hali degrees in four and a half hours, and made an excellent recovery-In the case of the woman, the simple addition to the treatment, of cold applications seems to have turned the scale and saved her life Prof. C. Leibermeister, of Tubingen, in his lectures on the treatment of fevers, speaking of the use of the cold bath, kivs. "But this method is not only useful in abdominal typhus, but in every febrie

silment in which the temperature by its height and duration brings danger. The number of diseases is much larger than was formerly supposed. In those diseases in which exist severe and dangerous local alterations, is gained a erest deal when we succeed to cononer the dancer solely dependent upon the fever. In the January num ber of Bruthwate for 1872. Dr Henry Thompson, physician to the Middleses Hospital, reports the successful treatment with boths of a case of acute rheumatism with head symptoms. He mentions, incidentally, that the nationt had severe and extensive complications including incumonia, pleurisy, bronchitis, and pericardius-which enderwent no perceptible change for the worse in consequence of the treatment adopted. Dr. Thompson considers that in these cases a high temperature is the index of some profound and damaging mures on mon the persons system. With recard to the value of rold applications in the treatment of this disease, he says "There be many factors at work all conspiring together to compass the death of the patient. If the aggregate of these factors be overwhelmingly strong, there is an end of the matter and the patient dies, but let the powers of life and death be more evenly adjusted, then the removal of any single factor (say the temperature) turns the scale in twor of life, or, to use a more homely metaphor, takes of the last o ace that is breaking the camel's back. It behooves us, therefore, tractically to accept the doesno that it is the heat which is the main destructive element, and to act upon it at the bedside whether we believe it or not. We can control temperature, and we are bound to control it." He considers a temperature of 105' or over to call for a prompt use of the bath, and uses it even at a lower temperature to palliate delirium and restlessness. The nerusal of these reports leads me to contribute some notes of a case which came under my treatment last summer.

M., 41, native U. S., teamster in government employ ted to hospital August 24, 1872. Had a slight attack of rheumatism the years ago. Is a hearty, well nourished man; drinks some, August 21, was taken with severe pain in right knee and ankle, and had some fever. Has continued to get worse, and applied for treat ment this morning. His right ankle and knee and both wrists are wollen, red, and painful. Tongue moist, furred. Skin perspiring freely. Bowels consupated. Pulse 98, full temperature at 7 a.m., Heart sounds normal \o poin in chest. R Soda et pot. tart. 3 i., Antim. et pot. tart. gre ij. Mix in witer and take at one dose. The affected joints to be wrapped in flannel and oiled ilk, and kept wet with Fuller's sol of bicarb potass and opium. Diet, beet-tea and milk. Bowels were freely moved. August 27. Pain has left the ankle during the night is worst now in the should ers. Suffered severely last night, but was relieved by 10 grs. Dover's Fowl., and obtained some steep 1 rine high colored, no albumen. Tales food well. Temperature in evening, 103½; resp., 30. Sept.

1.--Passed a restless night. Has pain in testicles; they are tender and swollen. Says he has a dull pain over region of heart. Resp., 42; temperature 103°. At 7 a.m., area of heart's dulness slightly enlarged. On auscultation a to and fro sound is heard. Two wet cups applied over region of heart, which gave some relief. Sudamina, chiefly over chest. He is very feeble and depressed. Quinia, grs. 5 every four hours, 18 grs. Dover's powd. at night. Six oz. brandy a day. Sept. 5th.—Patient continues much prostrated; delirious for 24 hours. The area of the heart's dulness extends above to second intercostal space, and laterally from near the right edge of sternum to beyond left nipple. No friction sound. The temperature is $104\frac{3}{4}^{\circ}$ at 7 a.m.; resp., 44. At 9 a.m. he was placed in a bath at the temperature of 54°, and kept in it 40 minutes, when the temperature was lowered to 101?. While in the bath he complained of cold. In the afternoon the temperature began to rise, and the bath was again used for 24 minutes, when the temperature fell to 100°. The patient then went to sleep. Sept. 6.—The patient feels easier. Temperature, 100°; resp., 37. Sept. 9.—Is stronger, and takes more nourishment. Sept. 14.—Area of heart's dulness diminishing; continues to improve. Sept. 20.—He is convalescing. -Dr. Boone in Med. Record, N. Y.

GONORRHEA, GLEE,", &C.—We have recently known a number of very obstinate cases of gleet relieved by the introduction of a catheter, smeared with mild zinc ointment, once or twice per day. Many recent cases of gonorrhea are much relieved by the same means, with the addition of a little carbolic acid, sulphate of zinc or nitrate of silver. An injection, containing about 2 grs. of sulphate of zinc to the ounce of water, and the whole made thick as cream with finely-powdered goldenseal (Hydrastis Canadensis), is deemed worth from \$500 to \$1000 by those who have been very speedily cured by it. At least, such is their verbal estimate of its value. It is thrown into the urethra, and allowed to remain as long as it will—Mcd. Times.

APPOINTMENT OF CORONERS.—Herbert Renwick, of the Village of Orono, Esquire, M.D., to be an Associate Coroner within and for the United Counties of Northumberland and Durham. Nelson Mulloy, of the Village of Preston, Esquire, M.D., to be an Associate Coroner within and for the County of Waterloo. James Fielding, of the Village of Orono, Esquire, M.D., to be an Associate Coroner within and for the United Counties of Northumberland and Durham.

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TORONTO, MAY 1, 1873.

AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

We have been favored with a copy of the proceedings of the third meeting of the American Association for the Cure of Inebriates. which took place in the city of New York, on the 8th of October, 1872, Dr. Farrish, president, in the chair. Among those present were Dr. Willard Parker, president of the New York State Inebriate Asylum; Otis Clapp, president of the Washington Home, Boston; Samuel P. Godwin, president of the Franklin Reformatory for Inebriates, Philadelphia, etc., etc. The opening address was delivered by the president, Dr. Farrish, in the course of which he said he believed they were a unit on the proposition that intemperance was a disease, and one of a most grave and fearful character; and that in making that statement, they were confronted by sincere and honest reformers in the world of religion and morals, who do not believe that intemperance is a disease, and who have used the religious and total abstinence press of the country to antagonize our position.

People necessarily have a very superficial and false notion of what disease is. They are apt to overlook visible signs, and seek for evidences of disorder in the occult forces of the human body. If intemperance is not a disease, how comes it that so many tens of

chousands of people die from it every year? Intemperance may however, or in its incipiency only a labit, but when there is an undue craving, such as to overpower the judgment and will, it then assumes a different character, and is a subject for treatment, not merely medical treatment, but the regulation and discipline, which every well-regulated including asylum attords.

Several very satisfactory reports were received and adopted. and some very instructive essays were read and ordered to be published as part of the proceedings of their meeting. As their last meeting, a year ago, a communication was received from Dr. Dalrymple, M.P., England, chairman of a Select Committee of the House of Commons, appointed "to consider the best plan for the control and management of habitual drunkards," requesting the American Association to appoint a delegation of two members to go to England and give their evidence before the Committee. In response to that request, the Association appointed Drs. Larrish and Dodge. The report of their mission, which is of a very interesting character, was laid before the Association, setting forth the opinions of the British practitioners, as well as those of the American delegation, given in evidence before the Select Committee of the House of Commons on this important subject. The investigations of this Committee commenced on the 20th of February, and their final report was adopted on the 10th of June,

The testimony of both British and American witnesses was unanimous that inebriation should be considered and treated ava disease, and it also showed the imperative necessity for legislation on behalf of a class of persons for whose relief there is no hospital but the common jail or the lunaux asylum, and a class that is daily increasing in numbers.

The medical evidence also went to show that mania for drnh often proceeds from cerebral disease, but that whilst this may, in some instances, be the cause of habitual drur kennes, it is usually the effect, rather than the cause. In the Wakefield Asylum, England, out of 500 cases of lunacy, no fewer than 70, or fifteen per cents, were directly due to drunkenness, besides a large number indirectly due to the same cause. The same might be said of the asylum in Lancashire, and many others.

The Committee recommended that reformatories should be provided for those who are so given over to habits of intemperance as to render them unable to control themselves, and incapable of managing their affairs; and that these reformatories should be divided into two classes, one for those who are able to pay for the cost of residence, etc., and another for those who are unable to contribute. The former might be profitably conducted by private enterprise; while the latter must be supported in whole or in part, either by the government or the local authorities, or both. Patients may be admitted into either of these institutions at their own request or by committal.

From the reports of the various inebriate institutions in England and America, laid before the Committee, it was shown that these reformatories are producing considerable good in effecting amendment and cures in those who have been treated in them. The average number of cures was stated to be from 33 to 40 per cent. of the admissions, and the average time occupied in effecting these cures was stated to be from 12 to 16 weeks. The cures are also reported to be as complete and permanent as in any other form of disease, mental or physical.

The Annual Report of the New York State Inebriate Asylum for the year ending October 1st, 1872, gives a very favorable estimate of the benefits which these institutions, when properly managed, are There were 336 patients treated in this insticalculated to afford. tution during the year; 256 were discharged and 80 were still under treatment; of those discharged, 198 were, it is hoped, permanently reformed, and 58 were discharged unimproved. With reference to the causes of intemperance in these cases,—102 attributed it to affliction, reverse of fortune, love matters, etc., and 122 had intemperate parents or ancestors. Their occupation was as follows: bankers and brokers, 8; book-keepers, 16; clerks, 35; clergymen, 5; druggists, 5; farmers, 6; hotel keepers, only 5; lawyers, 17; merchants, 58; manufacturers, 8; machinists, 7; mechanics, 6; physicians, 10; no occupation, 28; miscellaneous, 42. 244 of these used tobacco, 12 were innocent of that vice.

There can be no doubt in the mind of any one, who has given the subject the least attention, that these institutions are doing a vast amount of good, where they have been perseveringly tried, and the success which has attended them affords sufficient encouragement to justify and render most desirable the establishment of inebriate asylums in the several provinces of Canada, in numbers equal to the necessities of our population.

CONJOINT EXAMINING BOARD IN FNGLAND

The subject of a Conjoint Medical Examining Board has been under discussion for some time in England, without any definite results having been arrived at. The British Medical Council has repeatedly affirmed the principle of conjoint examinations, and has also done much to establish it upon a permanent and satisfactors basis. During the session of the Council, which took place in March last, the subject was again up for discussion. Last year a Committee of Reference was appointed to take this subject into consideration This committee, composed of men eminently qualified for the matter in hand, has bestowed much time and labour on the subject. They have drawn up a detailed scheme which has received the approval of the Colleges of Physicians and Surgeons, and which they have reason to expect will also be approved by the Universities scheme is, therefore, now brought almost to completion, and it is intended that it shall come into operation at the beginning of Octo ber of the present year. The only difficulty in the way at present is that the University of London and the Society of Apothecaries find that they cannot join in the scheme without an amendment to their charter, but this, it is thought, can be overcome by a short act of Parliament

The principal features of the scheme are is follows That the tollowing be the number of examiners to be appointed in the several subjects of examination. On Anatomy and Physiology, 8, Chemistry, 4; Materia Medica, Botany and Pharmacy, 4; Medicine, S. Surgery, 8. Midwifery, 6. That no examiners be appointed at present in Forensic Medicine, but that questions on this subject be included among those in Chemistry, Medicine, Surgery and Midwifery. There are to be two examinations, primary and pass, each being partly written, partly oral and partly practical. No candidate is to be examined by a teacher of his own school. At the written examinations not less than two examiners are to be present subjects of the primary examination shall be Anatomy. Physiology, Chemistry, Materia Medica, Botany and Pharmacy of the pass examination shall be Medicine, Medical Anatomy and Pathology, Surgery, Surgical Anatomy and Pathology, Midwifery and diseases of women. The members of the Committee of Refer-

ence shall act as "visitors of examinations." A meeting of examiners shall be held on a day shortly before the commencement of the written examinations, at which one or more members of the Committee of Reserence shall be present, and at which all the questions proposed to be set in writing shall be read for approval. The questions are to be printed on the day preceding, or on the morning of the examination, in the presence of some duly appointed official, in whose custody they shall be kept until delivered to the proper examiner, and as a general rule the number of questions on each paper be six, and the time allowed to answer them be three hours. meeting of the examiners shall be held as early as convenient at the close of the examination to decide upon the passing or rejection of candidates, and finally the Committee of Reference shall present annually to each of the co-operating medical authorities a report, including a statement of the number, names and places of study of those who may have passed, also of those who may have failed to pass, any of the examinations during the preceding year.

Candidates who have successfully passed this Conjoint Examining Board can receive the qualification of any one, or more, of the co-operating medical authorities on payment of the usual fees charged for the same.

There are some portions of the scheme which we think are very good, but there are others which are somewhat objectionable, and however suitable they may be to a country like England, would not be at all adapted to the wants of the profession here. first place, the number of examiners appears to be entirely in excess of what is necessary or expedient. Some members of the profession here have been clamoring against the size of our Board. What would they say to a board of 40 examiners? The subjects of Forensic medicine and sanitary science, both of them of very great importance, have been overlooked by the Committee of Reference. department of public medicine, is one in which the medical profession, both at home and abroad, suffers much from the ignorance and incompetence of its members, and one in which all candidates should be required to pass a satisfactory examination before receiving the license to practice. We also think that these examinations should be competitive, and with that object in view the oral examination should be dispensed with, and we take the liberty of remarking in this connection that this feature in the examinations before our own

Council Board, is not only useless but very expensive, and might be done away with, without in any degree migriously affecting the interests of the profession, of the student. The opinion of the majority of those who have had considerable experience in conducting exam mations of this kind is against the continuance of the oral examinations, and especially is that felt to be expedient, inasmuch as the examinations are competitive. The feeling which has been openly expressed by some members of the Board in reference to the oral examination is that when the caudidate is brought face to face with the examiner, he either knows and feels an interest in him, and outs such outstions as will assist him in passing, or feeling no par ticular interest in him, buts his questions in such a way as may be calculated to puzzle the candidate and fortily the examiner in the oninion which he has already formed of the character of the answers in the written examination. But apart from this there is still another reason why, under existing circumstances, the oral examination should be dispensed with. It is very expensive. The oral examinations alone have cost the Council, for the past three years, not less than \$1300. We ask, Does it pay? We think not. The character of the written questions might be improved, the time allowed for answering them increased so as to give all a fair opportunity, and if this were done the necessity for the oral examination would not exist. As a general rule the candidates who really require the extra oral examination should not be allowed to pass, and, therefore, we believe that no injustice would be done to any one through its discontinuance.

ALLEGED MALPRACTICE.

At the late Assires an action was brought against Dr. Fhorburn, of this city, for alleged mulpractice in the treatment of a case of Colles' fracture of the wrist. The plaintiff, a woman about 40 years of age, a cook in Mr. Heward's employ, fell down stairs and fractured the radius. This took place on the 19th of November, 1871. Dr. Thorburn was sent for and immechately put up the fracture on a temporary appliance. In a few days he called again and put it up on a pistol-shaped splint. He called several times during the next fortigists. At the endoct that time the plaintiff went into the com-

try, but returned at the end of a week. The Dr. examined the wrist and found it all right, and ordered her to return in another week. The case went on in this way until the end of the 8th week, union being rather tardy, when the doctor took off the splint and applied a starch bandage, which remained on two weeks. The hand appeared rather stiff, but the Dr. told plaintiff that it would be perfectly strong and that she would regain the use of it in time. She returned again in March. Dr. Canniff was called in to examine it, and he and Dr. Thorburn both agreed that union had taken place, and that plaintiff would recover the use of the hand by degrees. About the 1st of May she went to Dr. Lears and was under treatment for about two or three months, during which time the hand continued to improve.

Several medical men in the city were summoned to give evidence in the case, both on behalf of the plaintiff and defendant. The only witnesses called upon were Drs. Hodder and Valentine, Dr. Lizars was summoned but did not par in an appearance. Dr. Hodder stated in his evidence that he had seen the case some time in May last in company with Dry Bethone, Lazary and Thorburn . there was some deformity although not more than might be expected in this form of fracture, and he thought that umon was not so firm as might be expected after such a lapse of time the application of solints always has a tendency make the limb stiff, whether there is fracture or not; that unless there was tardy union he would not continue the use of splints more than four weeks, the stiffness would arise from ethision into the sheaths of the tendons, deformity was not necessarily the result of treatment the best authors say that deformity will take place in this form of fracture under the most skilful treatment; had in his own practice cases of fracture such as this, where deformity ensued notwithstanding all his care, thought the plaintiff would yet have a good useful hand and it would improve the more she used it. The evidence of Dr. Valentine was of similar import. His Lordship Justice Calt, before whom the case was tried, said there was no case to go to a jury The testimon of Dr Hodder disclosed nothing to . show that there had been either neglect or want of skill in the treatment. A non-suit was, therefore, recorded. His Lordship observed to the jury that medical practitioners had hard work and often little thanks for it and they ought to have this protection thrown over

them, that when they had used their best efforts in the treatment of a case, they should do so without fear of prosecution if the result should prove untoward. We were very glad to hear his Lordship speak out in this manner regarding such matters. While it is quite right that medical men should bestow every care and attention upon the cases they undertake, it is very hard to be mulcted in heavy damages for every slight mistake, or want of success, which may attend a survical case. Against no other profession is such vexations pettifoggery had recourse to, and a few such rebuffs as the above would have a very salutary effect in putting a stop to such vexatious actions. Several malpractice cases have occurred in different parts of this Province during the past two months, and some of these, of a most venations kind, have been instigated by fellow-practitioners. It is had enough when hungry lawyers and greedy clients try to fill their mass and line their pockets by bringing actions for damages against medical men, but it is much more to be regretted when menbers of our own profession so far forget what is due to themselves and the calling they have chosen as to condescend to such miserable pettiforgery.

CONJUNCTIVAL TRANSPLANTATION FROM THE RABBIT.

Dr. Wolfe, surgeon to the Glasgow Ophthalmic Institution, reports (Glas. Mal. Jour.) two successful cases of conjunctival transplantation from the rabbit. One of the patients experimented upon was admitted into the Hospital for the relief of symblephaton. There was adhesion of the lower cyclid to the eye-ball, the result of a burn. He separated the adhesion, and then took from the rabbit that portion of the conjunctiva which lines the inner angle covering the membrana metitans, and extends as far as the cornea -enough to replace the lost conjunctiva of the patient—and secured it a place with four fine stitches. The stitches were removed on the fourth day, the conjunctiva retained its vitality, free motion of the eye-ball was obtained and the eye rendered useful. In commenting on these cases, he says there is a lorge class of patients whose eje-times of the patient of the patient

parent corneæ by transplantation? All attempts formerly made in that direction have failed. Dr. Power, of St. Bartholomew's, London, has been so far successful, that the cornea of a rabbit grew upon that of a child, but unfortunately it was opaque. Dr. Wolfe suggests an improvement, by making a cornea-conjunctural flap. The conjunctival portion will not only give the cornea a point of attachment, but also improve its chance of vitality and transprency.

Notes and Comments.

FLOWERS AS PRODUCIES OF OZONE -- It appears from the researches of Prof. Mantegazza, of Pavia (Lombardy) (Brit Med. Tour.), that ozone is developed in some plants by the direct rays of the sun, and that in others the action, once begun in daylight, continues throughout the night. Thus, the cherry-laurel, clove, lavender, mint, lemon, fennel, hyacinth and mignonette develope ozone largely when exposed to the sun's rays. The oxidation of the essential oils is also said to be a convenient source of ozone. and Dr. Mantegazza concludes that the ozonogenic properties of flowers reside in their essences, and recommends the cultivation of herbs and flowers in miasmatic districts and in places infested with animal emanations. Dr. Fox, in his recent work on ozone, also remarks that the cultivation of the sunflower, in malarious districts, has been specially urged, as it is said to possess the property of purifying air laden with marsh miasm, and of exhaling ozonized oxygen. If, therefore, there be protective virtue in these sweet gems of the earth, let their culture in every direction be langly encouraged.

VICTORIA MEDICAI COLLEGE - The following gentlemen passed their primary and final examinations at the close of the revent examinations of this College — Messrs. Nathaniel Brewster, John L. Burkhart, Alex Douglas, Wm. H Johnson, John Kurkpatrick, D. F. KeDonald, Davidson McDonald, Peter McLean, and Wm. Philp. Hood of the College of the McDonald, Promor Class—Wm. H. Johnson, Gold Medallat; Nathaniel Brewster, Silver Medallist; Mr. Davidson McDonald, honorable mention. Scholarships—Messrs Peter McLean and John Kirkpatrick.

Nova Scotia Medical Act.—A correspondent in the Lower Provinces sends us the following note:—"With regard to the act of our Legislature in reference to the medical profession, mentioned in the March issue of the Langer, we have had in the Province of Nova Scotia, since 1856, an Act compelling all persons practising medicine, surgery or midwifers, to register, in the Provincal Secretary's office, the credentials on which they founded their claims to practise, under the penalty of forfening fees and a fine of \$20. During the Session of Parliament last winter, stringent amendments were made to the same, in favor, I presume, of Canadian and English graduates (16c), incidical schools.)"

Midical Act for the Dominion. At a meeting of the medical profession at Ottawa in February last, a resolution was passed in favor of a Medical Act for the Dominion. This matter has been before the Canada Medical Association for some time, but could not be agreed upon, and was, therefore, at the last meeting indefinitely postpened. One reason why the proposed Dominion Medical Bill met with so much opposition was because it appeared to have been framed in the interest of one section of the Dominion. We believe, however, that a measure can be framed, if properly gone about, which will be acceptable to the profession in all parts of the Dominion, but the time has not yet come.

WHO ARE YOU?—A medical man in Newfoundland has returned a copy of the LANCET, with the remark that "there are already more medical journals in the world than the profession has any use for."

Unfortunately he has not given us his signature. If he will be kind enough to do so, we will be most happy to strike his name from our list.

MEETING OF THE MEDICAL COUNCIL.—The next meeting of the Medical Council of the College of Physicians and Surgeons of Ontario is expected to take place a little earlier than usual, probably some time during the present month. The 20th inst. has been stoken of by some as the date fixed upon

BISHOF'S COLLEGE MEDICAL SCHOOL MONTREAL.—The following gentlemen passed their final examination and were presented for the Degree of M.D.—Geo F. Flock, M.R.C.S., Eng., R. F. Godfrey, G. B. Shaw, F. C. Lawrence, W. McDonald, G. Dubuc, I. Fontaine, and G. N. Peltier.

TRINITY COLLEGE MEDICAL SCHOOL.—The following gentlemen lave successfully passed their primary and final examinations in this instantion —Messex W Blake, W Brock, W W. Bredin, A. M. Dingwall, C. East, D B. Frazer, D. Frazer, J. W Gracey, H Howitt, W. T. Harris, L. D. Healy, W. Irung, L. J. Lennoy, W. Lowry, A McLarco, C. S. Murray, D W Mitchell, T. Millman, J. McDuarmid, C. F. Patten, J. D. Thompson and F. W. Reade.

The convocation for conterring degrees took place on the 10th

ult, and the following gentlemen were presented.

For the degree of M.D. --Richard Ardagh Callighen and Walter Lambert.

For the Device of M.B. W. Blake, W. W. Bredin, A. M. Dingwall, C. Fast, H. Hosatt, A. M.-Laren, C. S. Murray, D. W. Mid-chell, C. F. Patter and Luos. Millingn.

University Gold Medalist, -A. M. Dingwall.

" Silver "
Faculty Gold Medalist. -H. Howitt.
" Silver " W Plake

" Silver " W. Blake,
Certificates of Honor - In the final examination, - C. East,

" In the primary —D. B. Fraser, D. Fraser, W. Lowry, J. W. Gracey.

McGill College Medical School Montreal.—The following gentlemen have successfully passed their final examination in this University and were admitted to the degree of M.D., C.M., on the 18th of March, 1873:

D. O Algure, R. W. Bell, F. Brown, D. A Carmichael, N. E. Chvaller, F. A. Cutter, O. C. Edwards, I. R. Ellson, W. Ewing, J. Farley, L. M. Fortune, E. A. Gaviller, T. F. Guest, J. Hills, R. K. Hurlburt, W. F. Jackson, H. J. M. Jones, T. Kelley, E. G. Kittson, B. D. McGuire, J. B. McConnell, J. McDaramid, J. D. A. McDonald, J. McLeod, R. S. B. O'Bran, D. O'Bren, H. R. Perry, P. E. Richmond, F. J. Shephard, J. A. Stephenson, A. W. Tracey, G. O. Walton, W. T. Ward, R. C. Young, I. W. Whiteford.

Holmes Medalist .- T. Kelly.

Prizeman (Books.) -- D. O. Alguire.

Honorable mention — F J Shephard, D A. Carmichael, H. J. M. Jones and R. W. Bell.

OPENINGS FOR MEDILAL Man.—In the village of New-Hamburg, county of Waterloo, a well established village and country Pactice, together with valuable property, will be sold cheap. For pariculars apply to Dr. J. N. Steifelmeyer, New-Hamburg, Ont. There is also a good opening for a medical man in the village of Cheltenham, county of Peel, also in Mille Roches, county of Stormon, Ont.

QUININE IN WHOOPING-COUGH.—Dr. Dawson, in an article in the Am. Fournal of Obstetrics, strongly advocates the use of quinine in the treatment of whooping-cough. He quotes various eminent authorities in support of this plan, in addition to his own experience, which has extended over a period of several years, and embraced the management of a large number of cases. He states that it should be given in solution, so that it may come in contact with the mucous membrane of the pharynx, and thereby destroy the fungi with which this is covered. Neglect of this rule he considers the reason why other observers have not seen such positive results from the use of this remedy. We have been in the habit of using quinine dissolved in nitric acid, and can bear testimony to its efficacy in this affection, especially when combined with the "open air" treatment.

CASTOR OIL EMULSION.—In a former issue we drew the attention of the profession to "Wilson's Castor Oil Emulsion," a disguised castor oil which has been advertised in our columns for some time. We understand the preparation is a great success, being generally patronized by the profession, and now in use in every province of the Dominion from Prince Edward's Island to Manitoba. It has lately been very much improved, and in its present form is certainly a most agreeable and effectual substitute for castor oil.

NOTES ON HOSPITAL PRACTICE.

(Reported by Mr. Nevitt, Toronto General Hospital.)

J. B., admitted into the Hospital under the care of Dr. Bethune, was by occupation a sailor. 30 years ago he received a blow over the left eye, from the effects of which he never recovered. The sight is entirely gone, and the right eye is now suffering sympathetically, the sight becoming much impaired. The eye looks red, congested and inflamed, and is painful, and a source of constant annoyance. The patient is a hale, hearty looking man of 60 years of age.

Oct. 25—Enucleation of the left eye was performed to-day. A wire speculum being introduced for the purpose of keeping the lide apart, the conjunctiva was caught up by a pair of Iris forceps and snipped off with a pair of curved blunt-pointed scissors. The membranes lying underneath were severed close up to the eye ball—the

tendons of the various muscles of the eye were then successively a caught up with a blunt hook and divided. The eye ball being brought well forwards, the optic purve was severed, and the eye rolled out entire. The only instruments used being the speculum, seissors, forceps and hook. The hemorrhage from the outhaline artery was arrested by the application of a little cold water. The casity was then stuffed with lint and a pad placed over it; both eyes bandaged and the patient but to bed in a dark room.

Oct. 27 -There is but slight pain and very little oozing, with some healthy looking bus. His bowels being costive two Comb.

cath, pills were given.

Nov 1 -- Discharge has almost ceased -complains of no pain Randage from right eve removed to-day.

Nov 2 -States that his vision has improved, masmuch as he was able to write a letter without the aid of his spectacles, a thing that he has not been able to do for a long time.

T. S., æt. 45, admitted Oct. 24th, under Dr Aikin's care, was crossing the railway track when an engine struck him and threw him to or 12 feet, and lighting on his left foot in a crotch of the rails. fractured his leg. The tibia and fibility were both broken, and about the lower third of the leg could be distinctly felt. The foot upon the outer side and on the sole, was entirely denuded of skin, the os calcis fractured, the astragalus fractured and dislocated forwards, the cuboid, and in fact nearly all the tarsal bones being more or less injured. The foot was cedematous, and cold blood flowing from the wound. An operation was determined upon at once, but the nationt, after being placed upon the table, refused to allow the operation to proceed. He was then placed in bed and a poultice applied, the wound continuing to discharge an off nsive sanious fluid, the foot growing colder and colder and becoming quite black, giving off a most homble stench.

Oct. 25 -- The patient, loooking pale, haggard and worn, pulse rapid, and complaining bitterly of pain, still refused to beheve that his leg could not be saved. Stimulants and morphine were given at intervals.

Oct 26 - Patient sinking and still obstinate.

Oct. 27 - He has at last consented to an operation. The leg was amputated below the knee. On sawing the bones the tibia was found to be splintered high up, almost extending into the knee joint. The flaps were put up in the usual way and the patient placed in bed, with the leg elevated.

Oct 28 Large quantities of pus keep coming away, pulse

rapid, tongue foul and coated.

Oct. 29 - The sutures had all to be taken out and the flaps fell apart, large quantities of pus flowing away; poultices to be applied.

Oct. 31.—Discharge is still enormous, though the stump looks healther, pulse better. The bowds not having been mixed since the operation two Comp. eath, pills were given.

Nov. 1.- Improving slowly. This harges a good deal though

not quite so much.

Nov. 16.—Granulations springing up and looking healthy. A good deal of pus flows away from the upper part of the wound, from around the end of the tibia.

Nov. 22.—The flaps to-day were brought together as nearly as possible, by two points of silver-wire suture. The points being about an inch apart and continuous, a small, thin piece of wood being inserted between them and the wire, passing over the wood on the posterior flap, on the anterior the ends of the wire were twisted over a second slip of wood placed in a similar position, thus rendering the pressure more unitoria, prevents g the wire from cutting the flesh, and at the same time allowing the pressure to be easily increased by twisting the ends of the wire. A couple of broad bands of strapping were also put on firmly. The wound to be dressed twice a day, each time the pressure to be increased as much as possible. Under this treatment the flaps were gradually made to coalesce, and ultimately formed a good stump.

DEATHS.

At Pakenham, Ont., on the 4th of February, E B Gibson, M. D., in the 33rd year of his age.

In Montreal, on the 29th of January, William Sutherland, Jr., M.D., in the 26th year of his age.

In Montreal, on the oth of February, Dr. Alfred Nelson, of an entering of the arch of the arrival Dr. Nelson was a licentiate of the College of Physicians and Surgeons of Quelek. He was a man-of great promise, and his death is much regretted by all those who knew his abilities and kindness of disposition. He lost his wife in her confinement, two years ago, and leaves belind him six small children.

In Montreal, on the 23rd of March, Chailes Picault, M.D., sonof Dr. P. E. Picault, a well-known practitioner in Montreal. He graduated at McCuil College in 1857, and has been it practice since that time, in connection with his father, in the city of Montreal. He was a great favorite among his friends, fallow students and practitioners, and many will hear with regret of his early demise