

Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XII. TORONTO, OCT. 1ST, 1879. No. 2.

Original Communications.

ON PLACENTA PRÆVIA.

BY JOSEPH WORKMAN, M.D., TORONTO.

MR. PRESIDENT AND GENTLEMEN:—You will all admit that it is very natural, as it certainly is very proper, that, considering my long isolation from the field of general practice, I should with some timidity venture to address you on a subject with which I have for so many years had very little opportunity of practical acquaintance. Having, however, on previous occasions experienced your fraternal condescension, I am encouraged to submit to your consideration a few remarks on a distressing incident, which may have often engaged your serious attention; though, before proceeding, I must frankly state that I am actuated much more forcibly by the desire to elicit valuable information from the discussion which I trust this paper will evoke, than by any expectation of augmenting your knowledge by anything I am competent to offer.

The subject on which I am now, by a revived affinity, induced to offer a few re-habilitated thoughts, is that formidable physiological deviation known as *placenta prævia*. It is now a third of a century since I committed to paper in the form of lectures, for my class in the old Toronto School of Medicine, the views which I then held on this dangerous complication, and perhaps there may be in my present auditory some who have not forgotten my words.

In one of those frequent conferences which it is my privilege to hold with my valued friend, Dr. Charles W. Covernton, our conversation turned on the subject of unavoidable uterine hemorrhage, and in consequence of some allusions made by me to the opinions expressed in my lectures, and to

certain rough drawings illustrative of them, Dr. C. requested that, at our next interview, I would go into fuller details. I did so, and after politely listening to my rehearsal, and viewing the drawings, Dr. C. urged me to prepare a paper on the subject for this meeting.

I confess, however, that in venturing to address an assemblage such as this, comprising as it does the most distinguished and experienced members of the medical profession of Canada, I am not a little embarrassed by the consideration of my imperfect acquaintance with the present prevailing opinions on the subject to which I have been induced now to entreat your patient attention. It may be that the views which I entertain harmonize with those of the majority of your body, and that, consequently, my exposition of them on this occasion may be but a work of intrusive supererogation; or it may be, on the contrary, that extended practical observance has led you to conclusions quite antagonistic to those which I shall here endeavor, however feebly, to advocate.

I am, assuredly, very sensible of the formidable disadvantage under which any provincialist must labor, in controverting the hardly less than oracular deliverances of a teacher so eminent as Professor Simpson, whose name must be venerated as long as the primal fiat, "In sorrow shalt thou bring forth," shall continue to be the penalty of maternity. But as error is infinitely more harmful when promulgated by great men, than when obtruded by the undistinguished, it is every man's duty thoroughly to sift the *rationalia* of every new theory, however high may be the repute of its author.

I shall now, without further preface, reproduce a few of the more salient passages from my long stowed-away manuscripts, and I presume those of your number who remember the doctrines taught 40 or 50 years ago, and the introduction of the new theory and practice taught by Professor Simpson, of Edinburgh, will readily perceive that I concurred not in either the orthodoxy of the former, or the courageous heterodoxy of the latter.

In my 27th lecture, first delivered in December, 1846, I wrote as follows:—"Unavoidable hemorrhage during labor commences with a small discharge, which increases with each successive pain. Here, we are aware, there is, as in fact there must be, some separation of the placenta, for the uterus is now undergoing a sudden distension of its

*[Read before the Canada Medical Association at London, Ont., Sept. 10, 1879.]

mouth and neck. Sometimes the placenta is completely separated, and expelled before the child. This occurs in cases in which it is centrally implanted over the os uteri. In those cases in which it is attached rather to one side, with its centre removed from the mouth of the womb, it, of course, separates at that portion on which it has the smallest area of attachment; and this partial separation preserves its longest adhesion on the opposite side, for it is now no longer dragged, or put on the stretch, by the contrary or contending action of the opposing sides. It is to this circumstance that the child is indebted for the prolongation of life, though, according to Dr. Simpson, the safety of the mother is more jeopardized than by complete separation. Dr. Simpson's reasons for holding this belief are based on his peculiar and wholly untenable views of the anatomy and circulation of the placenta.

Complete separation of the placenta without simultaneous and rapid expulsion of the child must destroy its life. It is held by many that each successive pain tends to augment the hemorrhage, not merely by lacerating more vessels, but likewise by opening still wider those already torn. There seems to me to be no valid reason for believing that the lacerated vessels are opened still wider by each pain. On the contrary, I should rather be inclined to think that the uterine contraction tends to compress, or narrow, their mouths; for as the neck and lips of the womb are put on the stretch, in order to increase the diameter of the mouth, we may consider that the stretching of the zone around it, tends to narrow this zone; so that, supposing it to have been a certain breadth before the os began to open, by the time the opening attains, say to an inch wide, the cervical zone will have narrowed itself proportionally, and will thus have contracted the mouths of the torn or opened vessels; and were it not that with each pain the blood is driven with great force into the uterine vessels, we should find the hemorrhage not so great as may have been supposed.

It is not then, in my opinion, because of the increased dilatation of these vessels by each pain, that the blood escapes more copiously, but because each pain leaves an additional number newly opened, and probably each successive pain opens more than its predecessor did. Prof. Simpson actually advocates the early and complete separation

of the placenta, as the best means of saving the life of the mother. Of course, he assumes, as a general inevitability, either the present or *paulo post* death of the child; the earlier the separation, the more certain this result. He has compiled a list of 140 cases, in which the placenta was either expelled by the pains, or manually extracted before the birth of the child, and this list shows that only 10 mothers out of the 140 were lost. On the other hand, he exhibits a table of 339 cases, in which 115 women perished, where the labor was differently conducted. It might have been instructive to be informed as to the management of these 115 victims. To prove that any *bad* system is good by comparing it with one that is *worse*, is but feeble logic. By mere figures you can prove anything, or disprove whatever you choose; figures are too often but deceptive exponents of facts, unless they are accompanied by true and full details of the facts represented by them.

Let us, however, follow up Dr. Simpson's principles to their legitimate issues. He says, "The complete separation of the placenta is generally, or nearly always, followed by a great diminution of the hemorrhage;" but the explanation of this fact, given by him, is quite vague and unsatisfactory. He says, "It is explicable not on the idea that the descending head of the child acts as a plug or compress on the exposed orifices of the uterine sinuses, but on the mutual vascular economy of the uterus and placenta, and the circumstance that the hemorrhage principally comes from the partially detached surface of the latter." Such were Dr. Simpson's words.

Now as to the child's descending head not tending to stop the flow of blood, he is right, provided the head has not yet reached the seat of hemorrhage, which means it cannot press the vessels before it *does* press them; but certainly he is wrong if he holds that the hemorrhage will be as copious after the head has begun to press them, as it was when they were not so pressed.

In the second place, as to the mutual vascular economy of the uterus and placenta,"—what have we here but so many fine words? What substantial idea do they convey to the mind of the student? If they mean anything at all, it is that the separation of the placenta from the uterus puts an end to the demand by the placenta for the supply of maternal pabulum, and therefore that supply is not furnished,

and why not so? for Dr. Simpson might ask—what can a dead child want of such superfluity?

It would certainly be a great consolation to the anxious obstetrician to feel assured of this fact, when he is on the look-out for flooding, after the separation and expulsion of the placenta in ordinary labors. O! a fig for the fear of hemorrhage, let him say, the "mutual vascular economy" will take care of that. But we do, however, unfortunately know that the separation of the placenta and its expulsion after the birth of the child, despite Dr. Simpson's "mutual economy," are too often followed by hemorrhage, and that too, unquestionably from the mother.

In the third place, Dr. Simpson's idea as to the hemorrhage coming principally from the detached portion of the placenta, is so visionary as to excite our astonishment that it could ever have been entertained by even the most poverty-stricken advocate of a new theory. It would appear utterly incredible had we not the statement from Dr. Simpson's own pen, that he entertained the belief that the unavoidable hemorrhage in cases of placenta prævia "principally comes from the partially detached surface of the placenta." Assuredly whatever blood may thus escape is not drawn from the mother, but from the child, for there is no community of blood circulation between the mother and the child. It is true the child derives its nutriment from the blood of the mother, but not by the transmission of this into the vascular system of the child. This fact has been established beyond all controversy. The mother, then, will never bleed to death from the placenta, which is, in truth, no part of her system, but an organ of the foetus, formed by, and for itself. But the mother does too often bleed to death, and the child then comes also to death, partly perhaps by the escape of its blood from the detached portion of the placenta; but mainly in cases of total placental detachment, from cessation of blood renovation by its vicarious placental lungs.

Dr. Simpson's notion as to the blood passing over from the still adhering portion of the placenta into the detached portion, is surely out of accord with the anatomy and vascular economy of the organ. The human placenta, although apparently an individual mass, is, in reality, but a corporate assemblage of numerous *placentulae*, which are the analogues of the cotyledons of other mam-

malia. Each of these has its own distinct vascular system, which has no inosculation with the vessels of adjacent cotyledons, or lobes; so that did the mother's blood actually flow into the yet adherent lobes, it would not cross over into the detached ones, as Dr. Simpson imagined. This *dissociated association* of the constituents of the placenta, is, in my opinion, a very important factor in the "*mutual vascular economy of the uterus and placenta*," for I believe that the associated cotyledons, or lobes, may through the distensibility of the interlobular connective tissue, undergo a certain extent of separation from one another, and thus accommodate themselves for a time, at least, to the enlarging uterine surface. During the period of uterine enlargement, it is presumable that the placenta enlarges *pari-passu* with the enlarging uterus, and thus an harmonious economy is preserved; but exceptions to this uniformity of pace may occur, and then a struggle must arise. It may be in some such struggle that those early hemorrhages in the 6th and 7th months of pregnancy, take place. These, in their inception, are unaccompanied by pains; they come on suddenly, without any admonition to the woman, so that it would seem they have not their origin in uterine muscular contraction, or if such contraction is present it is not associated with the usual sensation.

It has been most unfortunate for Dr. Simpson's theory that he ever descended to the discussion of its rationale. His great name and fame might else have conferred on it a more enduring vitality. It is always indiscreet, in propounding new theories, to enter into extended discussion of their merits.

The fact would seem to have been overlooked by many, that the placenta, in its normal attachment to the uterus, is a resisting body, and that it resists uterine effort. The action of the uterus is directly towards the dilatation of its own mouth, and the extension of the length and narrowing of the breadth of the cervical zone underlying the placenta. The placenta is pretty firmly attached to this zone, and must, to no trivial extent, resist the process of distension. Were the placenta attached with abnormal firmness to the uterus, as indeed it sometimes is, we might even believe that instead of a dissolution of the natural connection, an actual tearing asunder of the placental structure would finally occur. The fact is unquestionable that some force, often in truth considerable, is re-

quired to detach it from the uterus. The necessity for this force implies resistance to it, and this resistance must, *quoad hoc*, retard the opening and normal dilatation of the os uteri, and consequently prevent the narrowing and elongation of the cervical zone.

Here comes the important practical question, as to how, and how far, we may safely and profitably aid nature. Whatever promotes the effective dilatation of the os and cervix uteri, and thus consentaneously advances the labor, and closes the torn vessels and exposed sinuses, must be in the right and safe direction; but whatever foreruns this, and throws upon nature premature requirements, must be wrong. We always best aid nature by imitating her. It is my belief that Prof. Simpson, by some process of latent cerebration, rather than by the adjvancy of his "mutual vascular economy of the uterus and placenta," did actually imitate nature, and by releasing the uterus from the resisting tenacity of the placenta, gave it a fair opportunity for doing its appropriate work. At all events I am quite prepared to believe, that in the 130 cases cited by him, as terminating fortunately by nature's spontaneous action, this "mutual economy" of forces and resistance was actually observed. When the placenta has been in part detached, that part which still adheres, resists, to a certain extent, the distending process; but when the adherence is finally and totally broken up, the cervix uteri obeys the unbridled force of the longitudinal fibres, and the placental zone becomes narrowed so as to obliterate totally the mouths of bleeding vessels. Could we then exactly appreciate the extent to which the placental adherence is retarding the process of dilatation, and feel assured that the vessels we tear, and the sinuses we uncover, will be promptly sealed by uterine muscular contraction, as they undoubtedly are in cases of spontaneous detachment and expulsion, to that extent might we safely anticipate nature's action.

In the process of distension the uterine surface on which the placenta sits, undergoes a complete change of form. From having been at first a circle, (or rather a quasi inverted cone,) with radii of 3 or $3\frac{1}{2}$ inches, it is, by the opening at the centre, which is increased by every successive pain, converted into a zone, now approximating to the form of the earth's temperate zones, whereas it primarily had the form of the frigid zones, the polar centres

of which correspond to our central os uteri, or the insertion of the umbilical cord. The continuous stretching of the inner or lower margin of this zone, must at once narrow its breadth, and continuously lay bare more and more of the uterine area, on which the placenta was placed. This recession or shrinking upwards, of the lower part of the zone, being the equivalent of the elongation of its inner boundary, and of its decrease of latitude, must be concomitant with a very notable change of form and condition of the blood-vessels passing lengthedly through the uterine wall, between its fibres, and opening on its surface, so that when the whole process of severance is accomplished, and the os is sufficiently distended to permit the passage of the child's head, or of its breech, the blood vessels have become compressed and strangulated, and are now no longer pervious. This is the actual "vascular economy" of the case, but certainly not that economy which Dr. Simpson alleged, for his is an utterly one-sided mutuality; it economizes for the mother at the cost of the child.

I have before said that we best aid nature by imitating her. That we may, in any process, imitate nature, it is indispensable that we should see, and clearly comprehend, how she does her work. We may, by imitating her, hatch eggs by a properly graduated heat, but if we should ignorantly overheat them, or by a higher heating, fancy that we shall shorten the period of normal incubation, we shall find that we have made a sad job of it.

When spontaneous detachment of the placenta takes place, nature does not effect it by tickling the child till it kicks off the placenta. She does her work more skilfully and more gradually. She does not tear off adhering portions before the denuded uterine surface is prepared to close the lacerated or exposed vessels. Because of the resisting utero-placental adhesion, her contracting energy and action must always be considerably in advance of the completion of her work, so that, to use a vulgar adage, she has not "to seek for the ladle when the soup is in the fire." But how must matters go when we dash away ahead of her, at *tearing* pace, and lay bare a large utero-placental surface not yet in a state of progressing active contraction?

Dr. Charles Bell, in a paper published in the *Edinburgh Medical Journal*, June, 1878, on the subject of placenta prævia, makes the following pointed and most truthful assertion: "There is no

part of the uterus from which the placenta can be separated artificially without the danger of hemorrhage, unless uterine contraction immediately takes place."

I have observed, of late, that the subject of placenta prævia has been under frequent discussion in the medical societies of the United States, and I have read, with warm interest, the reports of these discussions, and of the papers which gave rise to them. It would seem to be a constitutional frailty of our cousins over the lakes, to regard as a benevolent virtue, the confession of other people's sins in preference to their own. One might suppose, from the utterance of some of their speakers and readers, that Professor Simpson's theory of placenta prævia, and the practice taught by him, had been accepted by the entire medical profession of Great Britain and Ireland, and that they had continued faithful disciples. But no one who has kept pace with the course of obstetric literature, can charge our trans-atlantic brethren with any such servility. It would be but offensive pedantry in me to enter, before this assemblage, into citations of the diversities of opinion which have characterized the writings of Dr. Simpson's cotemporaries and successors in the field of obstetric science. Certainly we may reach any conclusion other than that of general tacit acquiescence in his doctrine.

Might we not whisper to our brethren of the Great Republic, that "there were great men before Agamemnon"? As early as 1847, Dr. Braithwaite, editor of the *Retrospect*, a gentleman of large and ripe experience, took strong grounds against the views and practice of Dr. Simpson. In 1851, in part 22 of the *Retrospect*, he expressed himself thus: "For our own part, we beg to differ from Dr. Simpson, both as to the propriety of the operation of separating the attachment of the placenta from the cervix uteri in cases of placenta prævia, and as to the reason of the cessation of the hemorrhage. Our objection to this mode of practice is, that although it may be a safe one as regards the mother, it assuredly is a fatal one as regards the child. With regard to the second point, although of slight importance as far as theory is concerned, it is nevertheless of the greatest importance, as indicating a most valuable mode of practice to be adopted. We consider that the fact of the flooding ceasing (?) by the method of manipulation in-

troduced by Dr. Simpson, needs no very labored explanation to account for it, for we believe that the separated placenta acts as a mechanical plug upon the orifices of the bleeding vessels, promoting the coagulation of the blood in and around them, and thus effectually presenting a barrier to its further flow. How then is this indication to be fulfilled? We answer simply on the same mechanical principle. If the os uteri is not sufficiently dilated to allow of the operation of turning being performed, our own practice has been, for the last twenty years, to introduce at once into the vagina sufficient soft linen, lint, or other suitable material, as to form an accurate, well adjusted, and efficient plug. By thus filling the vagina no blood is allowed to escape through it, and hence it must accumulate immediately around the bleeding vessels; it cannot force its way into the uterine cavity, entrance being there prevented by the placenta and the other contents of the uterus. Not only does the theory of this mode of treatment sound very plausible, but we have abundantly exemplified its real utility in practice." Dr. Braithwaite, further on, makes the following additional observations on the safety of the plug treatment: "The introduction of the plug in the early periods of placenta prævia, has many great advantages which the plan of Dr. Simpson does not possess. It is perfectly safe and readily applicable; it promotes" (*impels*, I would say,) "uterine contraction, ensuring the safe dilatation of the os; it preserves the strength of the mother, by preventing the serious discharges which would otherwise take place; and, lastly, it obviates the necessity of, at least as little as possible, endangering the life of the child. The plug, so introduced, may be removed every six or eight hours, or oftener, as the practitioner may deem advisable, to allow the evacuation of the contents of the bladder or the rectum, or any examination as to the state of the os, to be made. If we find the os then sufficiently dilated, we immediately introduce the hand, separate only as much as is required of the placental attachment to the uterus, rupture the membranes, turn, and so expedite the labor as much as possible."

Though, as may be obvious from the preceding quotations, Dr. Braithwaite is no model of clear writing, it is pretty evident that he was a sagacious and reflecting practitioner of midwifery; and so far as regards his views of the value of the plug, our neigh-

bors have but little room for crying out "*eureka*." It is, to be sure, rather indicative of timidity, or obfuscation, that he conceded to Dr. Simpson some credit, on the hypothetic ground that the forcibly separated placenta, left in the vagina, served as a mechanical plug upon the orifices of the bleeding vessels. Verily this sort of loose plugging must be a perilous procedure; and surely the placenta, partially yet adherent, must be a better plug than when totally severed from the uterine surface.

I once had a very instructive opportunity of noting the result of a loose plugging of the vagina in a case of placenta prævia. I was sent for in the middle of the night by a city practitioner, to aid him in some difficult case. On arrival, I learned that the woman had been flooding copiously for some time, and I was informed that the case was one of placenta prævia. I asked the gentleman had he plugged. He replied, yes. I wondered, why, if he had well plugged, the hemorrhage had not been checked; so I made search. What did I find? The tail of a man's muslin cravat hanging outside, and the rest of this flimsy tide-stopper inside. I did not lose much time in substituting a more efficient corking of the bottle. The hemorrhage ceased; the woman rallied; uterine pains, provoked by my mechanical irritant, ensued, and I quietly waited. But presently another practitioner, who, I believe, had been summoned before me—a gentleman of large experience, and gifted with a generous appreciation of his own acquirements and ability,—arrived. On hearing our detail of facts, he said to me, "Well, Dr., you know the rule." I replied I knew what he, most probably, understood by "the rule," but there was more than one, and in the present instance I had resolved to abide by the alternative. Before very long the tight plug began to feel the propelling force of the down-bearing pains, and we concurred in the propriety of now withdrawing the plug, and testing the present condition of matters, which being found favorable, the gentleman first in charge was coerced to finish his work, and the mother was saved.

As a melancholy set-off against this fortunate issue, I here recal my observance of another case, which I witnessed in my student days. An ignorant midwife, (as which of the precious lot are not?) had sat nearly two days and nights watching a woman bleeding to death from placenta prævia.

I accompanied my senior to the patient's house. He, finding the actual state of matters, followed the rule then orthodox. In Yankee phrase, he *went for* the child, turned, and delivered expeditiously, and the woman died about as expeditiously. I do not say that in her semi-exsanguine state, plugging would have saved her; but I do say that tight plugging, co-operating with a free supply of brandy or whiskey, would have given her the only chance of escape.

HERNIA AND PARACENTESIS THORACIS.—CASES IN PRACTICE.

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

Surgical operations of a critical or capital nature, are not, as a rule, frequently performed by country practitioners. They occur so seldom, that, however skilful, one gets rusty both in theory and practice. Toronto with its excellent staff of surgeons, and appliances in abundance, render excuses easy, and patients, who are able, are easily persuaded to go to the great city. Sometimes, however, cases do occur when we are obliged to operate, and that too under circumstances far different from our more popular brethren of the city.

HERNIA.—Operations for hernia are rightly considered those requiring care and skill, and withal some anatomical knowledge of the parts. The mind naturally reverts to school-day efforts, to master, seriatim, the coverings, under the particular kind of hernia to be operated on; but experience has taught the existence of very great difference between operating on a cadaver and a living subject. "Make haste slowly" is a motto to be remembered. There is not time for surgical catechizing. It is very essential to know what is not to be cut, and then follow the director as quickly as possible to the point desired. It would be most inexcusable for one not to know the nature of the sac, and the colour of the gut; there can be no danger if the director be kept outside of these.

Case 1.—The first case I will mention, was a lad 12 years of age, who was pitching some grain beyond his strength, and ruptured himself. His father came hurriedly 14 miles for me, but did not know the nature of the trouble. I hastened to the lad and found him suffering from strangulated hernia. I gave sedatives, applied fomentations, chloroformed

him, and used taxis, but all to no purpose. What was to be done? I was far away from any regular practitioner. Was I warranted in operating alone? After learning that I could get a steady, obedient assistant, I resolved to operate. I chloroformed my patient, directed every necessary preparation, and then gave the bottle of chloroform to my rustic assistant to give or not as I directed. I always give it guttatim. The skin was seized with forceps and incised; a grooved director introduced, and an opening made for about two inches. This process was continued until the parts aimed for, were in view. In examining for the constriction I pierced the sac, and must confess I was a little frightened to see so much fluid escape; this was my first case. I carefully incised the ring, following strictly the rules laid down for the position of the knife, and almost as soon as I withdrew, the hernia returned. The incision was closed with two sutures, and the wound healed by first intention. The patient recovered without a solitary drawback.

Case 2.—W. G.; æt. 30. Came to me last winter with hernia, which he had tried unsuccessfully to reduce. I put him in position and after gentle manipulation reduced it by taxis; ordered a truss, which he wore some time and then discontinued it. The hernia again came down and every effort to reduce it was ineffectual. It was not strangulated, and therefore, upon the advice of medical gentlemen called in consultation, nothing was done, hoping by belladonna liniments, occasional manipulations, and the like, that reduction would take place. But instead of improvement it became worse, until the painful dragging prevented his walking erect, without a suspensory bandage. He could bear it no longer, and insisted on an operation, to which I very reluctantly consented. The same details were observed as in my first case, but to my chagrin after the sac was reached and fully half a pint of fluid escaped, adhesions were found everywhere abundant, so that I could not return it as I expected. The adhesions were caused no doubt by constant daily manipulation by himself, so anxious was he to reduce it. I broke down the adhesions with my finger, and returned what appeared to be a mass of intestine and omentum. The wound was closed, a bandage and compress applied, and a full dose of opium given. Reaction soon set in, and with it severe inflammatory action, encroaching on the peritoneum, and stretching far up on the

left side. For three days and nights I was doubtful of the result. The ordinary treatment for peritonitis—fomentations, small doses of mercury, and opium sufficient to allay pain—was rigidly applied, and I was greatly elated and the patient well pleased, to find it successful.

The wound healed by first intention, and the operation resulted in a radical cure; precautionary measures, however, dictated a truss to be worn for some time. I am persuaded this operation is frequently too long delayed. Three cases of strangulated hernia in females, which came under my observation, succumbed, although every care was taken in the operation. Great prostration, vomiting, and mortification of the bowel rendered the prognosis, as soon as discovered, unfavorable. In many cases it is surprising the amount of procrastination, and pain endured, before a medical man is even sent for.

PARACENTESIS THORACIS.—Paracentesis thoracis is also an operation very much dreaded by patients, and, I must confess, not willingly performed by physicians. Some few years ago I reported a case or two in the LANCET; since then I have performed the operation three times. Two of my cases were adult males, and the third a girl of about six years of age.

Case 1.—John K. A farmer called me whilst passing, to consult me in reference to a cough. He had been sick for several weeks, but a snow blockade had rendered attendance by his physician impossible. I examined his chest, and found dulness on the left side fully up to the clavicle. I fancied bulging was also present; but not having seen him during the acute stage, I was in doubt as to the possible state of things, and gave diuretics, deobstruents, with frictional liniments and blisters, with no improvement. Still there was an impression on my mind that the chest contained fluid. No position altered the percussion sound. I visited the patient again in a few days with the resolve that I would test the existence of fluid. By a coincidence his physician called also whilst I was there, and I was persuaded from my purpose. On my third visit matters seemed to be worse. I at once introduced a small hypodermic needle, and proved what I first feared. An operation was suggested as necessary, consent was had, and a trocar and canula were introduced between the 9th and 10th ribs, behind and on a line perpendicular to

the inferior angle of the scapula. Three quarts of a greenish purulent fluid escaped. Twice after this, the trocar was introduced, with more or less fluid escaping. The lung, however, never recovered its normal state. The nature of the discharge made the prognosis doubtful from the first. The patient died after a lingering illness of several weeks.

Case 2.—In the case of the little girl an abscess pointed between the 7th and 8th ribs, and therefore no difficulty was experienced in operating. She was put on Tilden's preparation of the elixir of iodine, bromine, and lime, and made a good recovery against very great odds, for I never saw a child more emaciated. One operation was sufficient; the discharge was very large. Her disease was pleuro-pneumonia.

Case 3.—My last case was G. M., a farmer aged about 30, who caught cold as he termed it, shivered much, with subsequent fever and pain in his left side. The acute stage passed without much treatment. I was called to see if I could help his shortness of breathing. He was a very muscular man, and it was difficult to diagnose his case. There was dulness on percussion, some dyspnoea, no cough or pain, but a very anxious countenance. Had he pneumonia, or pleurisy, or pericarditis, or what? I confess at this visit I could not say. I questioned him closely as to his feeling anything like fluid when he changed position. He answered in the negative. I gave him a diuretic and expectorant mixture. In a few days I visited him again, and found the dulness increased, and carefully considering the different points concluded that I had a case of pleuritic effusion. I pushed the usual remedies internally, with blisters externally, but the dulness went on to the clavicle. After exploring with a small hypodermic needle, convincing him of the nature and cause of his trouble, I suggested the necessity of operating. He consented.

I used at this time a medium sized aspirator needle. I was careful only to be certain that I was within the bounds of the chest, pretty low down in a line with the inferior angle of the scapula. The idea struck me that I would try the syphon principle, and did so as follows: Taking the aspirator needle with rubber tubing attached, I thrust it into the interspace about one-fourth of an inch; then lifting the tubing, I filled it with water, still holding it up. The next step was to push the needle into

the cavity. This done, I took the tube in my mouth lowering it at the same time below the point of the needle; now suddenly sucking the water, the fluid followed until five pints escaped; for the remainder the aspirator was attached to the rubber and a pint more drawn off. My patient felt relieved at once. The fluid was of a greenish hue, but clear and limpid; the prognosis was, judging from the discharge, favorable, and so it proved. The usual remedies, however, were pushed. Diuretics, tonics, deobstruents, blisters, were all used to prevent further accumulation, for there was persistent dulness over the precordial region. One operation was sufficient.

I am inclined to think from the limited experience I have had in these cases, that the prevention of air entering the cavity of the chest is almost impossible, and that as to the chances of cure, it is immaterial whether it does or not. As to time of operation—after a fair trial at medication, and being convinced that fluid is there, it should be removed. The first case was delayed far too long.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In your issue of 1st Sept., 1879, an article appears under the title of "The British Medical Council." I desire, with your permission, to discuss the position assumed by the Privy Council of Canada, and the College of Physicians and Surgeons of Ontario, with reference to the qualifications of medical men who may be desirous of practicing in the Dominion. It strikes me with painful surprise, that, in discussing the laws affecting the medical profession, these two important bodies should have lost sight of the broad question of the rights and wants of the public. All legislation bearing on the subject of medical aid to the public must be conceived in the interest of the general community, and not merely in that of the medical profession. Were it not so, the public would be the servants and property, almost, of medical men. Surely this would be a reversal of the order of things!

In the preamble of the Medical Act of 1858 it is clearly laid down that the object of the Act is the protection of the public from persons falsely stating that they are duly and legally qualified medical men. The law was not conceived in any spirit

of narrow trades-unionism. With a wise consideration for the wants and rights of the people, and that freedom of choice which we all value, there was no interference even with quacks. The law merely provided that the public should have the means of ascertaining whether the person it was desirous of consulting was legally qualified or not.

But one grave defect of the Act was, that in setting forth who were to be considered legally qualified medical practitioners, the claims, rights indeed, of all the British Colonies to place the medical men, who were educated at their own colleges, on the medical register, were overlooked. This was a most unhappy omission, for no one will for a moment dare to question the claims of the Colonially educated medical men to be placed on the register, as duly and legally qualified physicians and surgeons, and their right to practice throughout the Queen's Dominions fully recognised. It has remained for the Privy Council of Canada and the Ontario College, to suggest that the sphere of the labors and usefulness of Canadian practitioners should be restricted to the Dominion. This defect in the Act of 1858 has always been regretted by English medical men, and the bill now under discussion in the United Kingdom will remedy this anomaly. I am sure British medical men will rejoice when it becomes law, and will give a hearty welcome to all their medical brethren who have been educated in the Colony, should they elect to give the public in the mother country the benefit of their skill.

It seems, however, that this view of the question is overlooked by the Canada Privy Council and Ontario College. The rights and wants of the people of Canada are gravely ignored, and protectionism in its worst and most offensive form introduced under the thin disguise of a jealous and patriotic regard for the legislative power conferred on the Dominion. Do these two respectable bodies, one political and the other professional, mean to say that the whole fabric of Canadian freedom is threatened, because a Canadian subject may desire to consult an English doctor?

I repeat that the action of the Privy Council of Canada and the Ontario College does not appear to be conceived in the interest of the public good, but ostensibly in that of the medical profession. We must always remember, that the interest of the medical profession is bound up with that of the

whole community, and cannot be considered apart from the general welfare. Were any legislation attempted in such a spirit, it would produce a feeling of antagonism that would quickly put an end to the friendly and confidential footing which has so long existed between the profession and the public. It might be enough for these patriotic gentlemen to take the necessary precautions for placing on the medical register all duly qualified medical men, whether they were educated in England or the Colonies, provided only that they are thoroughly qualified to undertake the grave duties and responsibilities of medical practice.

To discuss the question with reference to the pecuniary gain and the so-called miserable protection of the Colonial or English practitioner is beneath the dignity of every true physician. I trust I have written in a sufficiently emphatic manner to elicit the opinions of some of the Colonial medical men, whose position and personal character will give weight to their views. That there are many eminent men in the profession in Canada, I am well aware. I am familiar with the names of many of these, and I am sure they will quickly respond to this call to rescue the outraged dignity of the great profession, of which I have the honor to be a member.

I am, sir, &c.,

THOS. BROWNE, M.D.

H. M. S. Griffon :

Halifax, N.S., Sept. 11, 1879.

OBSTETRIC EDUCATION IN ENGLAND.

To the Editor of the CANADA LANCET.

SIR,—Dr. Playfair, President of the Obstetrical Society of London, in his address delivered February, 1879 (only six months ago,) said:—

“I confess that it is with a feeling of regret something akin to shame, when I reflect that I am supposed to teach a class of young men the entire subject of midwifery, and the diseases of women and children, in a short summer course of something under forty lectures. The thing is a manifest and ridiculous absurdity. Hence we have, of necessity, to omit year by year, at least half of midwifery proper. The result is that students leave our schools more ignorant of obstetrics than of any other subject; acquiring, by a superficial cram, only sufficient knowledge to satisfy the limited re-

quirements of our examining board, *and if they are satisfied, as so many of them are, with the diploma of the Royal College of Surgeons only, even that limited acquaintance with midwifery is unnecessary.*" (The italics are ours.)

The Principal of the Calcutta Medical College, which requires two full courses of seventy lectures each on obstetrics, writes Dr. Playfair thus:—

"I am proud to think that some of you will not rest until you have seen this great evil set right. To what a hideous extent is the practice of midwifery carried on in England, by utterly unqualified men, whom the unhappy women and their friends believe to be qualified, and the system in your hospitals sadly favors this. You gentlemen *who have acquired, by much subsequent study and painful experience, the knowledge you ought to have gained in your schools*, could, I doubt not, tell many a sad story of blighted health, and of houses rendered desolate by this lamentable ignorance of a large and important part of practice."

I would entreat our young men who are pursuing their medical studies in our own Provincial schools, in which midwifery is taught by lecturers of acknowledged ability and large experience, in full courses of two years, and to students with perpetual tickets, through three or four years, if they desire to avail themselves of the prolonged advantages, to "read, learn, mark, and inwardly digest," the instructive declarations of Professor Playfair, and his Calcutta correspondent. Such a confession of deplorable defect of obstetric education in England, from the lips of the "Professor of Obstetric Medicine in King's College, London," is surely an admonition to all Provincialists that if they neglect the opportunities for obstetric education presented in our own schools, they will not add much to their knowledge by crossing the Atlantic; and yet should any of those students who leave the English "schools more ignorant of obstetrics than of any other subject," and with merely "sufficient knowledge to satisfy the limited requirements of our (English) examining board," or any of those who come to Canada with the algebraic tail-flourish of M. R. C. S., present themselves for legal registration in Canada, they can command the obedience of our College of Physicians and Surgeons, and forthwith take rank with the most thoroughly qualified men of our country. But let any of our young men, however well instructed, seek for recip-

rocal privilege in England, and what will be the reply given to his application?—O! you are only a Provincial barbarian; you have not undergone our "superficial cram;" you have wasted two, three, or four years in acquiring that knowledge which we condense into a summer course of forty lectures; nor can you exhibit to us even the "Diploma of the Royal College of Surgeons," which is here legal evidence of artistic educational compression. Step aside, young man, and enter your name in King's College, or some other recognised grinding factory, where midwifery is taught at a 2.40 pace.

Now if the English schools regard obstetric instruction as a matter of such light moment, I, in all seriousness, ask our Canadian medical, and all other, readers, whether it is the province of our medical licensing authorities to admit to legal registration persons so imperfectly instructed as Prof. Playfair has shown his pupils really to be? I have always regarded midwifery as the most important branch of medical practice, as it undoubtedly is the most responsible. To very many rural practitioners, opportunities for performing formidable surgical operations, requiring exact anatomical knowledge and superior manual dexterity, but very seldom are presented; but how different is the course of professional life with the practitioner of midwifery? Everybody has to be born, at least once; and every woman should, on the fair average, give birth to half-a-dozen children; but of all those born, how few, we would hope, may require the operation of lithotomy, ovariectomy, amputation, fracture setting, or even reduction of dislocation? The medical neophyte who hangs out his shingle in any remote hamlet, may well begin to feel melancholy if he passes his first six months without a call to a case of midwifery; and who knows but his very first case may be one of formidable character, demanding not only thorough knowledge of his art, but also unswerving self-reliance? Verily it will not suit our market to import to Canada British licentiates, who are, as Prof. Playfair designates them, "*more ignorant of obstetrics than of any other subject.*" We have no room for them in our cities, and we should not be instrumental in sending them into the country, to augment "*the story of blighted health, and of houses rendered desolate by their lamentable ignorance of a large and important part of practice.*"

Yours truly,

JOSEPH WORKMAN.

Toronto, Sept. 15th, 1879.

CANADA MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR.—Having been one of the small talkers who attended the late meeting of the Canada Medical Association, I was somewhat surprised to find myself in company with so large a proportion of members so like myself in this respect; for though several of the papers then read were of considerable merit, the discussions which followed were certainly the most frivolous, and to use no stronger term, erratic, ever listened to by an intelligent and patient audience.

It appeared to me too, as I believe it did to not a few other members, that the permanent secretary seemed to regard the association as his own proper machine, and that it must be run just as he deigned to permit, for no matter of ordinary business was allowed to be proceeded with, without his jumping to his legs, like jack-in-the-box, every now and again, to overrule, or to ridicule, almost every proposed measure. I had supposed that the secretary was a paid officer, whose simple duty it is to make true minutes, and keep an accurate record, of the proceedings, and that all rulings of order should emanate from the presiding officer; but it was pretty evident to attending members that the secretary regarded that functionary as but an ornamental cypher. In plain language, Dr. David would do well to learn, should the association not come to an early demise, that he will act prudently by observing in future a more becoming reticence.

The question of organising a distinct medical association has been under consideration in Ontario. It is my belief that our province is well able to support such an organization, whether as a separate, or a tributary one. The itinerant system of holding meetings, one year in the west, and perhaps the next in the far east, where neither numerical accession, professional zeal, nor fiscal contributions, hold out allurements, is certainly very unpromising of vigorous persistent vitality. The actual inevitable result has been, hitherto, the suspension of life of the association during its distant pilgrimages, and the rotten accumulation of unpaid annual subscriptions. I do not believe that I misstate the fact when I say, that but for the recruiting of the funds by these visits to Ontario within the last four years, the association must have gone into insolvency; whilst it has been an un-

happy circumstance that not a French Canadian physician excepting the treasurer, has deigned to honour our Ontario meetings with his presence. This would seem to me to indicate that a *Dominion* organization is equally a hindrance to medical progress in Lower as in Upper Canada. No one would regret more than I should do, the loss at our meetings of such men as Drs. Hingston, Howard, Campbell, Osler, Rodick, and others who have been real ornaments to the body, but there could be no objection to such an affiliation as might still secure their continuous brotherhood.

In closing these hasty remarks, may I ask you Mr. Editor, if it is in strict accordance with medical etiquette, or social decency, for members giving details of cases, to pronounce aloud the names of their patients? This violation of professional decorum took place in the London meeting several times, without reprehension from the chair.

Yours, etc.,

UNUS E PLURIBUS.

Selected Articles.

ONTARIO AND BRITISH MEDICAL QUALIFICATIONS.

[The following article from the *London Lancet*, September 6th, shows the feeling in England in regard to the recent action of the Executive Committee of the Ontario Medical Council.]—ED. LANCET.

Not only the rights of government and legislation, but the progress of medical science itself, in the Province of Ontario, are said to be in jeopardy. Our readers will be as curious to know the causes of this painful state of matters, as they will be surprised when they learn the nature of the circumstances which are jeopardising the rights of our fellow-subjects in the province of Ontario and the progress of medical science. The one cause of such a distressing condition of things is that gentlemen who have satisfied the examining authorities of Great Britain and been registered in the Imperial Register have, under the Act of 1858, the right of practising in all Her Majesty's colonies and dependencies, subject to a power of the said colonies, under the Act of 1868, to enforce the registration of persons already registered under the Imperial Act. We all know that great disasters often depend on very inadequate or unlikely causes. But we could not have imagined, without reading carefully the correspondence on this subject, that

such grave evils would follow by allowing members of the medical or surgical corporations of England, Ireland, and Scotland to practise medicine amongst Her Majesty's lieges in Canada—or rather, to speak accurately, in the Province of Ontario. But it is even so. At least, so it is gravely set forth in a petition of the College of Physicians and Surgeons of Ontario; in a report of a Committee of the Honourable the Privy Council of Canada; and in a letter written by no less a person and no less liberal a statesman than his Excellency the Governor General, the Marquis of LORNE. This said College of Physicians and Surgeons of Ontario was incorporated in the year 1865 by an Act of the late Province of Canada, and by it made the sole portal to practice in that province. It is now only fourteen years old; and yet it ventures to work upon the fears or prejudices of the Privy Council of Canada by setting forth that, unless men that are fit to practise in all parts of Britain pass "our Provincial Board," as the *Toronto Mail* puts it, "a most harmful effect on the progress of medical science in Ontario will be exercised, besides the compromise of colonial rights and liberties." It is really astonishing to see a Provincial Board so thoroughly despise the *testamurs* of the colleges of Cooper and Brodie, of Syme and Alison, of Crampton and Stokes and Marsh; and it would be amusing were it not that the Privy Council of Canada has been so far misled as to endorse its complaint, and that the Marquis of LORNE has given the weight of his authority to it. We have never been blind to the faults of our British system of examinations, and we are hearty supporters of the present legislative attempts to make it more perfect. But it is simply absurd to represent that the progress of medical science in Ontario will be arrested if those registered at home are allowed to practise in Ontario, and it is a most lamentable exhibition of parochialism in a thriving colony like Canada to wish to subject medical men of the mother country to the indignity of an examination by "our Provincial Board." The demand is not made more reasonable by closely examining the grounds on which it is based. We have alluded to the first, that the progress of medical science will be hindered. The second is that physicians and surgeons are distinct professions in the United Kingdom, and that, being registered in one capacity, they may claim to practise in both. They can only claim in England to practise in that capacity in which they are registered. Ontario might reasonably make the same limitation. But at the very most, this objection cannot be made to those who have double qualifications, who are the majority.

These reasons for complaint on the part of Ontario are so incredible that we must look for others. We would rather believe that the real reason is a sort of resentment at the non-recognition on the part of the home authorities of colonial qualifica-

tions. Possibly, too, Canadian authorities are deluged by practitioners from other countries where examinations are more loose than here or in Canada. These are reasons for dissatisfaction, but they are not reasons for complaining of the rights of persons registered in the imperial Register. Canada lately complained that persons holding Canadian qualifications were not allowed to hold appointments in British ships, or even in Canadian ships trading to Britain. This is a fair ground of complaint and remonstrance, but it has been, we believe, already remedied. A yet larger recognition of colonial qualifications will be accorded in the coming Amending Act. But it is a poor way of helping generous legislation to devise such complaints and demands as those on which we have been commenting, and which we cannot help regarding as proceeding from the jealousy of schools rather than from the great body of the profession in Canada.

TREATMENT OF NOCTURNAL SEMINAL EMISSIONS.

In an article in the *American Practitioner*, Dr. F. J. Bumstead gives the following directions:

In all cases of frequent nocturnal emissions, the genital organs should be examined, and whether phimosis exists or not, if the prepuce be long and redundant, circumcision is to be recommended. A very marked varicocele may also render surgical interference desirable.

The hygienic rules to be given to the patient are very simple. It is better that the most substantial meal in the twenty-four hours should be taken at noon; the supper should be light, and food and drink be entirely avoided in the evening; the bed-chamber should be well ventilated, a hair mattress preferred to a feather bed, and much covering avoided. The patient should sleep upon his side, and not upon the back; a small pillow placed between the knees, so as to separate the thighs and prevent the scrotal organs from becoming heated, is sometimes desirable; and the patient should rise as soon as he wakes, emissions occurring most frequently during the semi-consciousness of the early morning nap.

Tobacco in every form should be prohibited, since it not only increases the general irritability of the nervous system, but appears to have a direct influence in diminishing the tone of the genital organs, and thus favoring seminal emissions.

Above all, as already stated, the mind of the patient should be distracted from his complaint by constant occupation, and his general health be promoted by a plain but nourishing diet, and by daily outdoor exercise, not carried to fatigue, since it is found by experience that when the strength is exhausted, an emission is more likely to occur.

Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood however, that any weakness and irritability of the nervous system may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service :—

	GRAMS.
R. Ferri et quiniæ citrat.	℥ iij 12.
Strychniæ sulph.	gr. j .06
Acidi phosphoric. dilut.	℥ss 15.
Syrup. aurantii	℥ij 75.
Aquam ad.	℥ iv 145.

SIG.—A teaspoon (5.00) in water, after each meal.

	GRAMS.
R. Strychniæ sulph.	gr. j .06
Acidi phosph. dilut.	℥ iij 90.

M.

SIG.—A teaspoonful (5.00) three times a day, after eating.

The tincture of the chloride of iron, and also ergot, have been supposed, and I think justly so, to have a special tonic effect upon the genital organs ; but they must be given in large doses, as, for instance, from half a drachm to a drachm (2.00-4.00) of either the tincture of iron or the fluid extract of ergot (Squibb's), in water, after each meal. They may be combined, as in the following prescription :

	GRAMS.
R. Tr. ferri chloridi.	℥ iij 90.
Ext. ergotæ fl. (Squibb's).	℥ iij 90.

M.

SIG.—A teaspoonful (5.00) in water, after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious :

	GRAMS.
R. Potassi bromidi.	℥ j 30.
Tr. ferri chloridi.	℥ j 30.
Aquæ.	℥ iij 90.

SIG.—From one to two teaspoonful (5.00-10.00), in water, after each meal, and at bed-time.

Mention has already been made of the advisableness of circumcision when the præpuce is long. It may also be found, upon the introduction of a sound, that the urethra is over sensitive, especially in the prostatic region. In such cases the introduction of a cold sound of full size, at first every third or fourth day, and afterward with greater frequency, will generally afford relief to the hyperæsthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of

silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of a deep urethral syringe, or Guyon's flexible catheter and syringe. The severe cauterization with the *porte-caustique* of Lallemand should by all means be avoided.

PSEUDO-HYPERTROPHIC PARALYSIS.

Dr. Bramwell of Edinburgh, gives the following as the brief notes of a case of this rare affection in the *London Lancet*, August 9th, '79.

John W—, aged eleven, was admitted to the Newcastle-on-Tyne Infirmary under my care on Nov. 25th, 1876, complaining of inability to walk or stand.

Previous history.—He enjoyed good health until five years ago, when he began to complain of weakness in the back. His father noticed about this time that he waddled in his walk, and frequently tumbled down. His walking gradually got worse. For the past year he has been confined to the house. He has been free from pain. His friends know no cause for the attack.

Family history.—No other members of the family are affected. He has two brothers, both younger than himself.

Present condition.—He is a dark-haired boy ; his eyes are gray ; his expression is dull and heavy. The pupils are equal and moderately dilated ; the corneæ are clear ; the lateral incisors peg-shaped and somewhat irregular, the central incisors naturally formed. He is unable to stand or walk unless supported. When he attempts to stand the attitude is striking and characteristic : the feet are widely separated, the distance between the great toes being fifteen inches, and he stands entirely on his toes ; the back is arched, the head somewhat retracted, the chest protruded ; he tries to support himself with one hand on either hip. When he walks—and to enable him to do so he has to be supported by a hand under each armpit—the body is swayed from side to side, the feet are only moved a few inches at a step, and the toes drag along the ground. The leg below the knee is flaccid and pendulous ; the limb is carried forward by the flexors of the thigh on the abdomen. In walking the hands are kept extended, one on either side of him, and he makes great efforts, as shown by the expression of his face. When lying on his back he is unable to raise his heels from the bed. He can flex the thigh on the abdomen. He has the greatest difficulty in turning from his back on to his face ; in order to do so he first flexes the thigh on the abdomen ; he then with his hands pulls up his heels to the buttocks ; he next turns round and gets on his knees ; the head is now almost between his knees ; from this position he gradually extends himself by climbing up his thighs.

His height is 4 ft. 2½ in. All the muscles of the

body except the calves are much atrophied. The calves appear to be large; they are firm, and the left is larger than the right. The following are the actual measurements:—

	Inches.
Right calf 3 in. below head of fibula . . .	10
Left " " " " " " " " " " " " " " " "	10½
Right thigh 7 in. above patella . . .	10½
Left " " " " " " " " " " " " " " " "	11

It will be seen from the above that the left calf at its thickest part was only half an inch smaller than the left thigh at its thickest part, the normal ratio being 2 to 3. The feet are always in a position of talipes equinus; the tendo Achillis feels rigid.

The electrical contractility of all the muscles is diminished; this was very striking in the apparently hypertrophied muscles on the back of the legs.

The temperature of the calves is slightly elevated. To come to a correct conclusion on this point I made comparative observations on healthy boys, and never found the temperature of the calf equal to that in the axilla. The temperature was taken by an ordinary thermometer, which was fixed by a piece of adhesive plaster, the whole being covered with cotton wadding. The following is the exact measurement of the temperature:—

Right calf	98°F.
Left calf	98·8°F.
Axilla	98·5°F.

A microscopic examination of portions of tissue removed by Duchenne's trocar showed fibrin tissue, fat-cells, and fibres of a highly refractive translucent appearance. The fibres were rather larger in diameter than an ordinary muscular fibre. No transversely striated fibres were obtained, though the operation was repeated several times.

None of the other muscles were hypertrophied; on the contrary, as has been stated above, they were atrophied. Sensibility of all sorts was natural. The special senses were normal. The urine sometimes dribbled away from him; on two occasions he was unable to make water, and the catheter was required. The bowels were very costive. There was no mottling of the skin. The other organs were normal.

Treatment.—Iron, quinine, strichnine, cod-liver oil, and electricity (both forms of current) were tried, but without benefit.

The patient remained in hospital until the end of January, and was then taken home by his friends. At the time of his discharge he could not walk forwards even when supported. When held up by a hand in each axilla he attempted to walk, but was unable to move his feet forwards; he could raise them a few inches from the ground by raising the thigh, but the feet fell back again even further than before; in short, instead of going forwards, as he wished, he went backwards.

Remarks.—The case is a good example of the advanced stage of the disease. Dr. Gowers' admirable clinical lecture on the subject renders any remarks unnecessary.

VARICOCELE AND ITS TREATMENT BY SUBCUTANEOUS LIGATION.

Clinic by R. J. Levis, in *The Medical and Surgical Reporter*.

There have been a variety of operations proposed by different surgeons for the cure of varicocele. Celsus recommended the use of strong caustics to obliterate the enlarged veins. Breschet made use of compression with the pincers. Velpeau made a large needle and a figure-of-eight suture embrace the veins, and Sir Astley Cooper removed a portion of the scrotum. Other surgeons have suggested various operations; but I will show you one this morning which I have employed for a long time, and know to be effectual. It consists in ligating the spermatic veins, subcutaneously and adjusting the ligature in such a manner that it will gradually cut its way across the vessels by the ulcerative process.

For the success of this operation it is essential that all the enlarged veins should be included in the ligature, and that the vas deferens should be excluded from it. The vas deferens should not, under any circumstances, be ligated with the varicose veins. It must be carefully separated from them and kept out of the way. To do this, push the veins to the outer side of the scrotum, and the deferent tube toward the median line, when the latter will be felt as a round, hard cord, rolling under the finger. If there is any doubt as to whether you really have separated the vas deferens from the enlarged veins or not, just pinch it rather hard, and the peculiar, sickening pain that the patient will instantly complain of will tell you whether you are right or wrong.

To perform this operation, you require a long, straight needle, armed with a strong silk cord, a flattened disk, which has a hole pierced through its centre, and a small piece of rubber tubing, or section of gum elastic. The disk may be of any substance which is convenient, as bone, hard rubber, or the like. But a disk which will answer just as well as any of these, can be made by taking a silver quarter of a dollar, or a circular piece of tin, and piercing a hole in its centre large enough to easily admit both strands of the ligature. A silver coin, in which I had previously drilled a hole, is what I employed the first time I performed this operation, and I have not reason to desire anything better.

It is always well to begin this operation with the patient in the erect posture, and finish it with him in the recumbent. The reason of this is, that in

examining the parts and transfixing, you want the vessels fully distended, but in tightening up the ligature, no such fullness or distension is required. The tightening of the ligature should be done during anæsthesia, for this part of the operation is very painful.

The mode of procedure is to enter the needle on the anterior and outside of the scrotum, near to the top of the mass of varicose veins; then traverse the scrotum completely, so that the needle shall pass behind the veins and make the exit on the opposite side. Then reenter the needle at the orifice of exit, and pass it in front of the veins and bring it out at the original point of entrance. Thus the veins are completely surrounded by the ligature. The ends of the ligature are now passed through the hole in the centre of the circular, flattened disk, drawn tightly, and tied over the section of rubber tubing. The rubber tubing should be large enough (say a half to three-quarters of an inch in diameter) to allow of springing motion, if no elastic material be used, the ligature would do its work for a short time just after being applied or tightened, and then it should be comparatively useless until such time as it was tightened again.

But if the ligature be drawn down tightly over a section of rubber tubing, the gradual expansion keeps the ligature constantly tense and up to its work. Then as the ligature remains, and is tightened from time to time, whenever the expansive power of the tubing is exhausted, it gradually cuts the vessels, and so works its way out. Instead of the rubber tubing, a piece of ordinary erasing rubber, bent so as to act as a spring, may be substituted. The process ought to be completed in a week's time or less. If it is not, it is because the ligature has been neglected, and allowed to remain so lax that it could not do its work. It should be tightened every day, or the result will be needlessly delayed.

I introduced this operation several years ago, and have resorted to it since without hesitation, in both hospital and private practice, and have found it very effectual. It is easy of performance, involves no special danger, and is an operation upon which reliance may be confidently placed.

THE CAUSES OF PUS IN THE URINE, AND THEIR DIFFERENTIAL CHARACTERS.

A Clinical Lecture delivered on March 21, 1879, being the last delivered by the late Charles Murchison, M.D., L.L.D., F.R.S., Physician to and Special Lecturer on Clinical Medicine at St. Thomas's Hospital, London, (*Med. Record*).

The characters of the pus found in the urine are different in different cases. Sometimes, soon after micturition, when seen in a test-glass, the urine is

in its upper part quite clear, while the pus which has deposited appears as a more or less creamy layer at the bottom. At other times, notwithstanding the urine has been passed for some little time, it is everywhere alike turbid with pus, which remains permanently diffused. The first urine is acid, and contains ordinary pus; the second is alkaline, more or less viscid and gelatinous, and contains altered pus.

The tests used to determine the presence or absence of pus in the urine are; the heat and nitric acid, the liquor potassæ, and the microscopetests. The first, the ordinary test for albumen, produces in the first or acid urine a greater or less opacity in the clear portion, and a much more marked one in the creamy layer. A deposit of pus is at the same time distinguished from one of pale lithates, both of which appear alike to the naked eye, since the latter would be cleared up by this test. If the second or alkaline urine be heated, it becomes a little more opaque (phosphates being precipitated,) when, if nitric acid be added, it becomes again a little clearer (the phosphates being again dissolved;) so that the two leave its turbidity much as it was before, the pus remaining unaltered. If liquor potassæ be added to the acid urine, the pus becomes viscid and gelatinous, "ropy." If the precipitate be phosphates instead of pus, this change does not take place. In the alkaline urine this change has already been effected. With the microscope, which gives the best evidence, if pus be present, pus-corpuscles are seen, identical in appearance with white blood-corpuscles. How, then, can they be distinguished? you ask. They can not be; they are, in fact, only white blood-corpuscles in the wrong place. If treated with a drop or two of acetic acid, the granular contents in each disappears, and in its place a nucleus, often three-lobed is seen.

The pus in pyuria comes from five sources: I. The female genital organs; II. The urethra; III. The bladder; IV. The kidneys and ureters; V. Abscesses which burst into the genito-urinary channels.

I. If the pus be from the female genital organs, it is due to one or more of the principal causes; A. (Acute and chronic vaginitis (vaginal leucorrhœa); B. Uterine leucorrhœa; C. Ulceration of the cervix uteri; D. Cancer of the uterus; E. Lochial discharge; F. An abscess, as one due to pelvic cellulitis, bursting into the genital organs. These are distinguished from other causes by: 1. The clinical history and the symptoms of one or more of these affections; 2. The microscopical examination of the urine, in which may be found pavement-epithelium from the vagina, cylindrical epithelium from the uterus, or cancer structure; 3. A purulent discharge independent of micturition; 4. The absence of pus from the urine when drawn off directly from the bladder by a catheter.

II. If the pus be from the urethra, having special reference to the male, most of it comes away just before the urine in micturition. It is also discharged in the intervals between the micturitions and the urine is usually acid. The causes are: A. Gonorrhœa; B. An abscess of the prostate; C. An abscess of Cowper's glands or of the perineum, opening into the urethra.

A. *Gonorrhœa* is distinguished by: 1. Great pain and burning in the urethra during micturition; 2. Redness, swelling, itching, and burning at the meatus; 3. The appearance of pus at the meatus when the glans penis is gently pressed between the thumb and fingers.

B. *An abscess of the prostate* is distinguished by: 1. Pain which is present not so much during as just at the termination of micturition; 2. A swelling and tenderness of the prostate which is discoverable by rectal examination; 3. The condition of the prostate, which enables the physician by squeezing it to force pus and microscopic calculi along the urethra and out at the meatus. According to Sir Henry Thompson, an abscess of the prostate may give rise to inflammation extending back into the neck of the bladder, accompanied by symptoms resembling those of stone; such as great frequency of micturition, pain following micturition and referred to near the lower end of the penis, a little blood occasionally with the last drops of urine, an alkaline reaction of the urine which is turbid with altered pus, an exaggeration of all these symptoms when the patient is exercising or moving about. Such a condition is distinguished from stone by (a) the absence of any history of the descent of a calculus; (b) more or less discharge from the urethra during the intervals between micturitions, but perhaps appearing only upon squeezing the glans penis or urethra; (c) often a history of gonorrhœa; (d) swelling and tenderness of the prostate; (e) the absence of a stone in the bladder, determined by the sound.

C. *An abscess in Cowper's glands or the perineum* is detected by local examination.

III. If the pus be from the bladder, most of it comes away at the end of micturition. It is altered, viscid, and like "ropy mucus due to the alkaline condition of the urine. The urine is usually more or less ammoniacal, fetid, and deposits crystals of triple phosphates. There is more or less pain in the region of the bladder over the pubic bones, which is increased according to the disease present, sometimes before and sometimes after micturition, and which is often accompanied with tenderness in the same region, especially when the bladder is full of urine; and there is increased frequency of micturition. The causes are; A. Cystitis; B. Calculus; C. New growth.

A. *Simple cystitis*, independent of calculus or new growth, is distinguished by: 1. Pain, which is severest just before micturition, when the bladder

is full, and which is relieved by emptying the bladder; 2. Hematuria only in rare cases, except when the disease is unusually acute or the result of an injury; 3. The symptoms of the primary trouble of which cystitis is really only a symptom; such as (a) the retention of urine by a stricture, an enlarged prostate, by a stone in old people, by fevers paralyzing the muscular coats of the bladder, or by paraplegia; (b) gonorrhœa extending backward to the bladder; (c) poisoning by cantharides, or by morbid states of the blood, as occurs in gout (gout being the cause of most "idiopathic cases"); 4. The absence of symptoms specially characteristic of stone or new growth.

B. *Calculus* is distinguished by the symptoms of the accompanying cystitis, and by: 1. Pain, which is severest at the end of micturition and for some time after (because then for a time, when the bladder is empty, the stone comes in contact with the sensitive mucous lining), and which is more distressing than the pain in simple cystitis, and referred to the glans penis about one inch from the meatus; 2. Hematuria very commonly in small quantity, so small often as only to be detected by the microscope, which is increased by violent exercise; 3. Increased frequency of micturition, which is more noticeable during the day when the patient is moving about than it is during the night (the reverse being true in prostatic stricture); 4. Sometimes a sudden stoppage in micturition due to the stone acting as a ball-valve in the bladder-opening of the urethra; 5. In a great number of cases a previous history of nephritic colic, a severe pain shooting from one kidney down to the testicle or penis, retraction of the testicle attended with rigors and vomiting, nausea, pallor, a quick and feeble pulse, intermittent pyrexia, and sometimes swelling of the testicle, all suddenly ceasing after the passage of the stone into the bladder; 6. The passage of a stone, red sand, or gravel in the urine; 7. The presence of a stone determined by a sound.

C. *New growths* originating in the bladder or penetrating it from without, either exciting secondary cystitis or ulcerating, are distinguished by: 1. Paroxysms of severe lancinating pain quite independent of micturition (in villous disease, however, there need be no pain if the urethra be not blocked by a blood-clot); 2. Hematuria, irrespective of exercise, which is irregular, coming on at long intervals, or being very persistent, and is sometimes very copious, especially in villous disease, in which it is dangerously so; 3. The presence in the pus of epithelial cancer-cells, or, in villous disease, villous processes; 4. Cachexia and emaciation; 5. The absence of stricture, prostatic disease, and other causes of retention; 6. Possibly a hard, irregular, tender tumor, which can be felt by the rectum or vagina; 7. Possibly enlarged glands in the groin, or the evidence of new growths in dis-

tant parts of the body; 8. In the absence of an appreciable tumor, and the presence of symptoms resembling those of stone, the evidence furnished by the sound, which may detect a thickening of the bladder-wall, but not the presence of a stone.

IV. If the pus be from the kidneys or the ureters, it is at first uniformly mixed with the urine, but after a little settles as a creamy layer, leaving the urine above clear. The urine is acid, as a rule, but may become alkaline by standing too long after micturition, or be alkaline from the first if pus comes from the bladder as well as from the ureter, and, when alkaline, is turbid with altered pus, which does not settle. There is pain and tenderness over the kidney and about the crest of the ilium, which extends down to the bladder and penis (pain alone over the kidney may be a symptom of bladder-disease only, but tenderness there is very significant.) A tumor in the kidney region may be sometimes detected, and should in all cases be looked for. Increased frequency of micturition may be present, but without pain in the bladder either before or after micturition. The causes are: A. Certain rare cases of acute-nephritis; B. Calculus pyelitis; C. Tubercular pyelitis; D. Pyelitis from obstruction of the urinary passages.

A. *Certain rare cases of acute nephritis.* These are such as sometimes supervene in cases of carbuncle, boils, erysipelas, acute fevers, parturition, or pyemia, and also occur in rare instances in which gonorrhœa spreads upward as acute pyelitis as well as acute nephritis, and are recognized by: 1. The slight quantity of pus; 2. The degenerate products of nephritis, such as epithelial pus or hyaline casts, etc.; 3. The previous history of smokiness or other evidence in the urine of the existence of acute nephritis; 4. A quantity of albumen much too great to be accounted for by the amount of liquor puris; 5. General dropsy not uncommonly; 6. Uremic symptoms possibly, such as headache, retching, drowsiness, coma, or convulsions; 7. The absence of any tumor to be detected externally; 8. A dry skin; 9. The previous history of one of the above causes.

B. *Calculus pyelitis* is distinguished by: 1. A previous history, though not always, of nephralgia, a pain extending from the kidney to the testicle, penis, vagina, or thigh, attended with rigors, nausea, vomiting, frequent micturition, hematuria, retraction or swelling of the testicle, pallor, a quick and feeble pulse, and some fever, perhaps; 2. Pain and tenderness, or simply a burning or aching, not necessarily in all cases, however, more or less constant in the region of one kidney or both, which is increased by much exercise and fatigue, or may be present only during fatigue; 3. Hematuria, especially when the calculus is composed of oxalate of calcium, and in any other case after violent exercise, while microscopic blood is usually present at other times; 4. A variation in the quantity of pus from

day to day; 5. The absence of casts; 6. Crystals of uric acid, or not uncommonly of oxalate of calcium; 7. A tumor in certain cases, not in all, more or less painful, in the kidney region, which enlarges when the quantity of pus in the urine diminishes, and becomes smaller or disappears when the quantity suddenly increases; 8. Attacks of intermittent pyrexia, occasionally ushered in by rigors, and followed by profuse sweating, which are most severe when the tumor is largest; 9. Absence of dropsy and other signs of acute nephritis, though the patient may ultimately die of uremia due to the wasting of the secreting tissue of the kidney; 10. Its duration, which may be a fair lifetime (one case lasted forty years), or may end favorably by the stone passing into the bladder or becoming encysted.

C. *Tubercular pyelitis* is distinguished by: 1. The absence of any history of renal colic; 2. A constant, dull pain in the back, over one kidney or both, with exacerbations when the ureter becomes blocked, and which is accompanied with tenderness over only one kidney in nine cases out of ten; 3. Hematuria not uncommonly, which is slight, and may be the earliest symptom, and then disappear; 4. The unvarying or steadily-increasing quantity of pus in the urine; 5. The absence of casts from the urine and the presence often of amorphous granular matter insoluble in acetic acid, of particles of caseous matter, or fibres of connective or elastic tissue; 6. The absence of crystals; 7. The formation, if the ureter be blocked, of a tumor, which may point externally or even stretch across the middle line (out of sixteen cases a tumor formed in seven); 8. Persistent pyrexia, usually intermittent and hectic, with night-sweats; 9. As a rule, persistent and rapid emaciation, but the patient may even gain flesh under treatment; 10. Signs of tubercle in the lungs, bowels, testes, prostate, vertebræ, or elsewhere; 11. The fact that it occurs more frequently in males than in females; 12. The absence of dropsy and any tendency to uremia, the patient dying from exhaustion; 13. The rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the ordinary passages* is distinguished by: 1. The history and symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydatids in the pelvis, etc.; 2. Constant aching pain and tenderness in the back, over one kidney or both; 3. Copious urine of low specific gravity, with little urea or albumen; 4. A varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis; 5. Very commonly paroxysms of intermittent pyrexia; 6. The great tendency to headache and uremic symptoms.

V. If the pus be from an abscess bursting into

the urinary passages, its place of origin may be very various, some of them being: A. In rare cases, empyema; B. A topical abscess of the liver; C. A psoas abscess; D. A prostatic abscess; E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon (1) the clinical history previous to the pyuria, and (2) the concomitant symptoms and signs of the primary disease.

STENOSIS OF THE OS INTERNUM—ENDOMETRITIS—UTERINE FIBROID.

Extract from a Clinic by Prof. THOMAS, New York.

The patient's name is Margaret W.; she is a native of the United States, and 26 years of age. She has been married six years; but has never been pregnant. Here, then, at once, is the evidence, or almost the evidence, of something wrong about the woman.

How long have you been sick? "For six years." (Or, in other words, ever since her marriage). What has annoyed you chiefly? "My stomach often swells up." (In order to get rid of this symptom at once, I will explain here that I found this "swelling up" due merely to tympanites. It has been a source of considerable anxiety to the patient, and she, no doubt, came here to-day with the idea that she was affected with some dreadful sort of tumor). What else do you complain of? "I have the whites very bad." Do you suffer all the time from this? "Yes, constantly." What else? "Constant backache." Is there anything else that troubles you? "My feet sometimes swell, and I have pains down the limbs." Do you have much pain during your monthly periods? "I suffer terribly then." Does the pain come on before the flow, or after it has commenced? "It begins at the same time as the flow." And how long does it continue? "As long as the flow lasts." Then, when the flow stops you are free from pain? "Yes, except some headache for a little while." That is all that you complain of, is it? "Yes."

Now, gentlemen, in connection with this case, it is well to remember what I recently told you in my didactic lectures, that in the diseases peculiar to women we are constantly meeting the same general symptoms in almost all sorts of cases, and yet when we come to find out by physical examination what is the actual state of the pelvic organs, we ascertain that exactly the same symptoms may be due to at least ten or twelve different pathological causes. In this patient, as elicited by the history, we find a great many of the ordinary symptoms of uterine disease. What are they?

1. Severe and constant backache. 2. Constant leucorrhœa. 3. Violent pain during the menstrual

period, beginning and ending with the discharge of blood. 4. Sterility. 5. Tympanites. 6. Headache, coming on about the time of the menstrual period, and continuing for some little time after it.

Let us, then, endeavor to find out what pathological conditions give rise to such a train of symptoms in this particular instance. It is well always to bear in mind that we do not make uterine examinations for the sake of discovering some peculiar fibroid, or some other rare and curious condition, but merely for the purpose of seeing whether it is not possible by this means to get hold of the key to the various symptoms in each individual case. The only question that should present itself, in any instance, to the examiner, ought to be, Can I discover anything which will satisfactorily account for the particular phenomena here presented? Now, in this case, the physician may, in his examination, perhaps, discover that the patient has a floating kidney. That would be a rare and curious fact. Or he might find that she was the subject of abdominal aneurism. That, too, would be very rare and interesting. But neither of these pathological conditions would offer any explanation of the various symptoms complained of, and the medical attendant, unless he find something else abnormal, would not have got at the real facts of the case. Let me tell you, then, what was discovered here when the examination was made.

As soon as my finger reached the os uteri, I recognized it as that of a nulliparous uterus. It was not specially small for a uterus of this character, but still quite small enough to indicate that the woman had never been impregnated. With two fingers of one hand at the cervix, and the other upon the abdomen, I was enabled to move the organ about freely in every direction, and I could also get my finger behind the uterus with the greatest facility. While I was making these manipulations, however, I was struck with the peculiar lubricity (there is no other word to express just what I mean) of the whole vaginal canal, as elicited by my fingers in the vagina, notwithstanding the fact that they were smeared with soap. I furthermore detected that there was a plug of something hanging from the cervix, which was sufficiently firm to be rolled between the fingers. Finally, I noticed that nothing was to be discovered about the ovaries.

The patient's position was then changed from the back to the side, and Sims' speculum introduced; the posterior wall of the vagina being lifted up by the blade of the instrument, and the anterior wall held out of the way by means of the ordinary depressor. It then became evident that the plug hanging from the cervix uteri, which was of the color of the white of an egg, was composed of mucus; and as I touched it with the uterine sound it acted very much as a polypus might have done under the circumstances. Then I grasped it with a pair of ordinary dressing forceps and drew it out

as far as the vulva without its becoming detached from the cervix. Next I directed a strong jet of water from a syringe upon it; but still it remained *in situ*. Finally, I took a small piece of dry sponge (it is important that the sponge should never be wet when used for this purpose), and, placing it in an ordinary sponge-holder, forced it up into the cervical canal. Now, twisting it around, I succeeded in breaking the hold of the tenacious mucus upon the arbor vitæ of the cervix, as it is called, and removed the entire plug, which measured six or eight inches in length altogether. At last the os was perfectly clear; and this method is, in my opinion, the only way of removing such a plug of mucus with any certainty.

By this time I had begun to arrive at a diagnosis. What was the matter with the patient? Well, for one thing, she certainly had cervical endometritis, and, in all probability, corporeal endometritis also. Now, have we got at the key of the case? Let us see. Can such a condition as this prevent conception? Undoubtedly; and it is quite possible that it should keep a woman sterile for a life-time. It would also account for the backache complained of; but when we come to consider the violent dysmenorrhœa also present, we find that it does not offer any satisfactory explanation of that. We shall, therefore, have to continue our examination further. We have certainly got hold of one key, but it seems that more than one is required for this case.

Proceeding, now, to introduce the uterine sound, I found that it was obstructed at the os internum, showing the existence of a stricture at that point. As the stenosis prevented the entrance of the sound altogether, I resorted to the smaller uterine probe, and presently succeeded in passing it over the obstruction into the cavity of the body. The moment I did so, however, the patient complained of the most extreme pain, and, in fact, the introduction of the instrument, under the circumstances, had very much the same effect that a dentist's probe would if knocked sharply against the exposed nerves and sensitive dentine of a carious tooth. The withdrawal of the uterine probe here was followed by some blood, which showed that the organ was in a state of intense congestion. I may also state that the uterus was larger than it should have been, the cavity measuring three inches instead of two and a half, which is quite remarkable in connection with the fact that she has never been pregnant. Here, then, we have the second key to the case.

But still, notwithstanding that we now have possession of the keys, it is a very difficult case. The patient has told us that she was perfectly well up to the time of her marriage, six years ago; but on questioning her a little more closely, I find that the dysmenorrhœa really commenced about two years before that time. The exact time of the beginning of her trouble does not matter; but from the pre-

sent condition of affairs, I take it for granted that at some particular period, which is now too remote to learn much about, the patient did something which was the means of bringing on this uterine catarrh from which she is now suffering. While the uterus was in a state of engorgement, in consequence of the menstrual excitation, she, no doubt, exposed herself to cold; in all probability getting her feet wet. Like an ordinary cold in the head, for instance, this gave rise to a catarrhal condition, which, under the circumstances, naturally affected the uterus. In consequence of the inflammatory process thus set up, lymph was thrown out, and the stricture of the *os internum* finally resulted. Or, it is possible that the stricture was congenital, as is occasionally the case. At all events, we have two links in the chain of pathological evidence in this case. The first is this obstruction to the escape of menstrual blood from the uterus, and the second is the inflammation of the lining mucus membrane of the cervix and body of the uterus. In this way the dysmenorrhœa, the leucorrhœa, and all the symptoms, are accounted for in the most satisfactory manner.

What, then, is the prognosis here? If you should say there is an active inflammation going on, and I am going to apply active remedies, such as strong caustics, to the interior of the uterus, I should feel very skeptical, indeed, about your ever curing the case. In my opinion, the first thing to be done is to overcome the stricture at the os internum, and thus give free exit to the menstrual blood, which now always gets dammed up behind it. Although blood of this character does not coagulate nearly so readily as ordinary blood, it always does coagulate under the circumstances present in this case. So little blood can escape that a clot soon forms behind the stricture, and then the uterus is driven to such active contractions (to the intense suffering of the patient), that it is at last forced through the narrow passage. Then the process is repeated over and over again (the uterus swelling up, contracting violently, and forcing the clots out), until the menstrual period has come to an end. Such a process as this is a very frequent cause of inflammation of the mucous membrane of the uterus, and sterility is extremely likely to result from its consequences. In the present instance the seminal fluid is prevented from entering the uterus, not only by the plug of mucus hanging from its mouth, but, also, by the obstruction offered by the stricture at the os internum.

In the treatment, then, the very first step is to overcome this stricture which has existed so long; and without this is done, as I said before, I do not believe it is possible to cure the patient. The question then comes up, what method shall we employ for this purpose? There are two principal ways of accomplishing the result desired; the first being by dilatation, either gradual or rapid, and

the second by incision. In regard to dilatation, I may say that some authorities at the present day advocate very strongly what is known as the "glove-stretching" method. The patient is first etherized, and then forcible dilatation is accomplished by means of an instrument which works exactly in the same manner as a glove stretcher. This, as it seems to me, is a very unsurgical procedure. When the "stretching" is made, you can hear the tissues tear, like moist chamois leather, and an amount of violence is done to the parts which would seem as though it must be followed by the most injurious consequences; yet, nevertheless, very admirable results have been reported from it by a number of observers. But still I must confess that I am afraid of the operation, and would rather perform the bloodiest ovariectomy than attempt it again. I have had some little experience with it, and have seen just enough of it to make me thoroughly dislike it. It is, in fact, about as brutal as tooth drawing, and there certainly can be no more brutal operation than that in surgery.

A neater, and in my opinion more efficient, method of accomplishing the same result is by the persevering use of uterine tents. One objection to it, however, is that it keeps the patient in bed a good deal, while it requires considerable time, and not a little patience on the part of the medical attendant.

But the method of overcoming the stricture which I consider altogether the simplest and the safest, is that by incision. In performing this I would warn you against employing any instrument which acts in such a manner that you cannot really tell what is being done by it; and would advise the use of simply an ordinary probe-pointed bistoury, which should first be carried beyond the seat of stricture, and then drawn from within outward, dividing it in the same manner that a urethrotome would, in the case of a stricture of the male urethra. But the division of the stricture is not all. If the treatment of it should stop here, it would be a complete failure. After the incision has been made, it is important that a glass plug or short stem pessary should be inserted in the cervical canal, and retained in position by means of a pessary in the vagina, until permanent dilatation of the os internum has been accomplished.

From this time free escape for the mucus would be permitted all the time, and free exit for the blood at the menstrual period. This would, no doubt, completely relieve the dysmenorrhœa, and accomplish not a little toward the cure of the patient; but you would still have the endometritis to treat (I cannot now go into the details of such treatment), to say nothing of the sterility. Still, under any circumstances, I would not promise the patient a complete cure; and especially in regard to the last point. In a considerable proportion of cases, however, impregnation does take place after

such a course of treatment as I have indicated in this instance; and when pregnancy once occurs it seems to exert a very beneficial effect, in permanently restoring the uterus to its normal condition. I have devoted a considerable amount of time to this case, simply because, as I said, large numbers of just such patients will consult you in the future, and I want you to fully comprehend the difficulties which you will meet with in connection with them, as well as the best methods of overcoming them.

CASE II.—LARGE UTERINE FIBROID.

The next patient is Eliza C., a native of England, 40 years of age, and single.

How long have you been complaining? "For three years." Were you perfectly well up to three years ago? "No, I was not." But your present trouble commenced then? "Yes." In what way did you suffer before that time? "I lost a great deal too much blood at my monthly periods." Did you lose any between your periods also? "Yes, frequently." For how long did this state of affairs continue? "For about fourteen years." Now, what have you complained of during the last three years? "Principally pain in the bowels." Anything else? "Great trouble with my bladder." Do you have to pass your water very often? "Yes, very often, and I have a good deal of pain with it too." Is there anything else that gives you trouble? "No." You do not, then, lose too much blood at your monthly periods now? "No." Do you lose any between your periods now? "Only very seldom, and then but very little." Do you have much pain during your sickness? "Yes, a great deal." Do you have to go to bed at that time? "Yes, on account of the pain, and because I feel so very weak." How long do you have to remain in bed? "Three days."

You see how pale this patient is, gentlemen. It would seem that she does not lose too much blood at the present time; but she is evidently suffering from the effects of the hemorrhages which have troubled her during a long period of years in the past. She is very anæmic, and her pulse is also quick and small. The only other symptom of which she complains (besides those already noted) is headache, and when questioned as to its locality she places her hand upon the temporal region; which would seem to indicate that it is neuralgic in character, and in all probability due to her anæmic condition.

Although naturally averse to an examination, the patient, after some little persuasion, consented to one. I found the cervix so high up that it could with difficulty be reached, and on resorting to conjoined manipulation, I found that the uterus was enormously enlarged. Moreover, the moment that I passed it between the two hands, the patient complained of great pain. It was not difficult to

see, however, that this was not the pain of inflammation, but was rather neuralgic in its character. I also ascertained the fact that the uterus was lying over upon the bladder, which at once explained all the difficulty of which the patient had complained in regard to her water.

Now, what has caused the increase in the size of the uterus? The first thing that occurred to me was that it was a fibroid tumor, but in order that this diagnosis should be established, it was, of course, an essential point to exclude utero-gestation, for the condition of the hymen, of itself, is certainly by no means sufficient to do this. The hymen may be absolutely perfect, and yet pregnancy exist, and a number of such cases, which are entirely well authenticated, are on record. But here there was plenty of other negative evidence in regard to this point. The uterus, instead of giving the characteristic sensation of pregnancy to the fingers on palpation, was hard, like a billiard ball, and, in addition, all the mammary, gastric, vaginal and cervical signs of the condition were lacking. Since utero-gestation is to be excluded, therefore, let us inquire whether a fibroid of the uterus would offer us a satisfactory explanation of the symptoms which have formerly and now trouble the patient.

The more that we examine into the case, the more completely will we be convinced that a fibroid is the source of all the difficulty here. These tumors, as you know, constitute one of the most frequent of all the causes of both memorrhagia and metrorrhagia, and it is undoubtedly such a growth about the uterus that has given rise to the uterine hemorrhages from which this woman suffered for fourteen years. That during the last three years these have been gradually diminishing is, in all probability, due to the fact that she is now approaching the menopause. As to the trouble in regard to the bladder, we have already seen in exactly what manner that is produced.

We come now to consider the question, where is this fibroid located? On account of the pains which the examination gave the patient, I have been unable on the present occasion to determine whether it is sub-mucous, interstitial, or subperitoneal in character. The point could easily be ascertained, however, if she were to be etherized, the sound passed, and a more thorough exploration made. But so far as it would have any practical bearing upon the case, this would be an entirely unnecessary procedure; for even if I found out positively that the fibroid was in the cavity of the uterus, I would not think of actively interfering in such a case as this. It is always a dangerous operation to dilate the cervix and remove a uterine fibroid. Many operators have no doubt accomplished it with impunity; but a large number of others, just as careful in their manipulations, have encountered the most serious consequences in attempting it; so that we should always beware of

trusting too exclusively to our own individual experiences. Most of you are probably not aware, from personal experience what it is to have a bullet enter your bodies, but you are all sufficiently convinced, from that of others, that it is a dangerous matter. Out of a very large number of cases, I have myself lost two patients after the operation, in which it was absolutely necessary to remove uterine fibroids, on account of the extreme disturbance to which they were giving rise. In each instance septicæmia originated from the effect produced by the tent employed to dilate the cervix. You may, perhaps, do it twenty times in succession and not lose a patient or meet with any difficulty whatever, but yet there is always a certain amount of danger connected with the procedure. If the fibroid comes down within reach, however, it is a very different and a much simpler matter. Then you have only to seize it with the volsellum forceps, and enucleate it by means of the serrated scoop, which I have before shown you.

But, in the present instance, the indication, undoubtedly, is merely to let the patient alone, and I should certainly consider it criminal surgery to attempt to remove this fibroid, which is now doing her so little harm. Especially should such a course be reprehended, in view of the fact that she is really getting well of herself, because approaching that time of life when fibroids almost invariably cease to give rise to any trouble whatever. During the past four years, however, she has lost a very large amount of blood, and, consequently, she is still suffering from the effects of it, and needs building up. Then, as you know, there are certain drugs which have the effect of diminishing the blood supply of the uterus, and by far the most active of these is ergot. I should, therefore, recommend that this patient should take twenty drops of Squibb's fluid extract of ergot every night and morning, and that this medication should be kept up for an indefinite period; possibly for five years to come. There is no danger, as some might apprehend, of producing gangrene of the part by the long-continued use of ergot, for there is no instance on record, so far as I know, of the drug's giving rise to this effect when administered in medicinal doses. It is altogether possible that the ergot may cause such contractions of the uterus that, in time, the fibroid may be forced out into the vagina, if it is of the sub mucous variety.

As to the prognosis of this case, I am confident that the patient will never die of any trouble connected with this tumor, unless it should be in consequence of the unwise interference of some practitioner who does not appreciate the real state of affairs here. I have so often known the use of sponge tents to be followed by the most serious consequences that I have been much surprised to see in a late medical journal a long article from the pen of an eminent European authority, whose pur-

pose is to show that they are not at all dangerous ; and I cannot but believe that it is calculated to do a great deal of mischief. In the same way, about every five years, some one comes out in the journals with the important discovery that uterine injections are perfectly harmless ; but if you should happen to question the writer about the matter some little time afterward, you would almost invariably find that he had given the matter up, although he might not, perhaps, explain very fully the reasons which had induced him to do so. So, too, in regard to the use of intra-uterine stem pessaries. Very enthusiastic advocates of the instrument from time to time arise, but after a while you find that they all give it up. Yet I myself am in the habit of using both sponge-tents and stem-pessaries in my practice ; although fully recognizing, as I do, the dangers connected with their use, I do not resort to them unless I believe it to be absolutely unavoidable. It is just three ago since I put in my last intra-uterine stem, and this is the first day that I can consider the patient out of danger of a fatal result from its effects. Then, why use such agents at all, you may ask. Simply because in certain instances the object desired can be accomplished in no other way. The simple passage of a catheter has been known, in occasional cases, to produce urethral fever, lymphangitis and death ; yet no one would think of abandoning the use of the catheter in general, in consequence of such an accident. In the same way we continue to use sponge-tents. But we are fully aware that serious consequences may possibly result ; and I would not have you deluded into the idea that they are by any means free from danger. I do not suppose a fortnight ever passes without my introducing at least one sponge-tent ; but I make it a rule always to inform the friends of the patient (not the patient herself) that the procedure is attended with a certain amount of risk. This I consider to be the duty of the medical attendant in every instance ; for if he should announce that the introduction of a tent was a trifling operation, not in the least dangerous, and in four or five days afterward the patient should die from peritonitis in consequence of it, he would certainly be placed in a very unenviable position. Such an unfortunate occurrence can always be avoided if you recognize the dangers incident to such a method of treatment ; and if you consult any gynecologist of experience and frankness, he will tell you that there is danger in putting anything whatever into the cavity of the uterus. Even cotton which has been saturated with thymol or carbolic acid may give rise to the most serious consequences, if allowed to remain in the uterus for twenty-four hours ; and the same is true of the mere passing of the uterine sound.—*Med. and Surg. Reporter.*

OPERATION FOR THE RADICAL CURE OF CON-
GENITAL INGUINAL HERNIA IN THE CHILD.—

Dr. George Buchanan, finding Wood's operation with pins unsuccessful in his hands, determined to perform an operation consisting of opening the sac and obliterating the canal by the introduction of strong sutures. He reports the case of a male child, of 16 months, who was the subject of congenital inguinal hernia, which was observed shortly after his birth. It had grown with his growth, and when examined, was the size of a turkey's egg, and distended the left side of the scrotum. Trusses had failed to keep it in place. When it was reduced the finger could be pushed into the abdomen, but the gut came down alongside of it. The operation was as follows :

The patient having been chloroformed, the rupture was returned and kept up by the finger of an assistant ; a longitudinal incision was made along the whole length of the sac, from opposite the internal ring to the bottom of the scrotum. This divided all the textures down to the peritoneal sac, which, as usual, had been thickened by the presence and movements of the hernia. With the handle of the knife and a few touches of its point Dr. Buchanan separated the sac from its superficial structures, leaving the posterior part lying over the cord, which was seen behind. He then divided the sac into two halves by a transverse cut, except at the back, where it was adherent to the cord. One-half was folded down over the testicle so as to form a sort of tunica vaginalis. The upper half was rolled into a ball or plug, which he pushed into the internal abdominal ring, and had it kept there by an assistant. The walls of the inguinal canal were now approximated as in the operation for radical cure of hernia in the adult. Pushing aside the structures so that the relations of the ring and canal could be seen, a strong nævus needle was pushed through the external pillar of the canal at a spot opposite the internal ring. Then, guiding it with the point of his left forefinger lying in the internal ring, he made it lift up the lower border of the internal oblique muscle and emerge through the internal pillar of the external aponeurosis, about half an inch above its lower edge. A strong waxed-silk thread was now passed through the tissues with the aid of the needle, and this was followed by a second, including the rolled-up bit of sac carefully placed with its external raw edge outwards. The edges of the external ring were now drawn together tightly above the cord by a strong silver wire made to take a very strong deep hold. For this purpose it passed through the tendon of insertion of the internal rectus. The wire, when drawn through, was clamped and retained by a little rod of silver. The silk threads and wire hung out of the bottom of the wound, which was closed with antiseptic precautions. The child was placed on a St. Andrew's cross, the upper arms of which were joined by a sheet of calico, on which the body rested, the legs being

securely bandaged with strips of adhesive plaster to the lower limbs of the cross. The pelvis and chest were also securely fixed to the apparatus. In this way the movements of the child were securely controlled. A perfect recovery was the result: and Dr. Buchaan says he shall in future employ this operation, not only in the case of children, but also in adults, where the operation for strangulated hernia has been performed.—*British Med. Jour.* May 17, '79.

A NEW ELASTIC SUTURE.—The following elastic suture is recommended by Dr. Vogel for closing a gaping superficial wound, and for drawing the edges of the latter together. Wide strips of sticking plaster are placed on both sides of the wound, from one to two inches from the edge. Several small holes are then made in that portion of the strips which is near the edge of the wound, and small-sized studs are placed into the openings. A narrow India rubber band is then laid across the neck of two opposite studs, slightly tightened and fastened. This new suture is said to have answered very well in cases where the metallic suture either caused suppuration or could not be applied because the edges of the wound were too far distant.

DISPOSAL OF EXCRETA.—In his address on hygiene at the meeting of the British Medical Association, Dr. Fergus said in reference to the disposal of excreta that, "after years of further study and investigation, I can only adhere to my opinion, expressed many years ago, that 'if it is true that organic poisons producing disease may pass from sewage; if it is true that cholera, diphtheria, typhoid fever, and diarrhoea are traceable to taking into our systems, by air or water, the results of decomposition of human excreta; if it is true that these diseases and others from the same causes, swell our death-rate and carry off some of the most valuable of our population, then, gentlemen, I affirm that the only true sanitary solution of our difficulties is, that all excreta shall either be returned to the earth or subjected to chemical action rendering decomposition impossible; and I am furthermore sure that if a tithe of the time, skill, and ingenuity, and one-thousandth part of the money that have been devoted to water-carriage had been spent in investigations in this direction, the problem of the sewage question would have been solved long ago."

CONVULSIONS OF CHILDREN.—Dr. Jules Simon, recommends the following enema when the infant cannot be got to swallow, preceding it by an ordinary enema. Musk, 20 centigrammes; camphor, 1 gramme; chloral hydrate, $\frac{1}{2}$ gramme; yolk of one egg, and 150 grammes of water. The child should also inhale ether, and be placed in a hot-water and mustard bath, until the skin reddens.

CANADA MEDICAL ASSOCIATION.

MINUTES AND PROCEEDINGS.

The twelfth annual meeting was opened in London, Ont., on the 10th ult., at which were present Drs. McDonald, Botsford, Workman, Bucke, Robillard, Campbell, Osler, Gardner, Harrison, Burritt, Burgess, Fraser, Roddick, Ross, Mullin, Buller, Sloan, Riddell, David, and others.

Dr. McDonald, President, took the chair at 10.15 a. m., and declared the meeting opened.

The committee of arrangements reported the credentials of Dr. Brodie, of Detroit, as a delegate from the American Medical Association, as correct; and Dr. Brodie was requested to take a seat on the platform. Dr. Dunlap, of Springfield, Ohio, and Dr. Goodwillie, of New York, were elected members by invitation, and also requested to take seats on the platform.

The minutes of the afternoon session of last year were read and confirmed. Letters of regret at not being able to attend the meeting, were read by the General Secretary, from Drs. Acland, White, Hutchison, Rochester and Stuart.

On motion, Drs. Burgess, Payne, King, Drake, Stevenson, Lumley, Jones, Burns, and Millman, were duly elected permanent members.

It was moved and seconded, that the President's address be not now read, but be the first order of business of the afternoon session, which was carried.

Dr. Osler reported verbally for the Publication Committee.

Dr. Botsford read a short report from the Committee on Climatology, exhibiting a map of the unhealthy portions of the city of Montreal, sent him by Dr. Larocque, health officer of that city.

The General Secretary then read a telegram just received from Dr. Hamilton, of St. John, N. B., regretting his inability to be present at the meeting, and also a letter from Dr. Stephen Dodge, of Halifax, enclosing his subscription, and withdrawing from the Association.

On motion, the following members were named as the Nominating Committee: Drs. Bucke, Workman, Burritt, and Harrison, for Ontario; Botsford and Hamilton, for New Brunswick; and Campbell, Osler, Ross and Hingston, for Quebec.

Dr. Bucke submitted an excellent paper on "Alcohol in Health and Disease," in which he pointed out that this stimulant could be very well done without in the practice of medicine. He related his experience in connection with the London Lunatic Asylum, and after making exhaustive experiments he had discontinued its use in the institution altogether. Alcohol was either a stimulant or it

was not, either a means of doing good or of doing injury. He would not discuss the last idea, but submitted the opinion that it was at least of no practical benefit to persons either in health or disease.

Several gentlemen objected to the theory advanced by Dr. Bucke, believing that its use was decidedly beneficial. They agreed at least that there was no drug that could properly take its place.

Dr. Workman was not in harmony with the ideas of the essayist, and quoted his experience in the Toronto Lunatic Asylum in support of his opinion. In the Asylum, however, he had seldom used it but as a means of comforting patients who were on the path to the grave, and making their last hours as painless as possible.

The President also opposed the ideas advanced in the paper, and at the request of the meeting thanked Dr. Bucke for his able essay.

On motion, the following gentlemen were elected permanent members: Drs. Hyndman, Edwards, Arnott, Moorehouse, C. G. Moore and Hanson.

Dr. Riddel, on behalf of Dr. Covernton, read the report of the Committee on Education, recommending the elevation of the standard of letters as well as the standard of medicine. He pointed out the necessity of this precaution, and the advantages of working a reform in some of the schools.

The report was laid on the table.

The meeting then adjourned until 2 p. m.

AFTERNOON SESSION.

The President called the meeting to order at 2.30, p.m. The minutes of the morning's session were read and approved.

On motion, Drs. Leaming, of New York, and Lister and Gustin, of Detroit, were elected members by invitation, and requested to take seats on the platform.

Reports from the Committees on Surgery, Medicine, and Obstetrics, were received and handed to the Publication Committee.

On motion, the following gentlemen were elected permanent members: Drs. Billington, Phillips, Newell, Burkhart, Dunfield, Sinclair, Marquis, and Walker.

The President then delivered his address. He referred to the importance of his position, and thanked the Association for the honor conferred upon him. It was right that the annual address from the chair should deal with some live and important topic. He felt that the remarks of ex-President Workman, on previous years, regarding the location and construction of asylums, had done a great good, and on the present occasion he was going to speak of another class of institutions, which deserved, although they did not receive, equal attention to lunatic asylums. He referred to hospitals for the sick. To what extent were they required, and how could they be obtained? It

could not but be admitted that notwithstanding the boasting of men with regard to the present improved state of the world and the well-being of society, our social condition renders hospital provision as great a necessity as when men spoke more modestly of themselves and their institutions. Poverty and other reasons were the cause of this demand for hospital accommodation. After discussing this portion very ably, the speaker pointed out that hospitals, to answer the purpose required of them, should be placed within easy reach of those who need their services, and not so few and far between. It was quite wrong that sick persons should be required to make long and painful journeys. To be thus numerous and fully equipped the institutions must be supported at the public expense. And why should they not be regarded as legitimate objects for the employment of public money? Lighter and much less expensive buildings than those now located at favored places would answer the purpose very well, and he recommended the adoption of the "one story pavillion," which was so well adapted to its requirements. He would not require to describe this style of hospital, as the character as well as the advantages was too well known. To small towns, the construction of a hospital according to present ideas, would be an enterprise of insurmountable difficulty, and they would rather forego the hospital altogether, or else bring into use some disused tavern or factory, while a one-story structure of wood or brick could be provided by them with perfect ease, and so cheaply, that should it become infected its destruction would not entail a serious loss. He would not have brought the subject before the Association, if it were not for his familiarity with it, and the evils he had observed arising out of the use of old brick buildings, charged with septic matter. He concluded his interesting address by inviting the co-operation of the members in agitating this important matter.

Dr. Lemning, of New York, then read a paper on "Endemic Pleuro-Pneumonia," after which the thanks of the Association were tendered Dr. Leaming for his valuable paper.

Dr. Goodwillie, of New York, next explained his views on the "Hindrances to respiration from disease of the nose," exhibiting some of the instruments he used in certain cases. A cordial vote of thanks was accorded Dr. Goodwillie.

Dr. J. H. Burns, Toronto, then read a paper on "Registration of the Condition of Health," which Drs. Brodie, Botsford, and Lister discussed, the latter ending with an invitation to the members to attend the session of the Sanitary Convention in Detroit in December next. A vote of thanks was carried to Dr. Burns for his interesting paper.

On motion, Drs. T. K. Holmes, McGuigan, Phelan, McCulloch, Smith, Jas. Stevenson, Chamberlain, and Park, were elected permanent members.

Dr. Workman, of Toronto, then read a lengthy

essay on "Placenta Prævia," in which he strongly advocated the plugging system adopted by him after many years of experience.

Dr. Dunlap quoted instances of this character from a history of his thirty years of practice, giving his treatment in similar cases.

After a vote of thanks to Dr. Workman, the Association adjourned.

EVENING SESSION.

The President took the chair at 8 p. m. The minutes of the afternoon session were read and confirmed.

Dr. Grant, of Ottawa, read a paper on "Dermoid Cysts of the Ovary, with Operation and Treatment," in which he dealt with the subject from a surgical and medical point of view.

Dr. Dunlap, of Springfield, Ohio, was much pleased with the paper, and in the course of his remarks, recited a case of Multilocular Ovarian Cyst which came under his observation, together with the operation and treatment adopted.

Dr. Hanson, of Hyde Park, recited the particulars of a cure of ovarian tumor by the injection of iodine, and two cases of spontaneous cure.

After remarks by Drs. Billings, Sloan, Osler, Hingston, Workman and McCargow, a vote of thanks was cordially carried to Dr. Grant for his very interesting paper.

Dr. Rosebrugh next read a paper on "Fibroid Tumors of the Uterus," which was remarked upon by Drs. Hingston, Dunlap and Turquand. Dr. Rosebrugh having replied, Dr. Grant made a few observations, and moved a vote of thanks to Dr. Rosebrugh.

Dr. Scott then exhibited an ecraseur of his invention, which was carefully examined.

The meeting adjourned at 10.30, to meet at 10 a. m.

SECOND DAY'S PROCEEDINGS.

The President called the meeting to order at 10 a. m. The minutes of last evening's session were read and confirmed.

Dr. Campbell, seconded by Dr. Osler, gave notice of the following motion: "That the time devoted to the reading of any paper—except addresses upon special subjects which at a previous meeting had been assigned to a member—shall not exceed thirty minutes."

Dr. Osler, of Montreal, gave an interesting demonstration of the medical anatomy of the brain, illustrating his able discourse with specimens of the brain prepared by Giacomini's process, upon which Dr. Grant made a few remarks and moved a vote of thanks to Dr. Osler.

Dr. Noyes of Detroit, having entered the room was elected a member by invitation and requested to take a seat on the platform.

Dr. Buller read a paper on "Pilocarpin in Iritis," upon which Dr. Noyes made a few remarks.

Drs. McCargow and Roddick were appointed to audit the Treasurer's Books, &c.

Dr. Bucke, on behalf of the nominating committee, recommended that Ottawa be the place of meeting for next year, and that the meeting be held on the first Wednesday of September, 1880.

That Dr. R. P. Howard of Montreal be President, Dr. David, General Secretary, and Dr. Robillard Treasurer; Vice-Presidents, Dr. Hill of Ottawa, for Ontario; Dr. F. W. Campbell of Montreal for Quebec; Hon Dr. Parker of Halifax, for Nova Scotia; and Dr. Atherton of Fredericton, for New Brunswick.

Local Secretaries,—Dr. Wright of Ottawa, for Ontario; Dr. Ross of Montreal, for Quebec; Dr. Wickwire of Halifax, for Nova Scotia; Dr. Allison of St. John, for New Brunswick.

Committee of Publication,—Drs. Fenwick and Campbell with the General Secretary and Treasurer.

Committee on Medicine,—Drs. Wright of Ottawa, Adam Wright, Toronto, and Harrison of Selkirk.

Committee on Surgery,—Drs. Roddick, Atherton and Burrill.

Committee on Obstetrics—Drs. J. H. Burns, Toronto, Gardner, Montreal, and Black, Halifax.

Committee on Therapeutics—Drs. Daniel Clarke, Hingston, and Stevenson, London.

Committee on Necrology—Drs. Edwards, London, F. W. Campbell and Fulton.

Committee on Education—Drs. Hingston, Graham, and Burgess.

Committee on Ethics—Drs. Macdonald, Kings-ton, Robillard, Parker, Grant, Botsford, Marsden, Bucke, Clarke and Osler.

Committee on Climatology—Drs. Oldwright, Toronto, Larocque, Montreal, and Botsford.

Committee on Arrangements—Drs. Sweetland, Grant, and Wright, with power to add to their number.

In accordance with the recommendation of the Committee of Nomination, it was moved by Dr. Bucke, seconded by Dr. Hingston, that the by-law be suspended, so as to alter the meeting to be held on the first Wednesday in September; when Dr. Workman, seconded by Dr. Harrison, moved in amendment that the by-law be adhered to, and August be the time of the meeting,—which motion in amendment was lost and the original motion carried.

The report was received and adopted.

Dr. Holmes then read a most interesting essay on "The Antagonistic Action of Cold Applied Externally in the Treatment of the Febrile State," in which he strongly recommended the use of cold water applied over the surface of the body with a sponge, or by other means. He also briefly outlined the history of several cases which had come under his observation. A vote of thanks was passed to Dr. Holmes for his very excellent paper.

Dr. Grant, seconded by Dr. Bucke, moved "that the following gentlemen be requested to deliver addresses to the Association at the next meeting:—Dr. Osler on the progress of Pathological Enquiry; Dr. Roddick on Antiseptic Surgery, and Dr. Botsford on Sanitary Science."

Dr. Hingston, seconded by Dr. Ross moved in amendment, "That it be a suggestion to this association to consider the question of the advisability of having reports on special subjects to be suggested by the nominating committee. This amendment was lost, and the original motion of Dr. Grant, carried.

On motion, Drs. Forster, Hyde, Eccles Harvey, Healy, Stevens, D. M. Fraser, Swan and C. S. Moore were elected permanent members.

Dr. Playter then read a paper entitled "Remarks on Therapeutics and Materia Medica," in which he suggested more uniformity in the teaching and practice of therapeutics, and referred to the wide difference which existed among writers and practitioners in reference to the action of drugs.

The auditors reported having found the treasurer's books and vouchers correct, and a balance on hand.

Dr. F. W. Campbell then read a paper on "Duodenal Ulcer," upon which Dr. Osler, who had made the post mortem made a few remarks.

It was moved by Dr. Botsford "that whereas it is important to ascertain the influence of weather on health; whereas weekly reports from different sections of the Dominion are necessary, and whereas there are already meteorological observations collected, and whereas the printing of these cases by the government, and their *free* transmission through the post, will greatly facilitate the accomplishment of this hygienic measure. Therefore resolved, that the president and Drs. Robillard and Oldwright be a committee to bring this subject to the notice of the general government.

Dr. Hingston presented an able paper on "Lithotomy," recommending the crushing of the stone instead of using the knife. He exhibited several specimens of stone, one of which measured three inches in length, two and a half inches in width, and one and one-half inches in thickness. In the course of his experience he had only come across two cases that needed the practice of "Lithotomy."

The members of the association then proceeded to the Asylum for Insane where *lunch* was provided for them by Dr. Bucke, after which they visited the wards of the Institution.

AFTERNOON SESSION.

The President took the chair at 4.45 p.m. The minutes of the morning session were read and confirmed. Senator Carroll, M.D., of British Columbia, raised an objection to the non-appointment of Vice-Presidents for Manitoba, British Columbia and the North-west.

Dr. David, the Secretary, replied that gentlemen residing in those provinces had been notified of the existence of the Association, but had seen fit to take no notice of it, hence the non-appointment.

Dr. Fulton, read a list, together with a short biography, of medical men who had died in the Dominion during the past year.

Dr. Tye, of Thamesville, read a paper on the Treatment of Post Partum Hemorrhage by Topical Applications," which was well received by the members present.

Dr. Ross, of Montreal, followed with a paper on "Dilatation of the Stomach treated with the Stomach Pump," giving a case which excited a feeling of deep interest.

Dr. Roddick, of Montreal, recited the particulars of a case of "Occipito-Meningocele," with treatment by elastic ligatures and seton. The discussion was interesting.

Drs. Gustin and Murphy were duly elected permanent members. Dr. Osler stated that not having proper light in which to exhibit the apparatus for estimating the hemoglobin of the blood, he would put it off till next meeting in Ottawa.

Dr. Hanson made a few interesting observations on the former endemic diseases of this locality.

It was moved that the General Secretary receive the usual honorarium, and be also allowed his travelling expenses.—Carried.

The Auditors moved a vote of thanks to the Treasurer, and that he be allowed his travelling expenses. Carried.

On motion, a gratuity of four dollars was voted to the janitor for his services.

Thanks were voted to the Grand Trunk and Great Western Railways for issuing tickets to members at a reduced rate. Thanks were also tendered the Committee of Arrangements, and to Dr. Bucke for his attention and entertainment.

On the motion of Dr. Hingston, seconded by Dr. Bucke, it was resolved, "that Drs. Mullin, Osler and Sloan be a committee to report at next meeting, upon the question of members fees, and the best means of publishing the transactions."

On motion, the President left the chair, and Dr. Bucke was called thereto, when Dr. Hingston proposed a vote of thanks to Dr. MacDonald for the able and affable manner he had conducted the meeting, which motion was carried by acclamation. Dr. MacDonald returned thanks, and the meeting adjourned at 6.50 p. m.

A banquet was held in the evening which was largely attended.

A. H. DAVID, M.D.,
General Secretary,

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John. N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, OCTOBER 1, 1879.

HYSTERICAL MANIA IN ITALY.

By the polite liberality of the chief editor of the *Revista Sperimentale di Freniatria e di Medicina Legale*, an Italian periodical, we have been accorded the valued privilege of a mutual exchange of issues. The number now before us embraces the 1st and 2nd fasciculi of the 5th year, covering nearly 400 pages, presented on excellent paper, and in truly beautiful typography, issued quarterly. An introductory article, in memory of *Carlo Livi*, an eminent alienist, of which only the first part is given, extends over 16 prefatory pages. The articles which fill up the body of the Review are all of very high merit, and it would be very desirable that they should be carefully studied by all who are engaged in the specialty of mental therapeutics, or who may desire to obtain a competent acquaintance with legal medicine. We apprehend, however, that not many of the medical profession in America have devoted so much time to the acquirement of a knowledge of the beautiful language of Italy, as to enable them to read the productions of the able men, who, at the present day stand forth as brilliant exponents of these departments of medical science. The following details of an epidemic of hysterical mania, a translation of which into English has been kindly presented by a friend, may be found both interesting and instructive; they are as follows:—

"The District Authority of Tolmezzo, in his daily record of 11th of December, 1878, amongst other matters on which he gave information to the Prefect of Udine, makes the following relation: 'In obedience to official obligation, I have the honor to report that in the Commune of Verzegnis, and specially in the divisions of Chiaicis and Villa, within the last three months, about 40 persons of

the female sex, of different ages, have manifested the so-called religious mania.' This announcement, presented in a public document, did not fall in vain under the vigilant and sagacious eye of our illustrious Prefect, who, apprehending the serious consequences which might ensue under an appearance so trivial, instantly despatched to the locality a prefectural delegate, charged with the duty of inquiring into the facts. This valuable functionary rendered a very elaborate detail of his researches, from which I (the editor of the *Revista*,) have made the following abstract, which may interest the public and science through the study of the epidemic treated of. 'About a year ago,' he writes, 'that is in the first days of November, 1877, there came to the parish church of Verzegnis to perform mission, a Jesuit of Gorizia—or at least one proceeding from there—by name Dr. M. F., who remained eight days, during which there was a continuous alternation of religious functions, with extraordinary devices which the Jesuits understand how to employ in order best to strike the imagination; besides preaching, meditations and instructions occupying the whole hours from dawn of day till noon. The result was, that all minds were more or less impressed and exalted; and there was a large course to the sacraments, for securing of indulgences adapted to their salvation from those infernal tortures depicted in such vivid colors, and presently many made their confessions. There had been in the above village and the neighboring one of Chiaicis, a number of women affected with hysterical mania, one of whom had been so for several years. A tendency to this disorder seemed preferentially to predominate in these villages. The fact is, however, that after some months, in the succeeding spring, almost the whole of those affected became much worse, and several others were added to the number, chiefly from among the younger and more handsome portion, between the ages of 12 and 15 years. The malady manifested itself more or less uniformly in the following modes: There were two, three, and finally four accessions daily of the mania, more mild in the young and the older, but more severe and tending to furious mania in the full grown and strong, between the ages of 19 and 25. During the attacks they uttered senseless cries and shouts, and gave expression to the most obscene language that can be imagined, surpassing in character the most beastly used in

the country, and evincing the most vivid detestation and aversion of the priests, whom they designated with words the most foul and vituperative. They believed themselves damned and invaded by infernal spirits, and they would not suffer (a peculiarity strangely uniform in all,) to be called by their own names, evincing the highest rage if any one dared so to address them. Yet they still conserved sufficient discernment to comprehend what was said to them, and to reply more or less pertinently, though crookedly correlative to the questions. They always knew the persons who approached them, and exhibited a sort of *clairvoyance*, which consisted in predicting those about to enter the house, in divining their intentions, and what was passing in their minds; all which may be fully explained and understood, as the product of an exaltation of their intellect and their sensory organs, in affinity to that which is obtained by magnetism, but which in a credulous and ignorant population produces the conviction of the operation of some supernatural agency, due to the presence, in those affected, of wicked spirits. They craved, and relished in the most lively manner, the drinking of brandy, which, given in moderate doses, procured a momentary alleviation of the nervous spasm. After the fit passed of, nothing was discoverable in them which would lead any one who did not know the fact, to suspect that anything was the matter with them, and they even attended, as if quite rational, to their ordinary domestic work, and to outside occupations; but while they were suffering they knew nothing, and they afterwards had no recollection of what occurred in their fits. As has been said, the malady was developed in the past spring, and it was aggravated in those previously affected. The priests of the place were prompt to second the prejudices and superstitions of the poor and ignorant villagers, pressing in with the rites of their ministry for the exorcising of those affected, and driving out the diabolical spirits. They employed for this requirement, at the residence of each, in due form, and with ritual vestments, the consecrated formulas of the liturgy, offering prayers on the missal, sprinklings of holy water, and not omitting the application of sacred images and relics on the breast.

"But that which operated yet worse to excite beyond measure the fantasies, was the assembling of all one day in the church, to hear the mass, and

witness the appropriate ceremonies of the exorcismal rite, whilst they were in their normal state, from which indiscretion a complete scandal ensued; for now even the calm became excited, several fell down in paroxysms, breaking out, in the very church, into their wonted bawlings and indecent words, and their vituperations against the priests.

"That which, however, sustains and favors this malady, besides extending it to others, is the continual contact of the sane with the diseased. The former run foolishly to witness every fresh accession. They flock in suffocating crowds to the houses of the affected, and confidential interviews with the male visitors are frequent. It is very pleasing, however, to record that unless in their words, the patients lose not their modesty. There was not evinced, nor did there take place, the least impropriety with the young men. They indeed uttered obscene words, but as the impressions and not the expressions of erotism. I learned from the two priests, by their own admission, how much they had contributed to the evil, and I strongly urged them to desist from every further attempt at exorcism, and to adopt every possible means to suppress excitement in relation to this superstition."

The foregoing is but a meagre extract from the lengthy and able report of Dr. Franzolini, the officer deputed by the Government to enquire into this serious invasion of mental aberration. Notwithstanding Dr. F.'s injunctions, it appears from the sequel that the priests did not carry out his recommendations. The superstitious fanaticism finally culminated in a terrific outburst, which would certainly have eventuated in the sacrifice of the lives of parties regarded as the agents of Satan, had not the central authorities interfered, and sent a military force to restore order, by the removal of the affected women, 19 in number, to the insane hospital of Udine. It would appear that religious revivals are not peculiar to Protestant churches, but that, even in the end of the nineteenth century, the Catholic church is able to get up some, with very high steam power. It is worthy of note, as an instructive illustration of clerical self-complacency, that throughout the course of the epidemic the priests believed and taught that the vituperations uttered against them, were not the language of the patients, but of the devils which had taken possession of them,—a doctrine quite comprehensible to their flocks, who were convinced

that Satan hates the clergy, and flees from holy water. Doctor Tomaso La Vusca, physician to a convent in Palermo, clearly proved that the devil dreads even unconsecrated cold water, for, in a letter to Dr. Franzolini, he states that a few years ago he suppressed an epidemic of hysterical mania in the convent, by merely threatening a prolonged cold bath to every nun who might be seized with the malady, and if this should not suffice he would apply the actual cautery behind the ear—"Era cruce inverno." It was very cold winter, he says, and not another attack occurred. But had the dread of cold water failed, was Dr. La Vusca such a fool as to hope to frighten the devils with fire?

THE TORONTO SCHOOL ORGAN.

It is an old and very true saying that "misery likes company," and nowhere is it better exemplified than in the utterances of our cotemporary of this city, in its last issue, under the heading of "The Old Organ and The New." Our cotemporary already feels uncomfortable in its role of "school organ," and is laboring to obtain some consolation by endeavouring to place other and entirely independent journals in the same category with itself. The effort, however, to place the CANADA LANCET in the rank of school organs will fall far short of the mark, for it is too well known to the profession in the Dominion of Canada as an independent and impersonal journal to permit of such an idea being entertained for one moment. No mere school organ could ever hope to attain the circulation and influence of the CANADA LANCET to-day, among the profession in this country. The LANCET is the private property of one individual; and the only possible ground for the allegation that it is a school organ, is the circumstance that the Editor and Proprietor occupies the chair of Physiology in the Trinity Medical School. Even this fact is unknown to a great number, and never could have been gathered from the literary columns of the LANCET. This journal was projected in the interests of the general profession, and has always been conducted in a spirit of perfect independence; and whenever it is felt by the editor that his position in the school is incompatible with his independence as a public journalist, it will be time to consider the propriety of discontinuing one or other.

We do not care at present to enter into a controversy with the "school organ" in reference to our motives regarding increased territorial representation in the Medical Council of Ontario; we prefer to leave that issue to the good sense of the medical profession, and let our actions speak for themselves. There is one statement, however, in the article to which we have alluded, which is so very amusing that we cannot pass it over in silence. The organ says "there never was a body of men so much under the button-hole influence of at least one manipulator, and there is no man living who would be rash enough to guess what the curriculum might be next year if the present Council should survive the impending elections." To call this "sarcasm" would indeed be a misnomer. This statement of our cotemporary, though intended as a hit at some one else, applies in the most effectual manner to the President of the school of which it is the recognized organ, who, for several years past has been tinkering with the curriculum and examinations every session, until not even the omniscient executive committee itself could understand the regulations. For the first time, last session, this gentleman's manipulations failed to influence the council, and hence these lacrymose wailings.

ACQUITTAL OF EMILY H. STOWE, M. D.

Some considerable interest was excited in the trial of E. H. Stowe, M.D., of this city, charged with "having administered poisons, viz., hellebore and cantharides, and also a noxious thing, to wit, myrrh, to one Sarah Ann Lovell, with the intention of procuring a miscarriage of the said Lovell." It was shown in evidence that the girl had gone to Dr. Stowe to obtain medicine to bring on her periods; that Dr. Stowe at first refused, but as the girl threatened to drown herself unless supplied with the medicine, Dr. Stowe yielded so far as to give her a prescription copied from Ellis' Formulary, containing one ounce of tincture of myrrh, half an ounce of tincture of hellebore, and two drachms of tincture of cantharides, and directed her to take thirty drops three times a day in water. The girl took the prescription to Mr. Mitchell, druggist, got the medicine put up, and was seen taking it openly in the house where she was at service. This was in the month of May. In August the girl died

suddenly of congestion of the lungs, and at the inquest the above facts were brought out in evidence, and hence the present trial. In the evidence for the prosecution the medical testimony went to show that these medicines were injurious and likely to produce abortion in a pregnant woman, but that in the doses prescribed by Dr. Stowe, they would, in all probability, be perfectly harmless. It was a most unfortunate prescription, as Dr. Stowe admitted, taking the most charitable view of the case, and as no intent could be proved, the prosecution fell through, and the Judge (McKenzie) refused to let the case go to the jury. It was contended that there was no effort at concealment. Dr. Stowe handed the girl a prescription which she regarded as harmless, to make any use of she thought proper—a thing most unlikely if she had any criminal intent.

The ruling of the Judge in this case, in regard to the giving of a prescription is worthy of notice. The counsel for the defence contended that the giving of a prescription containing poisons to a person who applied for it, and afterwards purchased the medicine from a druggist (though it might be an offence in one way), was not an offence under this indictment. The Judge briefly reviewed the case, holding that there could be no offence in writing a prescription and handing it to a person, and there was no evidence to show that Dr. Stowe had told the girl to procure the medicine or to take it; and the jury must not forget that she had sworn that what she had prescribed for the girl was harmless. He therefore directed that a verdict of "Not Guilty" should be rendered, which was at once done.

THE CANADA MEDICAL ASSOCIATION.

The recent meeting of the Canada Medical Association, held in London on the 10th and 11th ult., a report of the proceedings of which will be found in another place, was a most successful and interesting one. The attendance was much larger than usual, and the papers read were of more than ordinary interest. It is to be regretted, however, that there was not more time and inclination for their discussion. In order that the papers read may be profitably discussed, it will be necessary in future to divide the Association into sections, as

was done in Montreal in 1877—a section in medicine and another in surgery. This would give more time for the discussion of papers, and allow those who are interested in the reading of certain papers ample opportunity of attending and discussing them in one or other of the sections. A new feature in the proceedings of the meeting was a practical demonstration (in lieu of a paper), on the medical anatomy of the brain, by Dr. Osler, of Montreal. The brain was hardened by what is known as the process of Giacomini, of Turin, by means of which the organ is rendered firm enough to be handled, and looks like a wax model. By this process, the brain is first put into a 50 per cent. solution of zinc chloride, where it remains ten or twelve days. It is then placed in alcohol for ten days, after which it is immersed in glycerine with one per cent. of carbolic acid added. When sufficient glycerine has been absorbed, it is set aside to dry, and afterwards coated with gum-elastic varnish. He also exhibited Dr. Dalton's apparatus for slicing the brain. Some very fine water-color drawings of pathological specimens were also exhibited by Drs. Ross, Osler, Campbell, and others, which were much admired by the members present. Among the exhibitors of pharmaceuticals may be mentioned the firm of Wyeth & Bro., of Philadelphia, whose fluid extracts and other preparations were favorably noticed in our last issue. The social part of the arrangements was admirably carried out. The members were entertained at a magnificent lunch at the Asylum by Dr. Bucke, in the afternoon of the second day, and in the evening a banquet was given in the Tecumseh House by the profession of London, which was largely attended.

NEWSPAPER ADVERTISING CONTINUED.—The latest victim of this advertising dodge on the part of editors and injudicious friends, is a medical man in Newmarket, Ont. We are informed by the *Era*, that "a Mr. Johnson is very ill, but under the skillful treatment of Dr. Scott, the disease has been broken up."

The Belleville *Intelligencer* of Sept. 23rd, also contains an account of "a very critical operation in surgery, recently performed by Drs.—, (two registered practitioners), in an adjacent village. It consisted in the removal of a *Myalord Tarcoma*, (tumor), five and a half pounds in weight, from the lumbar vertebræ, at the spinous processes." The

writer of the above puff, no doubt, did his work well enough, but the proof reader has made sad havoc of the technical terms. These efforts to obtain a little cheap notoriety through the local press, cannot be too strongly reprimanded.

PERSONAL.—Dr. W. T. Harris, of Brantford, leaves on or about the 1st inst., for New York, to take a special course in Practical Gynæcology with Dr. Paul F. Mundé, of Mount Sinai Hospital. W. W. Bremner, M.B., Trinity Medical College, has successfully passed the examination for the L.R.C.P., Edin., and has obtained the diploma of that body. D. W. F. Chisholm, M.D., of Nova Scotia, has also passed the examination for the double qualification of the Royal College of Physicians and Surgeons, Edin., and was admitted L. R. C. P. and L.R.C.S., Edin.

COMMUTATION RATES FOR 1880.—We beg leave to call attention to our *commutation rates* for 1880, to be found in our advertising columns. The facilities offered those requiring a number of journals are not exceeded by any publisher in Canada. We would call special attention to our commutation with the *London Lancet*, English edition, weekly, which we supply with the CANADA LANCET for \$10, the actual price of the *London Lancet* to ordinary subscribers in Canada. Braithwaite's *Retrospect* as usual with the CANADA LANCET for \$5, &c., &c. The pages of the *London Lancet* will be trimmed on and after January, 1880.

TREATMENT OF OZÆNA.—In the *Memoirabilien* Dr. Dawosky describes his method of treating ozæna, which has been successful in his hands, as follows: He first removes all crusts, and then washes the cavity with a two per cent. solution of nitrate of silver. Every night he introduces into the nostril a tampon of charpie as thick as the finger, moistened with glycerine and dusted with powdered alum. This is removed in the morning, and the nostril washed out with a weak solution of permanganate of potash.

DISEASES OF THE EYE, EAR AND THROAT.—Dr. Palmer, who has been twelve years in general practice, and who has been pursuing the study of diseases of the eye, ear, and throat during the past two years in the hospitals of London and Vienna, has opened an office in this city, 31 King-st. west, for the practice of these specialities.

EDITORIAL CHANGES.—The editorial management of the *Canada Medical and Surgical Journal*, of Montreal, has recently changed hands. Dr. Fenwick, who has been the editor of the above journal during the last fifteen years, has resigned, and his place has been supplied by Drs. Geo. Ross and W. A. Molson. We welcome these gentlemen into the editorial ranks, and wish them every success in their new field of labor.

IMPROVED DOVER'S POWDER.—This consists in the substitution of potassium bromide for the potassium sulphate, and the addition of camphor in powder according to the following formula :—

R	Pul. opii.....	grs. j.
	Ipecac	grs. ij.
	Camph.....	grs. iv.
	Pot. Bromidi.....	grs. xvi.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—The authorities of Bellevue Medical College have adopted the three years' graded course of study, and a matriculation for all candidates for graduation. These changes, adopted Sept. 8th, '79, will take effect for and after the session of 1880-81.

ALEXIS ST. MARTIN.—This man, who had a permanent gastric fistula, the result of a gunshot wound, and whose name has been made famous by the experiments of Dr. Beaumont, is still alive. He is residing at St. Thomas, Quebec, and is seventy-eight years old. The valvular opening in his stomach still remains.

BRANT COUNTY MEDICAL ASSOCIATION.—A meeting of the above Society took place in Brantford on the 2nd ult. The following gentlemen were elected officers for the ensuing year :—Dr. Marquis, President ; Dr. Dickson, Vice-President ; Dr. Harris, re-elected Secretary-Treasurer.

DISEASES OF THE SKIN.—Dr. Bulkley will give a course of 24 lectures on "Diseases of the Skin," in the New York Hospital, commencing Oct. 8th, 1879. The course will be free to practitioners of medicine and medical students.

CORONERS.—B. L. Bradley, M.D., of West Flamboro', has been appointed associate coroner for the County of Wentworth.

STATUE TO DR. LONG.—A statue of Dr. Crawford W. Long, the discoverer of anæsthesia, is to be placed in the art gallery at Washington.

DEATH OF CHASSAIGNAC.—M. Chassaignac, to whom surgery is indebted for the invention of the ecraseur, and for the introduction of the drainage tube into practice, died on the 26th of August.

Books and Pamphlets.

HEARING AND HOW TO KEEP IT, by Chas. H. Burnett, M.D., of Philadelphia. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson. Price, 50 cts.

This is the first of a series of small volumes on subjects pertaining to *Smitary Science* and *The Preservation of Health*, written by *American Authors* of established reputation, selected with reference to their special knowledge of the subject from previous study or as private and public teachers. They are written from an *American standpoint*, with particular reference to climate and modes of life. The subjects selected are of vital and practical importance, and are treated in as popular a style as is consistent with their nature—technicalities of language being avoided. Each volume will be illustrated by engravings, when the text can thus be more fully explained to those not heretofore familiar with the structure or functions of the body.

A TREATISE ON THE DISEASES OF INFANTS AND CHILDREN. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children in Bellevue Medical College, etc., etc. Fourth edition, thoroughly revised, with illustrations. Philadelphia: Henry C. Lea. Toronto: Willing & Williamson. Pp. 758.

Smith's Treatise on Diseases of Children is not new to the profession in Canada, and no word from us is necessary by way of introduction to such an admirable work. The work is of a most practical character, and peculiarly suited to the wants of Canadian practitioners. It is one of the best works on this subject published. No one who reads it carefully can fail to profit by the fund of information and experience it contains.

SPERMATORRHOEA; ITS CAUSES, SYMPTOMS, RESULTS AND TREATMENT.—By Roberts Bartholow, A.M., M.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, etc., etc., etc. Fourth edition, revised. Small 8vo. pp. 128. New York: Wm. Wood & Co.; Toronto: Willing & Williamson.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashurst, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania etc. Second edition enlarged and revised, 542 illustrations. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

This volume contains everything of practical value in relation to the science and art of surgery. The author has been at great pains to cull information from every source both home and foreign, and has added much that is new and useful to the present edition. He shows himself familiar with the progress of surgery both in Europe and America, and his enlarged experience has enabled him to utilize to the best advantage, the facts he has collected. The illustrations, which are numerous, and many of them original, are well executed, and the mechanical execution of the work is in Mr. Lea's best style. The work will not only form a valuable addition to the surgical literature of to-day, but also constitute a convenient book of reference to those whose opportunities are such as to prevent them having access to the larger works on surgery.

Dr. Wilkinson has resigned his position of Medical Superintendent of the London Hospital.

A CLEAR CASE.—A man was seized with a sudden illness, and called in his physician. The doctor suspected that his patient had been drugged, —feared the possibility of self-drugging with alcohol. He called in a brother doctor to aid in the diagnosis. Now it so happened that the patient wore one artificial eye. Dr. No. 2 examines the case carefully; lifts up the lid of the false member and remarks solemnly: "There is no action of the pupil; it neither contracts nor dilates; it is fixed; no drugs: a clear case of drunk."

Births, Marriages and Deaths.

On the 10th ult., the wife of Dr. J. H. Burns, Toronto, of a son.

On the 21st ult., the wife of Dr. J. J. Cassidy, Toronto, of a daughter.

On the 26th ult., at Cape Vincent, Dr. Fairbairn, of Minneappolis, to Miss Sacket, daughter of Gen. Sacket, of Cape Vincent.

On Sept. 10th, at Woodstock, Ont., E. D. Ault, Esq., M.D., of Aultsville, to Elizabeth H., second daughter of James Girvin, Esq., of St. Catherines.

On the 18th ult., Hon. Senator R. W. W. Carroll, M.D., of Barkery, B.C.