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## TII E :

Canada Lancet.


## MEDICAL AND SLRGICAL SCILECE.

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 - ATAXIL, OR, POSTERIOR SPIN.AL. SCIFROSIS.
by waitfr mastekt, M.b., wihbrithukt, ont.
This madady was first described by inr, Todd, in 1847. In contradistinction to paraplegia, he suic: " that two kinds of paralysis might be noticed in the lower extremitie, . the une consisung simply in the impaiment or loss of volunary motion; the other detinsuisined by a diminution or total absence of the power of co-ordinat. nig movements. In the latter form. while considerable muscular power remained, the patient found great ditficulty in walking, and his sait was so tottering and uncertain that his centre of gravity was anvly displuced." The hatter he called "Tabes Dorsalis."

About the yerr 1858 , M. Duchenne commenced to publish a series of articles on this disease. which he thought to be entirely new; and be called it "Ataxic Locontotrice Progressive," en Anglais, "Progrensive I.oco-motor Alaxia." He named it loco-motor Ataxia ( $a_{1}$ \}rimitive, an: taxis, order) on accoum of the deficiency in proper oordinating power in locomotion, and progressive, because at that time the disease almost invariably progresied "from bad to - "orse," until the patient "shutited off this mortal coil."

Since then, the diseaso has been a good deal stadied and written upon by the medical men of F nghand. Among the namber, I may mentom Drs Radchfie, Juhu . Ithaus, Johnson and Jackron The tirst and second have gnen tis good artucies upon th, but no one, up to the year $186_{i}$. hud succeeded $m$ mahing a perfect cure from 4t. Prot. Flint, in his admarible work on practuce of Mfediane, after desenbing l.oco-motor ditava in ha mose fuck manner, says, "the prognosis is a unfavoralle as posible. The most to be hoped for. is, that it will reman vathomary or advance sery slowly"

In the autumn of 186 s , I had my tirst patient of this disease, and succeeded in curing her, wheh I published in the rebruary; r869, number of the Neai look Meatial Fonn nal,- the first perfect recovery, I belteve, on record. Since then, Prof Hammend has perhaps given us the best description of this malady yet pubitshed, in which he chams to bave cured 5 out of 9 that he has treated. Ife calls the disease "Poterior spinal Sckerosis," designating it by the leston, and not by the symptoms, the leton being sclerosis of the postenur roots of the ppmal nerici, or wastm:s of the posicro: columns of the spinal cord.

Symproms - This disease has no uniform set of inutial symp. toms. Sometumes it begins with dull, heavy pains in the small of the back or other parts of the -pinal column, which are wery soon followed by sharp, clastce the pain-, whech hoot down the limbs along the course of the nerves, and which are very generally taken by the pattent for twuges of neuralisu or rheumatism, or th may be first manifested by a semse of constnction around the lower part of the chest, or abdomen, as if a cord were tied tightly around the body of the patent. With Major D., my third patient, the first thing that detsturbed ham was (being awoke at mght) pains running down the outside of the legs and along the outcr border of the foot. Thus was soon followed by a sense of constretion around the lowes part of the chest. In some cases, the first symptoms are cerebral. and may consist of atachs of vertigo, epileptic fits, disturbances of bi,ion, defective accommodation and amaurosis. My second patient, Thomas C., suffered from this symptom, or rather disease, for about fifeen months, before the atanu. ssmptoms manifested themselves At other umes, the stomach and bowels are the first to speak ous: there may be somitong, diarrhaza or constipation Finally, the fir. symptoms may be connected with sensibility, guing nse to anxs. thesia and the various abnomal senctions connected therewith.

If the lesion. as is generally the case, ensts in the dorsi-lumbar regoon of the cord, the first symptoms of anmesthesia, perverted sensibility or ataxia are noticed in the teet, a common feeling is as if the toes are too large tor the shoes, and smmetmes as if there were airlubbles between the soles of the feet and the shoes; sometimes there are burning pains in the soles of the fect. and very genemilly "pins and needles" and other foms of numbness.

Onc curious symptom that Prof. Ilammond has frecutently noticed, is that. not only is the sensiblity lessened, bat the tramsmisslon of sensitive mpressions to the brain does not take place with the nomal degree of acterty. In a lady patient of his, a pin stuck ino the calf of the les was not felt for fourteen seconds on the night side, and sexteen on the left. In another patient, in hospial, if the feet were put in hot water, the sensation was not felt for about three minutes.

When the lesion is above the origm of the brachial plexus. the atax:a and anesthesia will be first mannested in the upper extrembties. One lower limb is sometmes affected before the other, and the two lateral limbs may be first affected When one limb is tirst affected, whether it be a lower or an upper evtremity; it is on the leit ruch oftener than on the nght side. In Major D.'s case, the left leg and nght arm were the moit troubled wth aniwsthesta. The ability to feel pain is not only dmmaned, but there is a notable abatement of tactile sensibilhy. In using the asthesiometer, we found that the two points could be wodely scparated, and a single impresston only be felt on parts of the body whech, in the normal state, would gise the sensation of two points at a much less distance apart Bet the most marked symptoms, those whinh might be temed pathognonontc, and by which the disease a most easily recognized, are thove that relate to motility. In the conmencement of the malady, there is no lons of motor power: but there is an inability to co-ordmate the anuscles to brug them into harmomons artion, and thes execute with precision the varturn $w$ otuntary move. ments.

The effect of co-ordmation is apparent when any combined movements are undertaken. Thut, m the act of standing, a great many muscles are simutaneously made to contract, and each one to just that necessary degree which is esentad to mantam the body in the erect posture. Very otien the first evidence of motor dutio-
culty is experienced in regard to thas faculty of standing, not so long as the eyes are open and directed towards the feet, but the moment the eyes are colosed, the patient loves he equilibram and down he tumbles.

In proportion as the affection is marhed, the patient's gait in waiking is uncertam, uregular and groterpue The lower limb, ate thrown forward by farcible jerks, whout any definite direction, the botv is swayed from side to sde in the attempts, to mantain an equitibrum, and the arms are thrown out like thove balanomg cina right-rope. In cases lexs marked, the greatest diticulty is experienced in beginning the wall, and, after getting under was, the patient is unable to advance slowly, but waths wath preciphation or fall, into a running gait. Notwithstanding the violence of the caertions, the nuscular strength being retained, patient; are sometimes a!le to wath tong distunce. The muscle, of the lower limbs ure genemilly less developed than thove of the upper and tromk, but there is no appearance of wastang in them Therr electromotility is perfect : they stand out hard and firm when made to contract by the will. and the contraction seems every whit ats strong as it ought to be. Indeed hiajor D. could, while in the sttmo posture. put out either foot in any direction, and there hold it as firmly, or nearly io, as one in heath: and yet he sas not able to stand alone.

When the fesion is above the orgmo of the brachal plexus. there is the same datficulty in the upper as in the lower everemity; in co-ordinating the musckes into harmomulus actoon, The patient finds that the ends of the fingers have lost, to some evtent. their acute sensibihty. and there as restramt in the namagentent of the tingers. He expertences these daticulties in pieking up a pin. in writng, and in other actons requiring nice manipulation, for mstance, tf he attempts to carry a ghass of wine to his lips, he sputs a portion of the contents, and if told to place his finger on a parti calar part of has 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 extrenities. waich also evsts in the loner, but which canot be so readly mamested, and that is, that the patient loses the abilus os dutunguish even convderable dufierences between weights in atavec person, with the upper limbs attected and eyes cloved. mit
have an ounce weight put into his hand, and it in a few seconds it be removed. and a halfounce one substuted, he will not be able to tell correctly which is the hewer. Or twoth hands may be exended, and the two weights phaced cimultaneousty in them.

Pamysis of the bladder is a common crroumstance, and the sphincter is frepuently afficted, me ommence of urne, epermatortheea and maphrodista are pretty constant symptoms. On the other hand, there may be in the carly stages of the divease a morbed exctabitity of the sexual organs, to wech an evtent, in vome cases. that the sexuld desire is almost mevengurstable.

Heath may take phate. ether a the drect consequence of the leston of the spine. or as the result ot come intercurrent affecton. such as bronchatic, peumona. djantery or phthest.

Cara The etioloy of the dewase doen not wem to be
 and undoubtedy it is in a far proportion of cases, but the is not as common a canse as has generalls been supposed. (yi gi cases which came under the obsenation ot l'rof ltammond, he gaves mordinate sevial indulgence as the sause in wesen, injunes in four, standing in a onstrained pustion in three, a syphitic tant in three, ondue mental exertion and anvety in two, and in the remander there was no assignable calse. Of the three cases whech I have been called upon to treat, I thank the cause of the first was eaposure to wet and cold while menstratang, probably predisposed by the anemic state in consequence of heng in a maknous district: the second from tioient cuercise and uregular meals, and perhaps cold, as he first felt the amaurosis after takimg a long drise in the cold, when he became sery much chilled, and the third from encessive use of tobacco, and perhaps assisted by andue mentai exertuon and andiety he also resided in a malanious distre t and had been subject to ague.

Diagnosts - Atavia, it is sad, may be confounded whth sevem: discases, especially with simple loss of muscahar sensibilty, disease of the cerebellum, general paralysis of the insane, geneml spinat paralysis and common paraplegra, saturmine paralysis, Cruverther's disease, paralysis agitans, and with chorea and ome other affections of the kind, but fortunately, as a rule, sery lutte attention with serve to prevent such confusion Smple loss of "muscular sense" has ben supposed to be the cume of atanat, and undoubtedly this
m:alady is frequently associated with atavia, and most easily confounded with it. In simple loss of " muscular sense, the stght can supply what is lost, and thus when tre eye is open and the attention alise, the involuntary coordinate movements, as well as the voluntary movements of the aftected muxle, are all evecuted resularly

In disease of the cerebellum, the pattent reels and rolls about in walking as if he were geddy or drunk, without any pechliarity in the manner ei placing his feet, while, in the atave pattent, the gait is staggering and precopitate, the legs are thrown about vaguely and spasmodically, and the heel, brought down with force at each step, the muscles actung with a sort of jerk or spasm, there appears to be a want of balance between the thexors and evtenson in cach leg, the flevors tawng the advantage. A patient with disease 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 evtent. The revers is true in posterior spinal ,clerosis

In general paralysis of the insane, the hestation in speech, the tremulousness of the hips and tongut, the general tremulousnes, the' true paralytie weakness of the muscles as to voluntary movenent, and the mental condtuon of the patient, must readily serve, to pre vent the unsteadness of gatt and other endences of disordered coordinate movement, from being confounded with those which occur in ataxia.

In general paralysts of the yine and an common paraphegia, there is true paralysts, nore or less complete, of the museles as to voluntary power, and the muscles, morecver, are much damaged as to ther nutration and contractility, and generally as to thear sensibit lity too. (ienerally there is tenderness in some part of the spine and perhaps pain in the same regon. The gait is quite difterent beemg hampered, slow and diagging, each leg being brought forward weth evident dificulty, and the part of the foot tirst brought in cortact with the ground being, as a rule, not the heel, but the toes.

In satumne paralysis, it is the volu tary power over certain mascles which is mpared and gone, and the muscles are arophied and deprived of electris. contractilty when the malady has reached its height.

In Cnuveihier's disease, the wasted muscles are changed in a great measure into fat, and as at were dissected away, and any crrors in movement are such as may be accounted for bs this atrophy and
absence, whereas, in atavia, the muscles are phomp and to all appearame pertecth healthy, and the erron in movement are thoie which reler to want of co ordmazion.

In chorea, there sa areat want of wordmating fonver in the muscular movement, bua the rent of the hntory to pute dititerent from that of ataxat, it generally bemg one arm or one leg that is affected; at least I have fuand it o. and I hase treated a good number afilicted with thes disease.

In puralysis agitans, the generst tentures of the diecase are more ahin to those which are preent on generat parilvsis, than to those which are charactenstu of haxata.

Procsoss - The prognosis as sery anfavomble. Some may be restored to heath, yute a tew amehorated. and perhaps in more we will the athe to returd the onaratd propien of the disease. In the year is66. I) fulun . ithans wrote "the progosis to not tatorable, for up to the present tame nut a sangle wase is on record in which perfiectecouerg his embued. . Atecte must depend upon the period at wheh the cte come under areament. If ath the smy" tons are filly deseluped, the hope of cure wall be shght although even then mucla maty be done to allestate the patent', sutiering The case is different if the patent prevents hamselt in the earlv stage of the doorder The fact that the cerciral nerves, whe the excepsion of the optic, and that, too, occartenath. generally recover from their affectuons in the courne of the doeses, goes liar to prove that. previous th the structural changes in the cord. there is a functonal stage in wheh math may tre done by medicines The disease rarels occur before $3^{\circ}$. and more often in males. of my three eases, two were male, aged 35 and to twhen the doease commenced), and the other a female, aged 22 .

Moreta diatovis. The annomm al rharacters of this affiec tion consist of atrophy and degeneration of the postenor colums of the spmal cord, moolving both the grey and white substance, of either, and the posterior roots of the spmal nerves The cerebral lesions are met with in the lower cercheflar peduncles, in the restiform bodes, in the optic thatam, optie nerve and motor oculi, and sometimes the abducens and auditory.

Treatient.- The medicines found most uneful in the discase are ergot, phosphoric acid, strychma, nitrate of silver, bromde of potassums, todde of son and codidiveronl. Methodically wed, not
all at once, but separately and as earh patient's symptoms and diosyncrasy may indicate:

Flectricity, by maty, has been found useful, lowth liy Faradras bon and the contenuous current passed from the spine to the feet In my tirst patent, I steceeded with the arid thouphoric-dil., alter nated wath the prophopophate of iron, and the daily use of Faradi ration. My third pattent had ins diecose arrested by the acid phos. dil.. followed by ergot. The latter medirine veemed to act -pecio cally upon the gental organ. and arrevted the spermatorrhexa with anaphrodisia. Nitrate of sher has been lauded by unme My second patent had tahen at tor a war steadily for amaurosis, hefore the atance sy mptoms manfented themelves.

Cue: : The following os the report of my firt a ace, Febman
 anema and canty mentration tor thout one year it different tumes, the tooh serrugnou- preparatams, with ele idedly good eftect but, as soon as redeved, she would leave of thang the medirine. and her trouble would retum. Slye aho bad agte once or twice dunng the summer, it being very pretalent at that time in the neighborhood. For th she was spectically treated, and from it she soon recovered.

For the chlorosis, I sometumen gave mist ferri comp, (Griffith's) sometmes thet. ferr and yuinia disolph . Jastly, I was giving her syr. ferritodid, wath rodher oth. In September hast. from expor sure to wet and cold, her mensers celied, and all the symptoms of progressive locomotor ativia et in Her parent, who live in the country, came for more medtrine, and casually told me that their daughter waiked with great difficulty, and that her menses did not come on at their usual perod, consequently I went to see her, and in her attempnng to sbake hands whth me, she grasped me by the wrist. This eacited my fears mmediately that she had Duchenne's disease. Upon further exammation, my diagnosis was verified The pattent, in attempung to walk, staggered and swayed her body from side to side, to keep her ecqulibrium She would suddenly halt to recuver herself, and then would plunge forward, seeningly in a great hurry to reach the point to which she desired to go. She was unable to feed berself, from the want of co-ordinate action of the muscles, and, in fact, unless she was watching her hands continually. she was lable to drop whatever she had in them. Her speech was also affected, she was not able to articulate some words perfectly:

What is pasing strange in thes case c , that I was gung her of ferri iodidi at the very time that the disease manifected thelf; the very medicine that Dr. Julus. dithaus used wath so much benefit in his case, the only one recorded, untat tately, that bad been much benesitted by medicinc.

As soon as I recogmed the disease, l gave potass-bromed. grs. "s, ter in dic. and submitted the patent to the acton of magnetoelectricity. once every twenty-tour hour. I abo gave two pills of aloes and iron, which prodaced too much rchation, the etfect contruing two or three days This, in tast, seemed to prostrate her to such an entem that she nas obliged to take to her hed, and there remuin for a time Fortunately, just then I resewed the september number of the . Vare York Midhal Fimernat and in it saw that Dr. Desjardin baumetz had given phophorav in thrs discere, with exellent effect-. I inmedately ordered acad-phosphoncedil., m. W., ter in dic, in simple syrup The next day her menses came on, and in a hort time she began to mprove. In a few days I mereased the dove to twenty, twenty fine and then to thaty minms: After ten or twelse days, I omitted the aud, and gave her the pyro-phosphate of irun for a week, and then returned to the aced. I continued the electricity every iltemate 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 hnit. In one month she could walk about the house tolerably well. Now (December, iS6S) it is something over two months, she can take long walks, do housework almost as well as ever, and has become wery fleshy. The electricty has been discontinued for atout one month, and she is not at all regular with her medicine at the 1 resent tume. However, 1 have the most sanguine hopes that she "al perfectly recoser. The mprovement bas been so great, that it is impossible to discern anything wrong with her, except a very stoght itregulanty in her walk. By the middle of January, SGg , she had pertectly recovered, and has remained so up to the present tume (Fetirtury and, 1873). This pas the first case on record, and the first tume that phosphonc acd had been used for this malady.

Casf 2 This patient came under my observation only after he had been an ataxic for about sixteen years. He was a native of lower Canada, was a cletk in one of the governmental departments, married, at least hat been, but was at this tume a widower, took
violent exercise at some gymnasium, and had his meals irregularly: His eye-sight failed rim 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 jear; was taking the nitrate of silver during this time for amaurosis. He returned to Canada, and then went to I,ondon, where he saw Dalrymple ; he prescribed nitric acid and nux vomica. For a little while before this, the ataxic symptoms began to marifest themselves. From 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 him. 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 grood eye-sight at present ; reads a great deal. I tried the arid-phos.-dil. with him with no effect. I concluded 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, $5^{1}$ 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:- 6 . 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. Trearment, regulating the bowels and application of Hoskin's liniment. Apparently restored to health by January, 1868 ; enjoyed good health until the spring of $\mathbf{1} 869$. 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 nuinbness 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. Appetite 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 $m y$ limbs."-The state in which I found him. He came under my care in September, 1871. Anæsthesia 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 diarrhœa; 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 corstriction 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. I did think that he would have quite recovered, if he would have abstained from the ure 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 rst of April, r87x, I was sent for to see P. D., a young man of about 28 years of age, and a resident of the townshin 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. 1 reached the houre, where my patient wav byng on a couch. stretehed at Eull lengeth on lin bach. blecedny at the now and mouth . pulse medum as to volume and momentum. puphs contracted, skin cool, clammy and mont. tespation thort and cas, no blowing at the comers of the mouth. tupher and insensiblity romplete. The hod: beins exammed, no mjury could the discurecal on any phat. except a Ahght nound on the forchead. omerhat revembling: 2 leech bite, oo motll and masgmitiont louking. as to be almout anmer the of attention I was at a low to bnow what to think of the wase. when the young man'- tather informed me that his on had been feeding the bull (a whd. wetus beawt that moming, and that the anmal having rased its head somewhat suddenly, strach the pome of at horn atgumet he fore hoad and frew tured hre skenl, w he thought, and prodesed atl the mishetet non betore us. Sicthng more ofnions proented itself in the meantume than what the tather had rchated, and although feeling myelf still in the dark. as to the real wuse of the mixhef. I tenarhed that in my uption serious ugary had been done to the bron, and although there wete no stgns of e.mpression, there muth huse bien fearfill consussion, and that, in all probkidnty, he would die.

In the meantume I proposed to enlarge the wound at the mjured spot, to see if the skall was fractured or driven in in any, par. 1 supposed the inner table might be drisen in on the brain, although nothing could be deterted evtermally to signfy such an event. I was about to proceed with the simple operation, when his elder brother suggested that th would be better to have another medical man. Accordingly Ir. Hyndman, of Feveter, was sent for. He arrived in about two hours, dunng which time nothing was done, the patient remaining the same. We proceeded to evamine the skull at the injured part, but could only find, as abnormal, a little round opening, about one-eighth of an anch in diameter, through which brain matter was oozng, and through which the probe moved in all directions and to any depth. In the present state of matters, Dr. Hyndman expressed his opimon that the case was a critical one, and declined to bave anything more to do with it. While casting about me what steps I should take next, one of the fnends happened to put has iand 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, vze, that the wound ust
chasioned by a phstul-shot, ether bs his own hand or that ot some unhnoun purson. No one prevent had any veppeion of stranger, around, and none h.ed been seen that morning. nor had any liring been heard at siv oderek, the time at which the accident ocoured Howerer, enough had revealed itself, to comsince all that a pistol ;hot wound had teeen infleted, and that it was probabl mortal diter sonse hitte edection and exammation of the patient, we cypesed our opman that he would not tecover, athough probibly he might linger on tor a few das: but woutd dee in the end whasted. In thes opmon Ir. Hyndenten and I were at one

Being now entarely worn out, havms been in attendance for in or eight houn, and anvious to see some other patients. I lett promi, ing to catl if abs thme tew tmanpured. Partial consciousnevs retumed durng the mght, and another medical man was calleal (omiderable amendment took place I collicd next moraing, when the seemed mowhat better. For the nevt elitht days reports of has recovers were spread abrewe, and very matsellote thing spehen of hime Ifs powers of obecration and comprehension were parsially restored He lengerect on to a weeh or exght days. and then died suddeniy.

Artoris. - The body was examined irelve hours after dedis On the renosal of the catvarum, the appearance of the brain wav healthy, on removing the bran from the skuh, and slicing down as iar as the corpus callosum, nothung untstual was to be observed; but bencath that and the forms, through the septum lucidem inio the letit rentrele, a bloody looking tract was seen, along whech the finger could be pasecd. ('pon meroducing the finger. something hard was Lett in the portenor jart of the latemi ventacle, and, upon disecting down, it was found to be the greater portion of the ballet.

Renakks. - In this ease, no mmportant part of the great nersur catre was injured. Netther the corpore striata, optic thalam, ror pora quadrtgemuna, pons vatoln nor medulla oblongata were pierced by the bullet -not even the orign of a nerve injurad in fart, very hete of the reat bran mater, hence the reason why be lingered on so long. The ball entered the brom in the medhan tine, through the longtudinal fissure, at about halfoll-inch above its lase, trabellirg back on a level with the base of the bran as far as the posterior rart of the lateral ventricle. His hearing remaned, vo did bis sight and sense of smell. There was mo paralysis in any part of the hody spech still remaned, untal five days after the aceident. The ieates
action was geod, the lung claar, and the bowels wete moved by means of clysters and'medicine

An inquest was held on the remanss, and the followng verdict was returned .--" That the satd P. D. came to his death by means of a prstol-shot wound of the brain. but by whose hand thes jury doth not undertake to decide,"

## EATRAORDINARY ANOMALIES IN THE ARTERIAI. SUPPIM OF IHE :PPPER EXIREMITIPS.

By M. HILInkt, M.D., M.k.c.s., IREIAND.

The following very odd dotibution of the artenes was observed by me in the upper eatremates of a female subject I was dissecting in the Toronto School of Medicinc:-

The axilary antery divided in its second portion on both sides into two trinks, and as the ultumate disposition of the artery of one side pas somewhat different from that of the other, I will describe the left one first.

The antenor trank, the smatler, coursed along the arm close to the posterior division, passing rather in front (as it got lower down) of the biceps muscle, and about two inches above the elbow joint divaded into the radal and ulnar, hoth of which passed down superficral to the bicipital fascia, crossed by the superfictal voins and nerves at the tlexure of the elbow. The ulnar passed down superficual to all the muscles untul within one inch of the annular liganent, then it dipped down to join company with its nerve, after which it tooh a perfectly normal cuarse and distribution.

The radial took its ordinary course, between the supinator longhe, pronator teres and flenor carpi-radialis. It gave off the radial recurrent, dividing into tho branches, one passing up between the supnator longus and brachiahts anticus, to anastomose with the superior profunda, the other a minute twig communicating with the interosseous or postenor main truak in front of the brachalis anticus. The posterior trunk or division assumed the duties of the main artery of the limb, both as to course, relations and distribution of nutntive branches. It first gave off the subscapular, posterior cir-
cumblex (no ant. crecumfer) then becoming brachial it gave off at their nstal points, the superior and inferior profunda, and anaxtomotica marua, then tumuated in the common interoveous, which duseded tato the antenor and posterior interosseous giving off before A diwnon what took the place of the anterior and posterior ulnar recturents. the anterior anastomising with the amstomotica magna, the grosterior with the inferine profurda.

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

The anterior trunk was larger than the posterior, to which it sept a close relation. It divided into the radial and ulnar lower down than on the left side, and these branches were covered by the Mcipital fascia. The radial passed down superficial to and separated from its aerve by qute an anterval, and ded not join tt until it arrived close to the annular ligament. This artery gave off at the usual point, the rudal recurren', which divided into three branches, one passing upmard, the other a smaall twig communcating with the interosicous, is on the left extrematy, the thard branch, a larger one, joined the radal nere and accompanied it half way down the arm when it lost itself in inuscular branches.

The ulnar ran along the inner margn of the flevor carpi-radialis superficial to all the muscles, on the suriace of the flevor sublimis, as there hats no palmans longus, the course beng in the middle of the arm close to the radial. Atmost an meh above the annular ligament it nade an alunpt curve maard to the pisiform bone, where it resumed its normal course and relation.

It woubd be sugerhuons to state the importance of a recognition of this pecuhanm from a surgical pont of vew.

This is the only instance I can find of surt a peeculiar division. The division of the bachinal into threc has been rarely seen; in a couple of metances, only, 1 beheve. Is they approximate somewhat to this instance I give you the extracts: -

In plate XV' of Kino 's edition of Frederic Tiedman's plates on the arteries, there is an example given which Tiedman says is very rate. The interosseons teing given off from the brachial and the whar having a superfictal course, in a female subject uhose butes were soft. In a foot note he says:--Thes mare distribution of the arteries
has been observed by t.udwig (t. c. p. 7), Sabatico (1. c. p. 69) Hildebrandt (1 c. E. 4, page $\mathrm{s}_{7 \mathrm{t}}$ ), A. Monroc (l. c. woi. m, page 304 , the interonseous sometimes arises from the mudle of the humeral attery), and karciay (l. c. p. 104, note w), I have only seen at unce.
sharpey if Ellis's edition of (luun's Anatomy (rol. 2, page 290) foot note In one instance only the thres artenes of the fore amm (R. U. N Interosseous) arose together from the brechas arter) at sume distance above the eibou jomt, (plate $3 \mathbf{3}$, tig. 3 ) A sumiar cabe is rezorded by Dr. Barclay.

In none of those instances have any of these great anatunasts seen an example such as I have shewn you, and I merely refened to their notes as having a beanng somenhat, as in the present case, on the necersyy of a hnowledge of thuse pecularaties for nam) surgical reasons.

Toronto, March 24, $\mathrm{I}_{3} \mathbf{7 3}$.

## CEREBRO-SPINAI, FEVER

BY gOHN CHARKF, M.D., IROQUOIS, ONT

The following cases of this disease have occurred here lately. I regret that carcumstances did not permit my taking nutes of the exact symptoms, progress and duration of tach, yet the man points are so prominent, that I may tust to memory in revertug to then. It is one of those diseases, for the description of whit $h$, a number of superiatives is required.

The first case was that of a robust boy, ex. 10, who, on the 1 ath January last, about twenty-fuur hours after cromsing the niver in a volent storm of snow and sleet, was serzed with \& severe chill, followed by the usual concomitants of ordinary continued fever. I saw hum shortly ofter, when he aias in graut sutficang, has fuee very mach fiushed, tongue coated, the fiur, however, not beang nearly as thick as in smple fever, cacesstive and umremutent pans throughout the whole body, but partucuiarly in the head and nape of the nech, the muscles of wheh were somewhat contracted. The pule was about $S_{S}$ to the nunute, full, and somewhat jerking. Vomutug, attended with but hetle nausea commenced a tes hours after the inception of the disease, and soon became almost constant and arreprestble. The
sympoms increased $m$ severty tor about a wech, with the evception of the vomung, which, atter the third riay, remitted in violence. pelosum ut the busy hand vet in eariy. At the eighth, or ninth day, the cutaneoris hyperesthesia became evtreme, more especially over the joints, there were also considemble intemal pains in the umbilital and epigastre reetons. By the time the puhe had vecome remarh.ably slow, about fo or +5 to the minute, although the appearance of the pattent and other ymptoms would seem to mdicate a range of 120 or $3^{3} 3^{\circ}$; each puhation was quich and had the sensation of a jerh, followed by a recoil. There was also retention of the urine. which became ctoudy and albuminous no coma, but greas wahefulneas, tongle covered with a very thick, dirty fur The prostruum 1 is so aceat that a fatal termination was hourly looked for, yet about the middle of the third week the patient began to mprove and contumed in an improving state for several days, hen, owing to injudicious eyposure, a setere relapse set in. The to, see, which had cleaned oft, becance, quite suddenly, dry and hard, and all the sympom of the primary onset were repeated in a more intene form. Ahhough the prostration was mueh greater than in the previous stage, in about eight days the patient began to mprove and contuned convaleseent for about a week, when, without any ki wa cause, another, and stall more severe relapecocrurred attunded whti preancly the same symptoms. The whatsion reemed uo great as to prechate any posstality of recovery: however, thanh, to the is meduatran maturic, the symptoms one by one disoryearcd, and at last a thal and decided mprovement took phace. The emaciation was enteme. The patient was a stout. Welldeveloped hop, above the acrage for hrs age, yet at the termination of his illoeser, the thinhest part of the thigh coukd be encircled by the thumb and foreinger.

Kegardang the treatment pursued. arart from higienir regul, ton, wry hatte could be done. In the earlier stages a few srains of calomel. placed on the tongue. seemed occasionatly to ast execl lently in allaymg vomang, but the effect was by no weans uniform. Groton oil, when retaned on the stomach, was the most efliciem butgatise, in doses of twe ctrops producing hint gentle purgation, and serung also to modify the head sumptoms Although the cere Find d-turbuce contra-mdeated the use of narcotire, wet the pain was is areat and the restlesness on contant, as to demand some
tranguilizing 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 3 rst) 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, (cxplusiare, or meningitc 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 anythiff to distinguish it from the previous case. No other cases have occurred in the vicinity.

College of Physictans and Surgeons, Onx.-At the Matriculation Examination held last month, in the 'Joronto High School, the following candidates passed a satisfactory examination : -D. M. Fisher, Richard Stephen, E. Kitchen, Andrew MclDiarmid, A. F. Miller, George A. Langstaff, George A. Kennedy, A. D. Campbell, Charles Phillips, James Campbell, W. C. Treeman, Jouathan Day, G. S. Ryerson.


, Define drops, gre the caases producing it and principtes of treathent
2. Give sympom- patholezy and treatment of sarlet feter in the angmox tom.
3. What pathotosut conditions prodace co:ic' jite the warietee of the distane, thear dugnens, prognosh and treatment.
4 What are the darketenthe featere ci deliniums In what doscaves apart trom mama does to ocur ${ }^{2}$ Wint tire the patholoGual condrtom- eive the to hand how are heee distinguished and treated?
5. What are the phenemems of pentels membrazous croup, its morThid anatumy med treatment?

## 

1. What are the stmpeonts of epilens, and how would you distin-

2. Deanke the poms of 1evembares between lirone bronchitis and phithes. atoo means by which you would dhagnose one from the wher.

- What afictiem are finbe to se mist hen for the hemoptysis of pinth: is, and hen wint you distangush beeween them?
+ Gine the sympem, of pericardths.
E Give the symetoms of tidure pinal fever.

4. Give the symptoms of minamaton croup, acate laryngitis and diphthena, peintins oas the distinguinhing characters of each.
5. Name the maturat order of phats to whech colocyuth beiongs, and give the composition of it prineypal ofthenal preparations.
: What are tic contrambicanoni to the use of ophum? Give the procipal alkaloni, whancd nom it their doses and modes of admustration
is (ise the fommula, mode of preparaton, tise, and ordinaty dose of each of the ioilowins. chlorifurm, wide of potasstum, acetate of lead and strychane.
6. Vinder what circimmiances would yon prefer a direct to an indirect enctic? Stute jolir rewons for that prefercnce.

## SURGERY-NR, iNNMIF.

1. Afention the sceral prodacts of inflammation. Whatt are the characteristucs of pus, it, constatuents, how $N$ it formed and what are the tarous changes it may tudergo in the process of elimination ?
2. Give a chasification of woumd, and state how you would receg nize a bullet wound. What are the generat indications in the treatment of gunshot wound, as:d what are the complications which may arise, and which shouk be gurded dgainst?
3. What are the various surgical diseases which may affect the bones, and what is the ditierence between caries and necrosis? What are the causes of each desease and their proper treatment?
4. Pomt out the ditterence between cont haston and compression of the brain the dhagostic symptoms of cach affeetion, with their appropriate treatment.
5. State the pecuhar dangers attending penctrating wounds of the chest. how you would know whether the plearal cavity had been opened, or the lungs wounded, and proper treatment in wach kind of chest wound.
6. Give ca:te, symptoms, pathology and difterent mode of treatment of popliteal anearism.
FIISNOLOOX—INR. It/Vk.
7. What are the functrons of the formen onde in the fretus, and the results of its non-closture after birth?
8. What is the use of the cerebro-spimal huid ?
9. Decribe the different himds of mas le and their nernous supp);

10. Enplain the meaning of the terms "latent heat," "velecific heat," and the " mechanical equisalent of heat."
11. Describe the different compounds of S. with O., H. and C., giving name, formula, molecular weight, preparation and properties of each.
12. Describe the compounds of As. with $O$, II and 5 , as in and.
13. Give the formula and molecular weight, and brethy dearabe the preparation of the follow, whe bromine, calomed, Scheeles green, vermilion, acetic. oxalic and carbolic acids
14. Give the formula of the sucroses, hlucow and amyloses. De scribe the preparatuon and compostuon of deverne and gun-cotton.
15. Give a brief synopys of the chemistry of milk.
16. Desenbe the purfication of the reagents required in testing for arsenic.
=. How would you determine the presence in urine, of bile, albumen, fat, or chyle?
17. A metallic solution is not precipitated by HCl or H.s. in exeese, but ater tive addition of $\mathrm{XH}_{4} \mathrm{Cl}$ and neutraltation by $\mathrm{NH}_{3}$, a precipitate is found by addtion of (NH, y'S; what metals may be prevent, and what in earh case would be the color of the precipitate?
18. How would yon determine the presence of ovalie acid in an organc mature?
5 How would yott examinc, urinaty calcula to determane ts composition?
I. What chango tuhe phice th the uteras during pregnancs?
: Describe puer;erat pertomats; give ats canse, symptoms and treatment.
19. How would you di,gnone acedental from unavordable hamorrhage, and what teatment is recommended in cases of the lattet?
20. Mention the cereml disorders of menstration Give the different varteter ot amenorrhea and treaznemt to be adopted.
21. Describe the necewary teps to be takeat to effect deltsery in cases of arm precemation.
22. When are forceps seces-ary, and under what preantions?

23. How would you renuse the spinal cord for exmmations At what rentebra does at begin, and where does it end ${ }^{2}$ How is it setained im pooition? Deverie the root of the nerses; their duffereme whe place of mon.
. Give the course of the laree intestine, the relation of the rectum, and name the vesith and nerves supphing the hater
3 Trace the superior longhtudan and hateral smuse from the commencement to the poont of termmation, naming the bones grooted by them.

+ Describe the formation and course of the superior vena cava and greater aryaos seim.
e. In the dissection of the need, where do you see the fine branches of the cerwal plexus? What neries fom it' Trace the lonsest brumch, givag coutse and termanation.

6. How would yon eypose the internal obhgue? aho the muscles passing round the eaternal malleolus ${ }^{3}$ (ine thetr attachments.
? Where due the radial attery pass into the hand? Give its coarse thence to its termination, and name the two largest branches given of in the hand.
7. What parte pass through the parotid gland ${ }^{2}$ Give the general distribution ot those parts.
8. What muscles cause the deformity in fracture of the cernis femoris. within the c.opsute?
9. What pirts would you divide in cuting down upen the subclavien artery in the third part of its coutce
10. Gine the relations of the thyoid shand. mame tie bloed sesisk supplying it.
11. What fart are desded are-sectom of the hacolder yoms? What venels and nerve are in clew provamity to tt:
12. Beginang externally, name the pert- pusazs bencath Poupart; ligament, and the posteror annker hegament of the wrist.

## 

1. State the conditoms under wheh atone dymg dechations ar admissible as evidence.
2. Wherem do the teedical athd medico legend denimams of a wound difier?
3. Gre tine probable chauacteristios oi sucilal, , codental and how cid.l. gunchot wounds.
4. By what chomstaue would you judge that drowning was the result of smate, accident or bomatode?
5. Deseribe the pert-moricm ajpearane an thetil in death by light ning.
6. What medicolegal infarenco may be drawn from corpora 'ate:and their different appearance:
 crime was committed.
7. Describe the varieties of insamt.
8. Under what circumstances are phyou ian hable to actions for damayes m siznang certuticates of in anky?
9. How har docs made reader void policy of life insurance?
Toxiculogr- br. wik.
10. Name the prmeynal narcoth porons. Describe the symptomis produced by them and give treatment to be adopted.
11. Cuntrant the sympions produed by nute oth pasuns with thoes of natuml dixeave.
 sublimate and ovalic acid.
12. Describe the made of detecting, on organized tivetes, the presence of arsemat or corrosive sablmate.

## 

I. Describe the destructive procon on the sulution of ulcerating parts.
2. Describe the two modes of deaclopment of tibrocellular tissex for the tepair of wounds.
3. Give the distanction of spectic from common devares.
4. Explain symmetncal diseases. In reference to the formatire process, what is proved by the phenomena of symmetrical discases?
5. Describe the reparative process in the umon of fractures.


1. Describe the elementers weztable cell.
2. Give tho domitions of a tlower, one as regard its strut ture, the whet as reardis it fimetion, and dese ribe filly the structure and function of the antber, pollen and strgma
3 What ergans of parts of a phent atiotd chamcternter of the ereat©t imp rtuace? state the dafierence between a muturat and artiticind $\begin{gathered}\text { yitem in betmy. }\end{gathered}$
s. What is transpiration? How determined ${ }^{3}$
3. Hecrite the reproducture orane in moser and fern.
4. What are the histologicsi chameters and mode of producson on culh, starch and wegetatite wory?
5. Explain the nature of carbonit :cidiand ammonia to the nutution of phats, and deecrabe the efiect of extowng phats on the atmosthere.
S. To what order toes each of the folloning plants belong --xyule-
 anica motutanom and veratrum vinde:

## -SNII 4K

1. Winat burtetal substances suquended in an impare suply of water are most hidy to ked to outbreaks of diarmeat and typhoid fever, and what on chaminatton are the prinetpal evtences of the preenence of suk hamusere matters?
: To what cance has the presence vi go:tre in cortain localities Been attributed?
; Thexribe the evtont to whach the quality of air is likis to be : ffected by the decomposition of bodics, where inter-masal meterments obtam, and wate brietis the eifs to "hich a cromded ind milan m the monediate vienty of a remetery ruay le hablic.
; What ate regarded as the canses of hospital ary ifichos, whd what cuarse should be adopted to linat it, transmission?
2. Mention the witurs methods of remosing sevage. indiate the Lest and state the methence the construction of sencry has had upon the deatherate of town:
6 State the a tion of water on the kad pipes commonly wed in citie for convering supple to houscbolders. . Who the amount of lead in solution decried monornous, the amount atro which may be considered dingerous, and spectif the best mems of protectimg the convegance so as to insure the suity of constmens.
3. What prophylactic mesur 's should be enjoined in amicipaton of cholera, and when the dieease does vecur what steps ming its twken to lessen its spread?

Restit of the Finminsion.-Fortythree candidates preented themselves for exmimation, of these thrty-ecven passed suc-
ecosilly, and si were rejected in whole or in part. The following are the numes of the suctertul candidates:

Promatry.-H. N. Beemer, \. Brewter, W. Brok, A. !. Canm bell. K. II. Cameron. C. Favt. I. Fimicr, D. B. lraser. J. Cioden. S. D. Hagke, W. T. Harri, I. D. Healy, I_ I. Iemnos. W. II. I.omtr.
 biarmid. G. smith, and (; show.

Finn\%-1). (. Mgure, M. 1. Beeman. N. Brenter, O C. Iduards, S. .l. Iillison, C. Fast, F. A. (ianiller, J. G Iden, s II. Hagle, A. I. Iolinvon, F. W. Jachson, F. G. Kitton, H. I.ang, H. 'T. Machell, C. S. Murray, N. W. Meldrum, A. Nichol, C. A Paterson, J. A. Stewenson, A. I. Wright and R. (. Voung.

Ut those condulates who presented themselses for primary onld, the following pased without requring an orat enamanation. W. Brock, C. Eant, D. B. Fraser, D. Fraver, W. H. I.owry, I. I Len no, N. U. Meldrum, P. Me I.can, and (G. Snath. For buth priman and tinal-S. D. Hagle. For tinal onfy - M. I. Beeman.

## Correspondente.

## MAMINANIT MSLASE OF THE ORBIT.

$$
\text { (T.. th.. Wliter wf } \left.\mathrm{H}_{\mathrm{k}}, \mathrm{f}, \mathrm{~N}, \mathrm{~N} .\right)
$$

Sir, - In the Laxibu for Ipral, Pr. Garner, of I.ucknow, repors tno whes of maligmant divease of the orbit, for which be desende the thanh of the profession. These cases terninated fataliy from a recurrence of the diseave, the whe in ahout two months and the other in about fise months after the eye-ball, and all that could be seen of the morbd grouth, had been removed. From the fact that the disease returned in these ass, athuugh, after the operation, no remans of the morbind growth could be seen-cien with an ordinary procket lens - -i)r. (iarner secims to anfer that the origin of the diseace is not in the orbit. Whether, in these cases, the disease had is onsen in the orbit or elsewhere, is more than any one, from the report, could undertake to say:

I, howeser, respectfull) subnist (uithout entering into the etiolozy of cancer) that the recurrence of the disease in Dr. (iamer's
case may be due to the fact that, athough after the oferation no trace of the ducane was zecogn/ed, th the tisule still remaining had been examind with the microotope, they would have been foumd to tee inibltated with cancer cells.

It has been prosed, asain and agam, that it the apparently he:thy tivue adjacem to a cancerous breast be examined with the microncore, it will be found to be alroady intiltmed : and in maligant diease within the eye-tail, where the selcrothe appears to be entire, the loose areolar tinne outside and adjacent to the selerotic has been found, with the microscope, also to be mfiltrated. Hence the masim is now enjoined, that wheneser we evene miectang tumor. to remore a rone of healthy tissue abo.

In removing cancerons tumors of the trumk, this zone of healthy tisute can be remosed with the hrofe . but in the orbth this is impor. vible. The best method, unquestomably, in removing morbid crowthe from the onhit, iv that first mtroduced mono the Mrddlens Hopital, and now adopted by the surgeons of the Rogal london


The entire contents of the orbit are remored as perfectiy as prosible: if neces-ary, followins the divensed growth into the antrum, frontal sinus, navel caity or ethatoid cells. If the ralls of the cavity are insolved, the peri-orbita or bone is detarlied with an elevator or mispitors. Hamorrbage s arrested wath a hot iron: the cantery alio destroying morbid tisue incecessible to the knite or scissors. In most cases, 1 think it adviable to remove the eyelints also, or at least the palpebral conjunctiva, and tarsal cartilages Bleeding hasing ceased, the operation si completed be applying to the wound ar extharotic oi chlorde of ane paste, spread upon lint. This paste ( composed of one part by weight of chloride of ,ine, four pants of wheat thour and unct. opni suftictent to make a paste of the consistence of honey. Its action is superficial, or decp, according to the thickness of the hayer of the paste. The eschar is hatd and dity, anc!, by the tume it is completely detached, cicitrization is found to be nearly complete.
lic ensidered desirable, the entite bony wall of the orhit may te destroyed. This sometumes comes amay entire, a specinen of which is now in the musemen of the Middlesen Hospital ; the patient, at the time the case was reported (November, 1865), was doing well-then nearly three years after the opemtion. Seveml very
interesting cases are reported in the Ophthalmic Reports, vol v. 3 , 4 , as well as in the last edition of J. Solbers Wells' "Treatise on Diseases of the Eyc." 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 clamed that this operation ofiers a better prospect of immunity from recurrence than that of any other known procedure ; cr, 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 thomough for the particular end in view."

## RAPID RECOVERY AFTER AMPUTATION OF THE THIGH, UNDER THE MOST CNFAYORABLE CIRCUMS'MANCES.

(Tho the Editor of the Lascrir.)
Sir,-I enclose you the following brief report of a case of amputation, which, if you think worthy of inserting in the Laveler, I will thank you to do so.
R. M., at. 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 bonc. 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 uselessHe 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 Drs' Smith and Oakes, of Digby, and in four wocks 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, chielly' 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,<br>H. D. RU(iGles, M.D.

Weymouth, N. S.
(To the Editor of tiac Laxcer.)
Sir,-In the April number of the Lancler 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 1Or. 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 Shamonville last June, on account of his discovery of the peculiar virtues of cayemne 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 Samucl 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 shotild (inadvertently no doubt) commit so serious an error in reference to facts in his communication. I never mentioned private discases of fomales in my card-simply " diseases of women and children,"-on the same principle that he in his card states chronic discases 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-abiiities which place them so far beyond tierange of common practitioners tiat jcaiuusy 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 Socicty, Orange, Odd Fellows, Freemasons, \&゙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 24 th, 1873 .
[This controversy, in the columns of the Iancet, must drop. here.]-Ed.

## (To the Editor of the Lascer.)

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 geatiemen in this neighborhood were already appended. Having known Mr . Granger for sevcral 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 quackeryAt 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,
Whitby, March 26 th, 1873 .
R. J. GUNA.
(To the Editor of the Lenscet.)
Sik,-Will you kindly allow me, through the medium of the Lancer, the privilege of intimating to such as have not received the "Cancer Ointment," respecting which I wrote an article, published in the February ecition ; 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,
Hatley, April 16 th, 1873.
J. H. BURI.AND.

## Srleted Gutiexts.

TREATMENT OF PSORIASIS.
Dr. Montmeja (L'Abcille 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 inctancet of thin discase is haed on two method, lowi and general. The seneral treatment recosmed by the prodecewon of the modern whool would prove that they had recognoed a eertain ar of fumbly exemblance to other shim dienetes. the gencral
 preparitions, or cunthandes or sidphur, or miusion of senn.s. As to
 Disttled water, 300 grammes, aixenate of syda, 5 to to rentt-
 and then two in a vort tume.

He lave seen the unctire of canthandes eimpiug ad :s:t? some sucecs in the dose of two drops from the commencement an a wineghasstul of sugar water, augmentong thu doee by a drop each day, untal thrty drops are reached. This medation requ:re, exteme ugtance, bexalue of the danger wha h may resule from to prolonged use.

There are other medatas, whila seem to act curathely in
 ber is anpabu, the eveellent citerts of whach have been noticed iny M. Hards, who was treating hom if for gonorrheea whist afiected with porask. lamourdited ly tha tututoms result. Hardy adamentered copaba in large dome - to patume whent sworrheat the action of the remedy on the diease was reen to be memtestable.

To the e: treatavents we may acid sulphar buthes. The most
 athatate or sulphar, and at the appleatom of enaprectanite ois umen the crupuons It a rare to ind whethur onnment of we in such eruptions, ds aho is the case whin macernal ontineats, whei), although fivormble at the hesght of the cruptom, are abouriod afte: the squames tath and cause sthation.

Ifrater on shan diseases gac the preference tu tar onatment or out of cude vatoment, tar and on of cade are prescribed mined with lard in the propotion of one-fuorth. We maty, accurdmes to the weration of the shia, damush this jroportion. or, agau, cmplos the tar or junger on pare, when there is perfect toleance.-Ti. Dirto:

SCCOESACLI CASE OE TRANSFLSION.

On the 23th of January, $1 \$ 72$, Mrs. V. was seized with the carly fans of habor, whin commaed dung the ruanamerer of the day. On the moming of the 2 gith, the head entered the cavity of the pela, though the peuns were so stigit that they rould scarcely

We shid to mamitest the charactensucs of the second stage Fien these houster ceisd, whe the progren hecame aisolutely nol. The patiem boume aritable and mach evhatsted in the affemoon an opiate was given. hat no sleep followed, and at 10 I'm the hoad wrup wed the watic powton thad done fitteen hour presiously.

The patiom was armapara of an mdotent dippontion, and tending tor obsit? . Whout tho monthe prevtously she had suffered from an attach of pleare-ineumoma on the right side, and a fort night later frum a cumatatach on the fefe sde. Her sister states that since that date we has been tmonall? drows, dowing at all limes when nut actudy employed. There bas been no welling of the feet This trownems has not been so marked within the last fell days as prestously The urme was not crammed
it 10 pim the head vectured the ragh obleque dametur of the fehle cably. but no thatantle cond be fets. I large caput succedanem bad formed, and the lower part of the vagon and labia wete wdem,tens. -In, attempt to dehver with forcep, having talled,
 the zoth The child was stll-burn, but was restrcitated by insat flatim The utcius at first contracted, but soon ribaed, and a
 mith inctesing intenstt. in spte of all eflorts to control it l'res ere on the alidemmad dorta at last partly vucceedet, but the patient fad fillen monta state of wheope and mont rilev were andble all orat the cheri. wen at at distance from the bel. Inder these citembiances trandistun wav pertormed.

In ordinary ghan make sronge, holdang ahont an mone and 3hath, was procured, and a frend hasmg heen found withang to gise the necevary lowod. the epreration was eommenced. The blood mas drann into a wormed winc-glass, taken up in the sy ringe, add steadity inge tal into "hn of the vens at the hend of the dbow, shich had loen ofened for the purpose Thas nas four tames sequated, and fallowing for hifood lost by rloteme) about four ounces
 tooked about hor, and m a few montes : poke. The pulse, before ampereptible, reappeared. and the rilles sulbided. She had 20 min. tinct opin and hnond, and by hall-past theec, was so well that se left her.
fan. 3 oth, S r.m. Has lreen quict. but has not upt. Had bends repreatechs. Jube 140 , steady: revpration 2 S. vaniabic.

9 p.m. Puke $2=4$ : respration is, steady.
3Ist, if a.m Fulse iss. A latte evated. bet fechs well, and tansty.

6 Ifm Patient suldenly weared with dyspmed Moist rile
 ton at 'To hase time opul mon. so, crery four hourn, and bandy Feb int Better tha momtug. [utise $12 S$; respimation $3 \geq$,
quiet. It is supposed that the death of her child yesterday afternoon 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 ${ }_{2}$ when the pulse began to rise, and she showed unmistakable signs of sinking. She refused food, and became quite unreasonable. Pulse 126 ; respiration 34.

9 th. --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. A 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.-Glassoai Mcd. Four.

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

BY SIR HENRY THOMPSON, M.H., SURGEON JO UNIVERSITY COLIEGE HOSPITAL, EIC.
[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 $187_{2}$, 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 of slecp. The urine was alkaline, of low sp. gr., contained a large amount of albumen, and an ummistakable 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, ano these could be removed or greatly relieved by lithotrity.

He was accordingly admitted into the hospital on January 2 rst; on the 24 th, Sir Henry removed some delvis, and repeated the process on the 28 th 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 rst-a cold day-the patient slipped out of the ward and stood for some time in the yard of the hospital smoking. Nert 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 recoveled the effects of his unfortunate indiscretion, and died on February 19 th of uremia.
Post Mortem Examination.- The external surface of the kidneys was granular ; the capsules were opague and adherent; on sections the cortical layer was thin, motlled 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 socalled "middle lobe" of the prostate was much enlarged, forming a regular bar across the neek 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 hare to consider to-diay, gentlemen, is this-If stone in the bladder be complicated by the presence of chronic renal disease, that 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 consider the chief forms of kidney-disease separatcly.

We may at once dispose of malignant disease : if this be so ad-
vanced that at satisuctory diagnosi i, posithe any oreation is clearl) useless. Chronic Mrghat's diseace, again. is a leoxe term, and includes seseral sarieties. the "oo that chatily concem no now and the large whice smooth kidne, , and the sranular contracted hidney: the so-called amylond dixate is rase There is no difficuty to the dagnoss of breght a discasc. cien when conplated by the preecere of stone, the low specific gasuty of the urine, the presence of cests and of an amount of allumen out of proportion to the anount of pas p.esent decode the nature of the casc at unce Nevt, there is what may be catted the catculous kidney. You will oflon meet with me: who are frequenth, or almost conthuouly, phsing cry yals of uric acad or small alcul. Ther never sues on for any lengh of thes whthout dimege to the kidney, on microm opne cramination, yois whll always find blood in the wrine. They are often stout red-faced, heakhy-looking rustics: but if such a man come to you muth a stone in liss bladder, and tells juil he has been accustomed to pass gratd for geare. beware of ham. In spte of his apharem soud hedth, he whll be masually bothe to sesere rigors, ad urinars fever.

Neat, soch hanne diathetes as unsmanally asochated with tone: I have met with tho stulh canc, and never had any more troublesome. there "as in leoth ien areat trntatihty of the bladder and of the system gencrilly, and if gon hould meet with the same compli cation, the cast will prokahly requite all the care and patience sod can muster.
tastly, there sh that dadud conditom of the adney and the areters "huch is dace to long standing. obstaction in the passago This has lecen sumetimu culled "worgual kulnes," a move inappos prate and unphaloophasal term. and one whih I never the. Sofar from beng really a "surghal" kalney, it in une which denates the want of surgial treatment, one which biver would hate existed had surgical aud been affordet at the outhet of the m.lhady. This conditon is most irequently thet with in eaves of old struture, tho in cise of entarged proptake, largic citculun, hons contuneed atony of the bladder, eth. Owns, then, to the presence of some obstriction to the escajue of urace fiom the bladder, that organ buomes dilated axd hapertrophed, the pressum tells lachnards on the ureters, these and the pelve, of the helnes) berome dilated, the reateting subntance itself is compresud agamst the capsule, and. funally, the whole organ may be distended imto a wort of cyst. I hate seen the uretes as large av the vmill intestenc. and contan, with the pelves of hite sidney, thaty flud ounte of water 1 calculun by atself never poo duces thas ettect ankess at be large, and not nee evarily even them it depend on the anount of obstructions. And now comes an impor:
 you nay wepert that the state of things in preeent, but you comot make absolutely sure. The jatient prol, ibly la.s some cystitis, ind consequently pue in his urine. but there is no more albumen prest
than the pus would account for, there are no casts, the urine may be of far spectic gratity, and thure will ewen be no deficienct of ure: if there be, the patient will at onte shon yomptoms. The fact ti, that we are libemilly provided with secreting and excreting organ A man mas heve very comfortably, even thuagh a constderable bro portoon of both lung be blocked up uith tubercle, two half lungare sufficient under ordinary circumstances, but of he get a litile bronchuts an amonst which a healthy man would warcel) feel. it armes hm off: he has just enough breathong syace to sustum hife, but no margin to spare. Just so 2 man may live with two half kidnes: he gets atong quite well under ordinary carcumstancen, there ts just enough of the organs len to meet the wants of the system, but anr vall derangement upnets th:e balance, and serous symptoms appear $2 t$ once.

A high authority abroad has stated that thas state of the kidneys can be diagnosed by meam of palyntion, but I camnot affirm his asserton. It would be evecedingly difficult to detect wth certainty a soft. movable, and collapsible tube hat the ureter even in a that person: but genemilly these patients are past endate life, and stout abo trom continement; the parts an not senvitue, unlens suppurs tion of a remal calrum be presem. fion may often be hable to make a streend suess. hut even a strong suspation is not a heffictent oround tor refusing to reliese a suffering patient.

In the nett place, to what extent does the presence of renal disave affect the prognosis of lithotrits? Onattung shght cises. I have operated on three patient, wha wese sufterng from whatacit chrone Brights discase The first was some gears no. I very gale, weak, and puiti-lookm; man. wuh a large phosphatic stone, sone. came to me to be operated on, but 1 refused, he. however, begited so hard that I wond do somethmg for him, and was in so muci pan and distress, that at hut I took him m. Even then I lept him three weehs under observation before I dad anything. when is not my unal custom I then crushed the stone very carefully in eqght sitings, allowing a good interial between them. The man was in the hosprat three mouths - hatee tumes as tong as most of my thatemts - bur he weat out freed from his trouble, and ded of the kidney discase nume month aflerwards without any recurrence of the calcultis.

Some time aftersards, I operated on a second and sumilar case. He had some rigors, but went out at the end of ten weeks cured of his stone ; he came to show himelf three months afternards, when he had still a large amount of albumen in hes urine, but no recurence of the stone. Emboldened, perhaps, by success, 1 attempted a third sod worse cate shortly afferwards. This patient went on well for a time, but after the iffih situng uremic symptoms supervened, and he died.

I cannot tell how many cases of mechamial dilatation of the kid.
ney I may hase oprated on nith weress: ior, as I sid. I know no means of ascertamans wath cernams during life the evistence of the diesaie: but 1 hase litte doubt that there has been more or lew thisension of the ureters. etc., in a considerable number oi the nore where cases. I may instance particularly three caves of stone com. plicated by very tight and old standing tricture. M) plan under vurh crremenstances is to tic in catheters for a weck, or unsal l can introduce a mall lithotnte. after each crashang 1 replace the cathelers, and conamue them unal the stone is remored. I have not the mallent doubt, judging trom the hatory and sate of these patients, that all had some, perhays a considerable, amount of deseave, jet in wh ha case the resule was succensm!.

Surgems have and that. i" a patient with sone in the bladder tave also chrome diecase of the kidness, the best phan is to cut ham: to have one operation and have done with it, and not to go on teismg the man wah instrutamens for everal weeho. I can only say that hithotomy noukd ceriauly have hilted any one of the three pale, lechle, bloodless pateents I first mentooned ; indeed no one of the ald could have been cut -no urgeon would have thot:ght of it. It is pust tift years since hethutrity was first introduced, and up to thaty years ago, or less, this dictums was true, but it is not so now. The stanstucs of hthotomy were neser better than they wete fifty jear; a\%o: mdeed they are now sarcely as oood, tor since then man: of the most favourable cases have been treated lye crushing. The stalistes of the lithotrte on the other hand, have inyproved, and are mprowing every jear. Lathotomy, then, has stoud still, lithotnty has been greath improved, and the axom is consequently now reversed. There is no doubt whth our present expenence that, if only the stone is sufficenth inable, lathotrity, if sielffuly performed, is the bert operation in such a.ace. the shoch, loss of blood, etc., of lithotomy make consideralle demands on the strength of the patuent. The hethotriy must, I repcat, be carefulls done, of the tho operations, that of crushnge is certainly the one in which pre vious pratice on the part of the operator makes the greater diffor ence in the chance of cring the patient. Therefore, I say to you, mammuch as you may be well abte to do a goed bold operation of ththotom at the outset of your careen if you have surgecal talent at all, do so with any doabtill case, or if the stom be at all large, urid jou have had a hitic experience with wo or threc cases of snaw stones by lithotnty. Whatever you do by that means, let your eaty attempts be always made on stmall talculi only:

In conclesion, I may repeat the adnce wheh $I$ am constantig gring you. Always find the stome, if pocsible, when small, the s)mptoms produced by a stone, say of the sue of a nut, are clet enough. There is no question, then, about the advivability of cr:ung or crashing, on .hout the preence or absence of hidhey disease; crash the store at once. and the cure of the patient is almost ar.


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 NLAL SAC: ABSCFESES, M: tion of urinc from enlorged prestate Untalug to pan a catheier into the bheder, he reoorted to puncturns that organ above the
 Serenal punctures were made, and the canmit war wehdrawn 小soon as the bladder was empted. Soun tuter tim, the part, elaned and perminted the passoge of a catiocter whth ease.
 similar case. where he punctured the bladdet in the same requon with an asparator, 6,4 times. Both canes dul well I atmember, in my young days, of seang an odd country dector puncture of - blad. der of an old man, wth $\overline{6}$ small trocar, for retention Thus case did well soo. Puncturing the knuckle of atestane in irreducthte stangerLated hernia, is non becommg a very frepuent operation. resultins in the most desir, the manner. sereal canes have been reported of Late, whereia strangulated hernia were reduced after :uncture of the strangulated hnecile of the gut. by M. Wematguay. of Pars, and D. Chanean, of Courkelam, and several whers A rew years ago, sia case; were reported of reduction of the vtrangulated gut, by the introduction of the canula of a hare hypedermic synge moto the cavity of the strangulated knokkie, and the barrel, wath the pinton pushed down, was then atached to the canul... when the paton was tantly withdrawn, and in the way the flum and gaseotes contents of the strangulated knuckie were remoled, and the herna atterwards gielded to gentle prossure. All thise ste cases, so ar as my recollection goes, were successful. 1 hase two others so treated, and sith the desired results. It is codent that the great adrantage offered by the hypodernic sy rage. is well as the appimtor, in the successful treatment of herma, by drawng of the thad and gaveous contents of the strangulated git, and thus furilatating its eduction. should give tt preterence in all caves, when the usuat means have Giled to reduce the srangulated gutt, and betore the hazands of ant operation are entered upon. I hase been told by two old courtry practuoners, that each of them had suceceded in redueng a cese of strangulated hernia by puncturm the knuckte with a mant trocar and canula. One of them used a rathu ingenons conmance to effect this object. The rim or thange of the cinula was cut ofi, and after it Nas pasied into the gat, a small rulher bulb, hghtly wrapped with a string, so as to evprese the aur, wa -lypped ofer the canula. and the sring removed, so as 20 allow the bulb to expand, and enhust the caity of the gut of its contents. Bota of the chas were successful la the country any of these contruances are hands, und mught, wath izppy facility. ise put to nood use u waes of this kind. The mor-
tality of herniz operations with the knife are of suticitime enormits to justity the means herem suggented. in the abenen of a reguha apprator, betore ecsorting to the operation of hernotoms.

Whenever tiere is ans dangerous collection o: thud, these means may be resorted to tor its renoval nathout the incurnng of any great onk. In urgent weses of collection of thad in harge quanuity in the ate of the pencardum. I shond not he- tate to puncturs the sac with an avprator, or, in its alsence, with a small trocar and canula of the vice ueed by Dr. Clark (one-twelith of an mehs), rather than sisk the probable destraction of the patent by the prenure of the accumutived flud on the heart. If the canula has ite upper end free, so that an evhasted rubber bull, can be athachead, a troxar ait thi- sese can be put to a multutude of good wise in entergenctes.

In every matance, after resort to puacturms, a tull dose of moņhia should be given, and the etfect kept up by smanlones of ! gr.. repeated trejuently. This should never be neghected on any occasion. I have repeatedly evacuated carhumbles, and large ats cesses, with the hepodermac yringe. In fact, durng the last twelve years, I buve always ured this instrument to retione the pres from all localites that the canula toutd rewh. . Ifter the pua is removed in this way. I paint the cuellen garts with collodion, to which morpha or atropa is adhed. To exch ounce of collodion tive or sis drops of cator-oll a edded. Tha, gues the film toyghner, lby this method fils an tee remused whthout causing pan, whe ha certanly a matter of consideralde moment to the humane fhyselan, as weil os his patient.--d/chl. Ar.hticio.

## 

From tume to tume sarious medical journal, bave containd report of the gook effers of the .pplication of cold in rheumatic hyperpreala. in the July number of the Frethenoner, Dr. Chates Killy, Isst. Phyucian to King's Coll. Hooptal, ry ports two cases of conidemble interest. la his own words. "Jiulh , uffered from theit first attack of rheumatic ferer. both had sinular simptoms, and in both the fiencardum was inflamed. The man seemed to be goipg on very well tor at ume, but then his temperature went up and he sied, the noman, who was cyually ill, and in whom the tengeras. ture was still higher, was cooled down more than sis and a.bali degrees in four and a-half hours, and made an encellent recovers." In the case of the woman. the umple addition to the treatment, of cold applications seemes to have turned the shale and saved her lite Prof. C. Tebbermaster, of Tubngen, in his lectures wn the treatmen: of fevers, speaking of the use of the cold bath, tugs. "But this method is not unly uneful in abdommal typhus, but in every febne
ailmens: in uhich the tempe ratore ley it, height and duritoon bring dinger. The mumber of divease is nuelh larger than was iermerly supposed. In thove dheaves in whici wist wevere and dangerons loral atecratuons, "gamed a grent deal when we us reed to comquer the danger solely dependent upon the feser" In the Jaulary num-
 Middlese Hospial. rejort, the successtul treitment wish baths of a case of acme rheumansm with had symptoms. We nembons, incidontall, that the patient had setere and cotennise rumplications including pmeumonac, pleuras, bronchitiv, and peri-ardite-which anderwent no pere eptable change tor the wore it cellsequence of the treatmemt atopted. Wr Thompion con-iden that in these cases a high temperature st the inder of cont profound and damaging mpresten upon the nersons shem With regard th the satee of rold applications in the treatment of this divease, he s.ts, "There be muny iactors at word all conspiring logether to compant the deuth of the puthent. If the akgregate of there factor, be ovenwhelmugly strons, there is an end of the matter and the patient dies, but lei the poners of life and tiexth le more evenly adjested, then the removal of any single tictor fis the icmpemture) tums the sale in Luor oi hfe, or, to wee a more homely metaphor, these oti the hat o nce that is breaking the camel's bark It behoove, wh, therefore, pactuatly to accept the dogma that it is the heat whit $1 /$ is the man dstructue element, and to ars upos it at the bedsirge whether we beleve $n$ or not. We cill control temperature, and we are bound to control it." He romiders a taperatare of $105^{\prime}$ or over to call for a prompt use of the bath. and wies it even at a lower temperatare to patliste delirita and sente-sncis. The perusal of there reports leads me to contribute some notes of a case which came under my treatneat last summer.
M., $; 1$, native If. S., teamster in govermment employ tomit ted to houphtal . Wugnt 24, 1872. Had a slight attach of rhemuatsm tie jears ago. Sh a hearty; well nourished man; drinhs some. dugust 21, "as taken woth severe pain in right knse and anhle, and had some fever. Han conmmed to get worie. and applied for treat rent the mormane. His nght ankle and knee and lioth writs are wollen, red, and pantul Tongur mont, furred Shin perspiring frecly. Rowels consupated. Prike is full temperature at $\boldsymbol{i}$ a.m., 101. Heart sounds normal lo pin in chest. IS Soda et po:. tart. $\overline{5} \mathrm{I}$, Antum. et pott tart. gri ij. Vic in whter and tale at une doie. The afterted joints to he wrapped in thancl and oiled ilk, and hept wet with luller' onl of hirarb potaw, and opurm. Hret, beet-tea and muk. Bowels were freely moved. Augnst 27. Pan has left the ankle dunng the night is woust now in the should ers suffered seserely last night, but was reliesed by 10 grs. Dover's pord. and obtaned ione veep. I rine high colored, no allumen.

x.--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 $103^{\circ}$. At 7 a am., 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, is grs. Dover's powd. at night. Six oz. brindy a day. Sept. 5 th.--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 sternym to beyond left nipple. No friction sound. The temperature is $104^{3^{\circ}}$ at $7 \mathrm{a} . \mathrm{m}$. : resp., ++ . At 9 a.m. he was placed in a bath at the temperature of $5 t^{\circ}$, and kept in it 40 minutes, when the temperature was lowered to ro1'. 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 $100^{\circ}$. The patient then went to sleep. Sept. 6.-The patient feels easicr. Temperature, $100^{\circ}$; resp., 37. Sept. 9.-Is stronger, and takes more nourishment. Sept. If.-Area of heart's dulness diminishing: continues to improve. Sept. 20.-He is convalescing. -Dr. Boom in Mcd. Recoril, N. Y.

Gonorrhge, Glee", Sc.-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 gonorrhcea 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 thich 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. -Mcl. Times.

Apponnment of Coroners.-Herbert Renwick, of the Tillage of Orono, Esquire, M.D., to be an Associate Coroner within and for the United Counties of Northumberiand 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 tree 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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## A Monthly Journal of Melical and Surgical Science,

Isaued Promptly on the First of eack Month.

Commanications solicited on all Medicat and Scientijic subjects, and also Reports of caxes occurring in practice. Advertisements inserted on the most liberal terms. Alt Letters and Communicutions to le aidreesed to the "EllitorCanuda Lancet," Toronm.

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\text { TORONTO, MAY } \mathbf{1}, \mathbf{x} 873
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## AMERICAN ASSOCIATION FOR THE CURE OF: INEBRIATES.

We have been favored with a copy of the proceedings of the third meeting of the Americim Association for the Cure of Inelriates, which took place in the city of New York, on the 8th of October, 1872, Dr. Farrish, president, in the chaii. 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, Pliladelphia, 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 discase, and one of a most grave and fearful character; and that in making that statement, they were confronted by sincere and honest reformers i:1 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 bods. If intemperance is not a disease, how comes it that so many tens of
: :Ounands of peoph die from it every sar? Intompenanice may' however, of in its incipiencs only a halhit, but when there in an undue craving, such as to overpower the judgruent and will, is thes As sumes a difierent rhararter, and o a widject for tecatucm , no: merely medical treatment, lut the regulation and disepheme; whath ctary well-regulated inebriste asylum atiord.

Seteral sery atistactory reports were rexeived sad adepted, and some iery intructise way, were read and orderec' to be published as part of the proceedings of ther mecting. It ther hast meeting, ay arar ago, a commumication was received ifon Dr. Dalrample, M.P., Fingland, thairman of at selet Commate of the House of Commun, appointed "to comader tite but pantor the control and management of habutal drunkards," requestug; the American lisexiation to appoint a delegation of two member, to go in Fingland arid aite thar evidence before the 1 ommutte. In response to that request, the Anociation appomed Irs. 1 .mmsh and Dolge. The rejort of their mission, whith in of a tery interentin: chameter, was laid before the Association, setums torth the optawn of the British practitioner, as well as thowe of the Americat dekesation, given in evidence before the select committee of the House of Comuon on thi important subject. The mestigatons of this Committee commenced on the agth of lebruary, and shit inal report was adopted on the toth of June.

The textimony of hoth British and American witnewes wa unanimous that incbriation hould be consedered and treated as 2 diseave, and it aho ,howed the imperative necersty for legelotion on behalf of a chass of per,ons for whose vehef there is no hoyntal but the common jail or the lunauk asshum, und ac claw that is daily increasing in number.

The medical evidence atso went to show that mania for drank often proceeds iron cerebral diecese, but that whilit this ma, in some instances, be the cause of habutual drarkennes, it is usually the effect, mather than the cause. In the Waketield Asylum, Eng land, out of 500 cases of hunacy, no fewer than 7 g , or tifteen pet cent., were derectly due to drunkenness, beades a large number indisectly due to the same causc. The same might be sad of the asylum in I ancashire, and many others.

The Cornmittec recommended that reformatones hould 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 concribute. The former might be profitably conducted by private enterprise; while the latter must be supported in whole or in part, cither by the government or the local authorities, or both. Patients may be admitted into either of these institutions at their own request or hy committal.

From the reports of the varions 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 cen'c. 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 ist, $18_{72}$, gives a very favorable estimate of the benefits which these institutions, when properly managed, are calculated to afford. There were 336 patients treated in this institution during the year; 256 were discharged and 80 were still under treatment ; of those discharged, r98 were, it is hoped, permanently reformed, and 58 were discharged umimproved. With reference to the causes of intemperance in these cases,-102 attributed it to afiction, 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, $5^{8}$; manufacturers, 8; machinists, 7; mechanics, 6; physicians, ro; moccupation, 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.

## 

The cubject of a Conjoint Medical I xamining Board hus lecen under disctusion for some time in Fingland, without any defmite results having been arrived at. The Pritish liedical Comeil inas repeatedly atfirmed the prim iple of conjoint examinations, and hav also done much to entublish it apon a permanent and satisfactorn basis. During the session of the Council, which took phace in March last, the subject uas dáain up, for dixcussion. Inet jear a Conumece of Reference was appointed to take thi, subject into consideration This committee, composed of men eminently p palinied for the matter in hand, has beatowed much time and labour on the subject ither hase draun up a detailed schene which has receited the approval of the Colleges of Physitians and Surgeons, and which thes hase reason to expect will aho be approsed by the Enisoritios The cheme ts, therefore, nuw brought almose to completion, and is is mended that it shall come into uperation at the begimaing of 6 to ber of the preseat year. The only ditticulty it the way at presemt is that the Universty of London and the Society of 1 pothecarie, fint that they cannot join in the sheme sithout an amendinemt to their charter, but this, it is thought, cin be osercome by a shor art of parliament.

The principal features of the xheme are 1 s follows That tie tollowing be the number of examiners to be appointed in the sesemb subjects of examination. On inatomy and Ph niologj, 8 , (hemitry, 4 ; Materia Medica, lotany und Mharmuy, $;$; Medicine, $s$. surgery, 8, Midwifery, 6. That no examiners be appointed at present in Formasic Medicine, but that questions on this subject be meluded among those in Chemistr,, Medicine, Surger! and Midwifery. There are to be tro comminations, primary and phen, eacin being partis watten, partly ural and partl! practical. No candidate is to be examaned by a tuacher of his own xhool at the writte:a exammations not less than two enmincrs a.ce to be present The subjects of the promary eamination shall be lantomy, Phy vologes: Chemistry, Materia Mecluw, Butany and Mhamacy The subject of the parss cummation shall be Medicine, Medical Anatomy and Pathology, Surgerg, Surgicul Anatomy and Pathology. Midwieng and dexases of women. The member, of the Commite of Reier-
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 Reference 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. A 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. In the first place, the number of cxaminers 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 $t$ a board of to examiners? The subjects of Forensic medicine and sanitary science, both of them of very great importance, have been overlooked by the Committee of Reference. The department of public medicine, is one in which the medical profession, both at home and abroad, suffers much from the ignorance and incomptence 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 orm

Counch board, is not only useless but wen expensise, and might be done away with, whout in .my degree mjuriously atiecting the inter ests of the profesion, or the student. The opinion of the majority of those who have had considerable enpenence in conducting evam unations of this kind is aginst the continuance of the oral examina. tions, and eppecrally is that felt to be expedient, inasmach as the examunations are compettere. The fecing which has been openty expresied by some members of the Board in reference to the omal evamunation is that when the candidate is brought face to face wib) the examner, he either know, and feels an interest in him, and puets such questuons as will asost him in passing. or feeling no par ticular interest in hm, puts his questions in such a way as may be calculated to puasle the candidate and fortily the examiner in the opinion which he has aiready tormed of the chanacter of the answers in the wratten exammation. Bat apart from this there is atill another reason why, under existung curcumstances, the oral camination should be dispensed with. It is sery expensive. The oral examin ations alone hase cont the Council, for the past three year, not les. than $\$ 1$ yoo. We esh, Does it pay? We thinh not. The character of the written questions might be improved, the tince allowed for anowering them mereased so as to sthe all a fair opportunity, and if this were done the necessity for the oral ciumination wouth not exint. Is a general rule the cundidates who really reppire the extra orat evammation should not be allowed to pass, and, therefore, we believe that no mustice nould be done to any one through it discontinu.nce.

## ALIF(RED MALPRACTICO

At the late A sives an actoon was brought agamst th. (horburn. of the cty, for alleged malpractue in the treatament of a case of Colles' fmeture of the wrist. The plantiti, a noman about to fars of age, a cook in Mr. Heward, cmplos, feth down stain aud irscured the radus. Ihb took place on the igth of November, isis. Dr. Thorburn was semt for and momedhately put up the fracture on a tenyorary apphance. In a fen days he called agatn and put it nit on a pistol-shaped splat. He called sereral tumes during the new: fornight. At the end, ot that tame the phantuit went moto the come
irj; but returned at the end of a wech. The Dr. exammed the wrist and found it all right, and ordered her to retum in another weeh. The case went on in this way until the end of the sth week, unon theing rather tardy, when the doutor took ati the spint and applied a starch bandage, which remained on two weeks. The hand appeared rather stiff, bat the Dr. Weld phantat that it woutd be perfectiv strong and that she would regain the use of it in tume. She retumed again in March Dr. Canntif was called in to earamne th. and be and 1)r. Thorburn both agreed that anion had taken place and that plaintiff would recoler the ase of the hand by degrece. About the st of May the weut to Dr. Lears and was under treatment for about two or three months, during "hich tuac the haud continuted to improve.

Feveral medical men in the city were summoned to give evidence in the cave, both on lechalf of the plaintfi ant defendant. The only wimesses called won were Dr. Hodider and Valemtme. Dr. lizar was summoned but did not pis in an appearnce. Dr. Hodder stated in his eidence that he had seen the cone some time
 there was some defomity sthough not more than might be erpected in thi form of fracturc, and he thought that wom mav not so tirm as might be eapocted ater such : lapee of tione- the apphcition of yphat alsay, has a tendence so make the limb stiti. whether there is frature or not: that unk there wa tardy mion lee woud nut contunce the use of splints more than four weeh, the stiffines noutd arice from ettision into the sheaths of the tendons, deformity was not necousrily the result of treatmemt the best authon ay that deformity will tahe place in this form of facture moder the mont skifful treameni: had in his onn pmatice case of incuure vach $x$ this, where detormis ensted notwithstanding all his care . thotsht the phatufit would set have a good useful hand and it would improve the more the used it. The evidence of Dr lalentine "as of similar amport. Hes lordhuy Itutice r ;alt. hefore whom the eise wis tried, sud thare whe no cibe to go to a jury The textimon of Dr Hodder dectoned nothmg to show that there had been cither neglect or want of sifll in the treatment. A non-suit was, therclote, recorded his lordhip observed to the jury that modicat practitoners had hard work and often thtte thanks for it and they ougits to hase this protection thrown oicr
them, that when they had used their bert 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 dimages for every light mistake, or wamt of success, which may attend a surgical case. Igainst no other profession is such sexatious petifozgery had recourse to, and a few such rebufis th the above would have a very salutary effect in putting a stop to such vevatious actions. Several malpmetice cases bave ocrurred in dimerent parts of thi, Province during the pait two month, and some of these, of a most veaatious hind, have been instigated by fellow-practitioneri. It i bad enough when hungry lawyers and greedy clients try to ful their hews and line then pockets by bringing action, tor damages agains medacat men, but at is much more to be regretted when members of our own profession so far forget what is due to themselves ant the calling they have chosen as to condercend to such miserabie petifossery.

## COYiCNCHINA. TRANSMANTSHON FROM THE kibBIT.

Br. Wolfe, surgeon to the Glavgow Ophahalmic Institution, renort (Glts. Mfad. Four.) two successtal cases of conjunctial transplantation from the rabbut. One of the patients cepermented upon was admitted into the Ho pital for the relief of ymbereharon. There was adieston of the lower cye-tid to the eye-ball, the result of : burn. He separated the adhesion, and then took from the rabbit that portion of the conjunctiva which lines the inner angle cosering the membman metums, and evtends as far as the cortea enough to replace the lost conjunctiva of the patent-and secured it in place with four finc stutches. The stitchen were removed on the foarth siay, the conjuncusa retaned its vitality, free motion of the eye.ball was obtaned and the eye rendered useful. In commenting on these cuse, he says there is a large rlass of patient, whose eje$t$ isses : re perfectly healthy, with the exception of comeal opacitt, ard the eacetion arses, shatl we be able to supply then with trams
parent cornce by transplantation? All attempts formerly made in that direction have fald. De Power, of St. Batholomew's, London, has been so iar suceesful, thet the comed of a rabbit grer upon that of a child, but unforturately it was opaque. Dr. Wolte suggests an mprovemem, by making + conteatongue theal flap. The conjunctival porton will not only give the cornea a pont of attachment, but abo tuprove thi chatice of vitalty an. tranprency.

## Gidotes amd Comments.

Flewfrs as Prodectrs of owon: -- It appar, from the researches of Prof Mantegazza, of Pavia (l.ombardy) (Virit Med four.), that ozone is developed in some plants by the direct mys of the sum, and that in others the actoon, once begun in daylight, continues throughout the neght. Thus, the cherry-taurel, clove, lavender, mint, lemon, feunel, hyacinth and mignonette develope ozone largely wnen exposed to the sun's mys. The oxidation of the esisential oils is also sid to be a convenient source of ozone, and Dr. Mantegazza concludes that the ozonogentc properties of gowers reside in their essences, and recommends the culturation of herbs and fowers 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 suntlower, in malaroons districts, bas been specially urged, as it is sutd to possess the property of panifying air laden with ratsh masm, and of exhahng ozonzzed oxygen. 1f, therefore, there be protectave virtue in these swect gems of the carth, let their culture in every direction be larely encouraged.

Victorta Medical Colaege- - The following gentemen passed their primary and fanal examinations at the close of the recent examunations of this College --Messrs. Nathaniel 13rewster, John L. Ruskhant, Alex Doughas, Wm. II Johnson, John Kurkpatrick, D. F. KcDonald, Davdson MeDonald, Peter McLean, and Wm. Philp. Henour Class-Wm. HI. Johnson, Gold Medallist ; Nathaniel Brewset, Silver Medallist; Mr Davidson McDonald, honorable mention. Scholarshps-Messrs Peter McLean and John Kirkpatrick.

Nove Scoma Mrpical. Act.-A correspondent in the Lomer Prownces sends us the following note:-"With regard to the act of our legislature in reference to the medieal profession, mentioned to the March isstec of the I,Asers, we have had in the Province of Nova Scoth, sance 1850, an Aet compelling all persons practising medicine, surgery or mathatiry, to regester, in the Proninemal Secretary's office, the credentalis on whech they faunded their claims to practise, under the penalty of forfeang fecs and a fine of $\$=0$. During the Session of Pariament hat wanter, stringent amendaments were made to the sume, in favor, 1 presume, of Canadian and English graduates (ac., thedtent schook)."

Memeal dit fok the Doninions. At a meeting of the medical profession at Ottawa in Fedruary last, a resolution sers pased in favor of a Medical Act for the Domimon. This matter has beca before the Cinada Medical Association tor some time, but could not be agracd upot, and has, therefore, at the hat meetug indefinitely posterned. One reason why the proposed Domunion Medical Bill met with so inuch opposition was because it appeared to have been framed in the enterest of one section of the Dominion. We betieve, howerer, that a measure can be framed, if properly gone about, which will be acceptable to the professton in all parts of the Dommon, but the time has no: yet come.

Who arf you?-A medical man in Newfoundland has returned a copy of the Lancet, whth the rernark that "there are aiready more medical journals th the world than the profeston has any use for : Unfurunately te has not given us his signature If he will be kind enough to do so, we will be most happy to stn'se his name from our hist.

Meeting of the Memical Council-The neat meeting $\alpha$ the Medicat Council of the College of Phystetans and Surgeons of Ontario is eapected to take place a little carher than usual, probably some time during the present month. The 2oth inst. has been spoken of by sume as the date fixed upon

Bishof's College Medilal School Montreai-The fof. lowing gentlemen passed their final examination and were preseated for the Degree of M.J .-Geo F. Flock, M.R.C.S., Eng., R. P. Godfrey, G B. Shaw, F. C. Lawrence, W McDonald, G. Dubuc, I. Fontaine, and G. N. Pettier.

Trinity Coning Medical Schom_-The following gentemen hase succenffully pased ther pmony and final exammanons in this mintation --Mesrs. W Bake, W Brock, W W. Bredin, A. M. Dinswall, C. East. 1) B. Frazer, I Frazer, J. W Gracey, H Hownt, W. T. Harns, I. D. Healy, W. Irung, I I I eanox, W I.owry, A Mrlaren, C. S Murnay, D W Murhell. T. Millman, J. MeDharmid, C F. Paten. I I). Thompon and I. W. Reade.

Tha convoction for contarmak deqres took place on the roth uht, and the tolkwing ememienom wore presented.

For the deric of if $D$--Richard Ardagh Callaghen and Walter Lambert.
for the Jera of M.S. Wh Bake, W. W. Bredin, A. M. Dingwall, C. East. I! Homm, A M-haren, C. S. Marray, D. W. Mitchell, C. I. Patten and liev, Milimen.

Unisursity Gotd Mcdalist,-A. M. Dingwall.
" Sthir
Fually Gord Mcdatist. -II. Hown.
Silier " W. Dlake.
Certificatcs of ITonor-In the final evanmation.-C. East. " " In the primary --D. B. Fraser, D. Fra. ste, W. Lowry, I. W. Gracey.

McGill Culleg; Medical Scheot. Montrenl- The following gentemen have successiflly passed ther final examination in this Universtey and were admutten to the degree of M.D., C.M., on the 2sth of March, 1873:
D. O Alhure, R W Betl, Fr Brown, D A Carmichact, N. F. Cherather, F. A. Cetter, O C Edwath, 1 R Ellison, W Fwing, J J Farley, L. M. Fortune, E. A. Gavither, T. F Guest, J. Mhits, R N Hurburt, W F jachson, II I M Jones, T. Kelley, F. G. Kittion, B. D. Acciure, J B. M.Connell, J McDarmed, J. D. A. Mclonatd, J. Mci eod, k. s B O'Bran, D) O'Baten, Ii. R. Perry, P. F. Kichmond. 1. J. shephard, J. A. Stephenson, A. W. Tracey, G. U. Walton, W. T. Ward, R C. Young, I. W. Whiteford.

Holmes Mritatst.-T. Kelly.
Pricoman (Bocks.)-D. O. Alguire.
Henorable mention - F J Shephard, 1) A. Carmichael, H.J. M. Jones and R. W. Bell.

Opfangs for Methal. Men--In the vilage of New-Hamberg, county of Waterioo, a well established village and country practice, together uth valuable pronerty, will be sold cheap. For particulars apply to Dr. ) N. Steifelmeyer, New-Hamburg, Ont. There is also a good opening for a medical man ta the vilage of Cheltenham, county of Peel, also in Mitle Roches, county of Stormont, Ont.

Quinine in Whooring-Cougr.-Dr. Dawson, in an article in the $A \mathrm{~m}$. Fournal of Obstctrics, 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 giveli 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 Princé Edward's Island to Manitoba. It has lately been very much improved, and in its present form is certainly a most agreeable and effertual substitute for castor oil.

## NO'TES ON HOSPITAL PRACTICE.

## (Reported by Mrr. Nevitt, Toronto General Hospital.)

J. B., admitted into the Hospital under the care of Dr. Bethunc;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 lidy apart, the conjunctiva was caught up by a pair of Iris forceps and, snipped of with a pair of curved blunt-pointed scissors. The mem: branes lying underneath were severed close up to the eye ball-the:
tenduts of the various muscles of the ge were then sucesistely cunght up with a blunt hook and diwed. The eye luall being brought well formards, the optic herse wa-surfed, and the eye rolled out entite. The only instrument ined beins the spectum, so iomro, foiups and hook. The hemorthas: from the ofthaline artety was amested by the applicaten of a litile cold rater The canty was then stuficid with lime and a pad pheced uter it ; both eyes bindaged and the patemt pat to bed an a dark room.

Oet. 27 -There is bat slight pan and very litte ooeng, with some heathy luoking pus Its buwet bans custue two Comp. ath. pitt: were given.

Nov $t$--Discharge havalmost ceased-complains of no patn Mandage from reght eye remosed to day.

Nou : - States that he wion has amproved, inamuth 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 tong tume
T. S., aet 4s, admitted Oct. 2fth, under Dr Ahin's care, was crosings the ralany track when an engine struck him and threw hm 10 or 12 feet, and highting on his lett foot $m$ a crutch of the rails, fractured hin leg line tebit and fibla were both broken, and about the lower third of the leg could be distenctly fett. The foot upon the outer sude and on the sole, was entuctly denuled of shin, the os calci, fractured, the astragatio tris tured and dislocated fornards, the cubord, and in fact nearly all the tarial bones being more or less injured. The foot was adematous, anil cold bload fowing from the mound. An operation was detemined upon at once, but the patient, after being phaced upon the ubie, refoed to allow the operation to proceed. He was then placed in bed and a pooltice dyphed. the wound centhams to discharge an off nive vintous fluti, the foot groxing colder and colder and becoming quate black, gwing off a most homble stench.

Oct. 25 -- The patient, looohing pale, hagund and worn, pulse rapud, and complaming bitecrly of pain, still retused to beheve that has kez coutd no: be saved. Stmbiants and morphate were goven at intervals.

Oct 26 - Patient sinhing and sull obintmate.
Oct. 27 - He has at last conemted to all upirition. The leg mas ampuateded below the knee on sawing the bones the tuba was found to be splutered high up, almost evending inte, the knee joint. The laps were put uy in the usual way and the pateot placed in bed, with the le", elesated.

Oct $2 \$$. Large quamities of pus keep coming away, puise rapd, tonguc foul and coated.

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

Oct. 31.-Discharge sestll chummens, though the stump looks bealther, putse beter. Lhe trow.l) not having been $m$ red since the operation twe Comp, cath. phlt were given.

Nov. t.-- Improving siuwly. Mischarges a good deal though not quite so murch.

Nov. t6.--Granuiation siminging up and loohing hatthy a good deal of pus flows thay trom the upper [ant of $t$ ) wourd, from around the end of the tibia.

Nov. 22.-- The flaps to day were bruught tue ether as nearly as possible, by two punts of stitca-wle suture. The points being about an inch apart and contunave, is small, thin prece of wood beng inserted tetween them and the wire, passug over the wood on the posteriur liap, on the anteriur the ende or the ware uere twinted over a second ship of woud placed in a simalar pustion, thes rendering the pressure more unitura, presentug the wire from cutting the ficsh, and at the same tume dluwng the pressure to be easily in creased by twisting the ends of the mire A rouple of broad bands of strapping were also put on firmly The wuand to be dresoed twice a day, each tume the pressure to be increased as much as pessible. Under this treatment the fitus Were gradually made to coalesce, and ulumately formed a good stump.

## DEATHS.

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

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

In Montreal, on the oth of Fetirasy, Dr. Alfred Netion, of aneunsm of the arch of the aurtil Itr Nelson was a licentiate of the College of Physicians and burgeons of Quelec. He was a man of great promise, and his duath is nuch rebretted by all those who knew his abnitues and hadncess of dispusition Mc lost his wife in her confinement, teve jears $a_{b v}$, dud leaths blund him six smal! children.

In Montreai, on the azrd of March, Chates Pcault, MI D, son of Dr. 1. L. P'cault, a well houwn prathtiolicr in Muntreal. He ? graduated at Mclall College in $18_{57}$, what has been or praxtice since that ume, in connectuon whil his father, in the cuty of Montreal He was a great tavorite anomg las freends, fellow stude nts and prac. tutoners, and many will hear whil regret of his carly demise

