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CANADA.

MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Valedictory Address to the Graduates in Medicine and Surgery, McGill University, delivered on behalf of the Medical Faculty, at the annual convocation, held in the William Molson Hall of the University, on Friday 31st March, 1876.

By THOMAS G. RODDICK. M.D., Professor of Clinical Surgery.

GENTLEMEN GRADUATES :—In accordance with a time-honoured custom I am here on behalf of the Medical Faculty of this University to convey to you their hearty congratulations on being this day the recipients of the highest honour which it is their privilege to bestow.

After a long, and in the main, a tiresome race, lasting over four years, you have at length reached the winning post, and are here to-day in the presence of a gracious and admiring assembly to be decked with the laurels you have so nobly won. In no race can all be first, but on this occasion the judges have unanimously ruled that you were all "on time." The goal at which you now stand is however not the last by many on this great course. You have completed the first heat only, the prizes for which alone are offered and distributed here, so that there is abundance of time for even the last man to pick himself up and show a brilliant record on the great home stretch. Remember that in the future the struggle ceases to be a college contest where as companions you are pitted against each other.

You are soon to meet well-trained and more determined competitors who will try your mettle to the very uttermost. However, of this be assured, if it may prove any stimulus to you, that wherever this Faculty, as your trainers, find a man of '76, running a fair and honourable race, they will always be prepared to back him against all comers.

You are to be congratulated, Gentlemen, not only in having graduated in Medicine, but in having done so at such an auspicious period in the history of the profession of your choice and in the history of our country. There never was a time among us in this Dominion, when energetic workers, honest conscientious men were in greater demand. It is certainly time to be up and doing when we have one of the chief leaders of public opinion in our midst—a journal of which we would have expected better things—upholding the cause of quackery, and imputing to us the basest motives because we dared to vindicate our rights, and raise a warning voice on behalf of a deluded people. The *Toronto Globe* asserts with an air that can hardly be mistaken for earnestness, that to molest these charlatans in their absurd and often nefarious practices is an unwarranted interference with the “liberty of the subject.” It positively contends that any one who considers himself competent either through some inherited charm or from mere vanity, to treat the various troubles of the flesh to which humanity is heir, should be allowed to do so unmolested. The evil consequences of such a policy cannot be estimated. It is difficult to understand, indeed, how it should find so strong an advocate in this otherwise respectable mouthpiece of public opinion. The *Globe* in its endeavour to place us all on a level with the itinerant mountebank must evidently be a firm believer in the theory that some men are “born doctors.” This journal of such communistic proclivities in matters medical, chooses to ignore the time and pains we have expended, and the pecuniary outlay we have made, in endeavouring to acquire a thorough knowledge of our profession, so that we may the better inspire an ever credu-

lous public with our ability to heal. Unfortunately the great majority of suffering humanity are unable, from their total ignorance of pathology, to discriminate between those diseases which, humanly speaking, are absolutely incurable, and those on the contrary whose tendency is towards a favorable termination. Hence these naturally fall a prey to the machinations of the unprincipled charlatan, who with vain deceit leads on his victims to their physical ruin and worldly embarrassment. Forsooth, we are told, that to raise a warning voice, and endeavor by legislation to rid society of such members is to interfere with the liberty of the subject. It is not jealousy that impels us in our action against those clever rogues who can amass riches when honest men starve,—give us our due, it is not jealousy,—but an honest desire, irrespective of our profession, to protect our fellows from fraud. It has been well sung :

“ When men of infamy to grandeur soar,
 They light a torch to show their shame the more ;
 Those Governments that curb not evils, cause ;
 And a rich knave 's a libel on our laws.”

You are called upon then, Gentlemen, on the very eve of your professional birth to do battle for legitimate medicine. This refers especially to those of you whose lot will be cast in the neighboring Province of Ontario, which seems to be the favorite haunt of those proteges of the *Toronto Globe*.

The influence which many of you must of necessity wield in a few years, cannot better be employed than in assisting to stock the legislatures of your respective Provinces with men, either professional or lay, having decided and intelligent views on the all-important subject of medical legislation. The fact is we are nowhere as well represented at Court as we might be. We are not the power in the state we should be. It is true there are members of our profession in our General and Local Parliaments, but with a rare exception, how feeble are their voices when we would expect to find them loudest in debate. There are two or three who do us credit, and whom we delight in honouring,

but even they, after long political careers, fighting their party battles, or from other causes, have become estranged from us, and are more famous as financiers and expounders of the law than as sons of Æsculapius. Besides, our services I contend, are required in the Assemblies of the country as much on her account as on our own. Those great measures of sanitary reform which must in the natural course of things be promulgated and at length accomplished, will of necessity be in great part the work of our hands. Who than we can better direct the enactments respecting vital statistics, vaccination, and the proper ventilation and drainage of cities? Who than we can better advise measures for the prevention of epidemics, and the grappling with them when they appear? Who than we can give more decided opinions on all subjects having a sanitary bearing? It is our province, it belongs by right and title to us, and while the financiers of our legislatures are squabbling over their dollars and cents, and "ways and means," while the manufacturers are keeping a weather eye open to the tariff, let us have men there who, irrespective of party, conservative and liberal, tory and whig, will rally round the one flag when the war note is sounded. "Sanitas sanitatum omnia sanitas."

As medical men, and taking as you no doubt will a prominent place in the communities in which you work, you will be expected to give a ready and intelligent opinion on the various topics of the day having reference to sanitary science. The relation of defective drainage, impure water, and adulterated milk, in the causation of Typhoid fever, will come up for constant discussion. The subject of overcrowding, adulterated food, impure air, occupation, &c., in the influence they exert in modifying existing disease, and in the production of disease, will be matters on which you will be expected to be thoroughly versed. There is nothing however in the discussion of which your temper and ingenuity will be more sorely tried than in the defence of that priceless prophylactic, *vaccination*. Have at your finger ends some of the more familiar facts connected with this all

important subject, in order to meet the objections of those who have unfortunately imbibed erroneous conceptions on the subject. Relate to them, for instance, the telling observations of Drs. Buchanan and Seaton on 50,000 children during the epidemic of small-pox in London in 1863. How of every 1000 children without any mark of vaccination, no fewer than 360 had scars of small-pox; while of every 1000 children who had evidences of vaccination only 178 had any such traces. With regard to the quality and amount of the vaccination it was found that of children having four or five scars, only 0.62 per thousand had any trace of small-pox. How it was found that the best vaccination was more than thirty times as protective as the worst, and the worst was more than fifty-seven times better than none at all. Tell them that in the city of Montreal, during the last year of your studentship—the year 1875—the total number of deaths was 6,311, of which nearly one-eighth, or 784, were from small-pox, and of these 653 were unvaccinated French Canadians. If such facts fail to make an impression on these unbelievers, tell them that in the year 1874 there were 55 unvaccinated persons admitted into the small-pox wards of the Montreal General Hospital, of whom all, five excepted, had the confluent form of the disease and 28 died, showing the awful mortality in the unvaccinated of over 50 per cent. On the other hand, among those who had been once properly vaccinated, there were only four deaths, and where revaccination had been successfully performed, only two cases had been admitted, and these were of so mild a type that but for the danger to others, the patients might have followed their ordinary avocations. You will meet many who are thorough believers in vaccination as a preventive against the virulence of small-pox, but who are haunted with the idea, that other constitutional diseases are propagated through the medium of the virus employed. To such I would recommend you, to quote in refutation the observations of Dr. Curschman of Berlin, one of the most reliable authorities and probably the most recent observer on this

division of the subject. He says: The possibility of the transmission of a disease through vaccination has thus far been demonstrated in but a single instance, and that is *syphilis*. Could the opponents of vaccination show that this occurs with any degree of frequency, or is with difficulty prevented, vaccination would thereby receive a severe blow; but here lies the weak point in our opponents' deductions. In the first place, those cases where the actual inoculation of this disease has been verified are so exceedingly rare that the objections based on them are consequently materially weakened. The force of these objections is still more impaired by means of the evidence almost always present that the unfortunate result was due to actual carelessness, or to an oversight easy to be avoided. Nearly all of the unhappy occurrences of this sort are not the fault of vaccination, but of its improper performance.

Endless evidence could be brought forward to sustain your position as an advocate of the cause of vaccination, but what I have related will stand you in good stead if taken unawares by our wily opponent.

Speaking to you, Gentlemen, as an elder brother, I would remind you of the important position in society you this day assume. While before you gloried in a condition of absolute irresponsibility, you will have from this hour forth the piercing gaze of a world, not over charitable, directed upon you. Like a child leaving for the first time its mother's lap to waddle alone, you are at this moment commemorating the dawn of an independent existence. You have to-day received from your Alma Mater your commission, with her seal attached, to pursue the responsible and arduous task of caring for the life and health of your fellow mortals. Yours is a glorious mission. The profession you have chosen,—“blessed art of healing over again divine,” is worthy of your proudest devotion—“ennobled as it is by endless examples of the most heroic self-sacrifice, and offering full scope for the exercise of the highest intellect, the purest philanthropy, the proudest ambition. Prove yourselves worthy members

of so honorable a brotherhood. Above all other things forget not the solemn vow you have this day taken and which is still so fresh on your lips, to render your services cautiously, virtuously and honestly, with wisdom, chastity and integrity. I stand here, Gentlemen, on this account more than on any other to implore you in the name and for the sake of this great University, in the name and for the sake of our common humanity, on behalf of all that is near and dear to yourselves, to pursue a course of prudence, sobriety and honour.

As the majority of you will have ample leisure during the first few years of your professional life, it cannot better be employed than in the endeavour to bring up the leeway—to work up those points on which you now consider yourselves weakest, and at the same time to keep pace with the progress of medical science. On the manner in which you spend these early years will depend to a large extent your future success in the practice of your profession. Every case which you are called upon to treat, no matter how simple in itself, should be made your earnest study, so that after a time you will have become accurate observers, and will have stored up certain definite facts in the diagnosis and treatment of disease, which will stand you in good stead later on in life. Medicine, especially in some of its departments, is progressing with such gigantic strides towards perfection, that in order to keep in line and not be numbered among the stragglers, it will be necessary for you to consult from time to time the more advanced authorities, and at the same time to subscribe to the leading periodicals of your own and mother country. Encourage home manufacture in medical literature, when deserving, not only by your pecuniary support but by the contribution of original matter culled from your own practice. By so doing you will not only benefit your fellows, but you will escape that painful obscurity—that species of living death—into which so many of our profession fall. I would caution you sedulously to avoid anything approaching what has been styled “news-

paper quackery," or the system so constantly practised among country physicians (and not unknown I am sorry to say, in some of our large cities,) of publishing or allowing to be published thrilling accounts of their surgical operations or wonderful cures. Such a course is not only unprofessional, but publications of this nature have a demoralizing influence on those who read them, and the cause of medicine suffers materially thereby. Medical contributions should see the light only through the medical press.

In your intercourse and dealings with each other remember the golden rule "do unto others as ye would others should do unto you." You will find as a rule, and especially in the early years of your career, that you have to deal with a selfish uncompromising public, who in the endeavour to have their own purposes served, care not for your feelings or friendship, and heartlessly ignore those rules of professional etiquette which it should be your duty as well as your privilege to sustain. It sometimes happens that misunderstandings will occur in the most careful hands, but do not willingly tamper with the property of another. Let us earnestly hope that the game of grab, so long practiced in country places between members of our profession, has been played for the last time. To you and future graduating classes we will look to elevate the standard of professional morality far above any height in this direction it has yet attained.

In all cases of doubt, or where you have the slightest suspicion that the former confidence of patient and friends in your skill and judgment is being lost, fail not for the satisfaction of all and your own protection to call in other aid. In your capacity of consulting physician also caution, is demanded, for in your hands here will often rest the renown and reputation of a confrere. One of those ominous shakes of the head, or a shrug of the shoulder will in a twinkling destroy the credit of a brother and to you will be born a false unenviable reputation. Be true then, one to another, remembering the wholesome advise of Polonius:—

“ This above all,—to thine own self be true ;
 And it must follow, as the night the day,
 Thou can’st not then be false to any man.”

To the poor be kind and charitable in the disposition of your professional services. The poor man bowed down by infirmities will demand a large share of your sympathy and support. It is true his poverty may be self-imposed, but your obligations are none the less binding. “ Whoso seeth his brother have need and shutteth up his bowels of compassion, how dwelleth the love of God in him.” In the language of an eminent divine : the poorest of you can afford to be kind ; the least gifted of you can practice that loving wisdom which knows the straightest road to human hearts. You may not be able to thrill senates with your eloquence, but you may see eyes sparkle and faces gladden when you appear. Men will feel your influence like the scent of a bank of violets, fragrant with the hidden sweetness of the spring. Men will miss you when you cease from their communions as if a calm familiar star shot suddenly and brightly from their vision ; and if there wave not at your funeral the trappings of the world’s gaudy woe, “ eyes full of heart-break ” will gaze wistfully adown the path where you have vanished, and in a long aftertime hearts which you have helped to make happy will recall your memory with gratitude and tears.

Gentlemen : Fare you well.

Case of Severe Syphilitic disease of the Rectum with Stricture.—Colotomy.—Successful. Under Dr. Ross. Reported by Mr. C. N. STEVENSON.

Zoe S., 31 years, was admitted into the Montreal General Hospital on the 23rd September, 1875, complaining of severe sacral pain and excessive suffering during the act of defecation. She is a small woman, decidedly anæmic, but not unusually thin. Her family history is good with the exception of one sister who died of rapid consumption, and

another who is an habitual sufferer from Spasmodic Asthma. She has herself enjoyed good health until about five years ago, when she contracted syphilis from her husband. She is not aware of this primary sore having been followed by either sore throat or any general rash. Two years afterwards, however, she began to suffer from symptoms referable to disease in the rectum, and for this was treated by a surgeon of this city, with the result of becoming much better. The disease had, nevertheless, not been entirely cured, for one year subsequently, she came under the care of Dr. Ross with renewed trouble in the same quarter. She had at this time a moderately tight stricture of the rectum, and considerable thickening of the submucous tissues. Gradual dilatation by means of graduated bougies, together with a long course of internal anti-syphilitic treatment, again gave temporary relief. The stricture, however, soon began again to contract, and her sufferings in proportion to be augmented. She therefore resorted to the hospital to try and seek a cure.

Her condition at present is one of great distress. At ordinary times, and when at rest she does not suffer much beyond a certain amount of pain of a dull character in the rectum itself, and sometimes more severe pains of a somewhat colicky nature in various parts of the abdomen. It is however in connection with the periods of defecation that by far the greatest amount of suffering occurs; for some time previous to this the pains ordinarily endured became very much increased, and then during the actual passage of fæces her sufferings are perfectly agonizing, often producing great faintness and exhaustion. The pain is of a hot and burning character, described by her as a feeling as though molten lead were running down the bowel. This pain occupies the whole region of the rectum, radiating also outwards through both hips and sometimes extending down the thighs. It does not cease after defecation is completed but continues, keeping her in great suffering for sometimes several hours. There is a slight brown-coloured watery discharge from the rectum, without any peculiar fetor.

There is very seldom any appearance of blood with the evacuation, but this has occasionally been observed in small quantities. The stools are generally of moderate consistence, and come away in small irregular pieces, often flattened.

On making a digital examination it was found that the rectum was involved in the whole of its calibre by a dense cartilaginous, irregular mass. The obstruction began about one inch within the anus, beyond which lay two distinct strictures, through both of which the finger could be just passed. At the extremity of this again and just as far as the finger could well reach, was felt another but smaller opening through which the finger could not pass at all. The examination gave a great deal of pain. A No. 2 Rectal bougie was subsequently passed, and was found to be just the size of the uppermost constriction.

Ordered: *R.* Potass Iodid \mathfrak{z} i; *Syr.* Ferri Iodid \mathfrak{z} vi; *Aqua* ad \mathfrak{z} vi.

One tablespoonful three times a day, and to have a bougie passed daily, gradually increasing its calibre, if found practicable.

Oct. 17.—No result so far from treatment. Have only increased one number of the bougies, and the introduction is extremely painful. Complains of having had for some nights severe sweats. Chest examined and found to be healthy. Ordered a pill containing gr. ij. *Zinci oxyd.*, to be taken each night at bed-time, and to have three tablespoonfuls of cod-liver oil every day.

Oct. 25.—Obliged to discontinue the use of the bougies on account of the great pain produced.

Nov. 1st.—Patient continues to suffer very much. Describes her torture as unendurable, and is willing and anxious to submit to any treatment which might offer prospect of relief. Under these circumstances, and especially considering the hopelessness of ever curing such a rectum, now composed of hard, unyielding, almost cartilaginous masses, Dr. Ross decided upon performing colotomy in the left loin,

provided his colleagues agreed with him as to its advisability. She was therefore seen by Drs. G. W. Campbell, Fenwick and Roddick, who all concurred in this view of the case.

Nov. 11th.—After consultation of the entire staff of the Hospital, the operation was performed as follows: Drs. Fenwick and Roddick acting as assistants. The patient having been brought fully under the influence of ether, she was laid upon her right side, and a firm pillow placed beneath the abdomen, so as to render the left loin prominent. The operator had taken the precaution to mark, as recommended by Mr. Allingham, a spot midway between the two iliac spines to serve as a subsequent guide. An oblique incision was then made, 4 inches long, in the usual situation, and the dissection continued upon a director until the edge of the *Quadratus Lumborum* was distinctly exposed. This was then moderately notched, and the bowel was found, as always, directly beneath it. It was not easy to distinguish the longi udinal markings which are characteristic of the large bowel, and besides it was empty and flaccid (because there had never been any complete obstruction). The operator therefore being without these two important guides as to what lay before him, to increase his assurance of the identity of the part, requested an assistant to force air into the bowel by means of an ordinary enema syringe. This was quickly done, and, as it was effected the bowel rose fairly up into the wound. This then was seized and transfixed. The peritoneum was seen but hardly at all exposed and no difficulty was experienced in avoiding it. The bowel being then well drawn out, it was transfixed by a second catgut ligature, the two being about one inch apart. An incision of that length was made into the intestine, and its edges were stitched to the sides of the wound. Other catgut sutures were also introduced at either extremity of the wound. The position of the intestinal opening was found to be very close to the posterior angle of the wound. A dressing was applied consisting of a layer of doubled lint

soaked in carbolic oil (1 to 20), and a thick covering of fine oakum and a flannel roller.

She was put to bed and ordered to have, after a time, frequently-repeated very small quantities of beef tea and milk, and to take pulv. Opii. gr. i every 4 hours.

9 P.M.—Has been pretty comfortable with the exception of some uneasiness in the abdomen. Temperature 102 2-5. Pulse 136°, rather wiry, with a tendency to irregularity. Expression dull and anxious-looking. Is kept moderately under the influence of the opium. No abdominal pain. No vomiting. Moderately tender on pressure over the left side of the abdomen in front. Had a slight chill last evening—wind has been passing to-day through the artificial opening. Complains of a bad cough, (this was evidently caused by the ether.) Wound looks well.

9 P.M.—Temp. 103 3-5°. Pulse 130.

Nov. 13th.—Temperature 103 3-5°. Pulse 130; softer and more regular. Expression much better. Abdominal tenderness less. Tongue moist and clean.—Wound looks well.

9 P.M.—Temperature 100 4-5°. Pulse 104.

Nov. 14th.—Much better, Temperature 101 4-5°. Pulse 112. Finds the opium beginning to tend to nauseate. Was therefore ordered instead Sodæ Bicarb. gr. v. Liq. Morphia, ʒss. every 4 hours. No tenderness on pressure. Cough still very troublesome, and accompanied by a considerable amount of expectoration. Wound looks very healthy, with a moderate amount of suppuration from it.

9 P.M.—Temperature 102°. Pulse 108.

Nov. 15th.—Temperature 102 1-5°. Pulse 102. Quantity of Liq. Morph. reduced to gtt. xv. For the first time passed this morning a small motion from the artificial anus. All the ligatures holding the bowel were withdrawn to-day. Cough much better. Was ordered 3 oz. port wine.

Nov. 16.—Doing well. Temperature 100 1-5°. Pulse 104. Wound discharging pretty freely. A small compress was arranged on the posterior portion of it. Feculent mat-

ter keeps passing readily by the new opening. Appetite improving. In good spirits.

Nov. 17th.—Temperature 101°. Pulse 104.

All the remaining sutures were removed and the wound held together solely by strips of adhesive plaster.

Nov. 18.—A good deal of tenderness about the back part of the wound, and pus wells up pretty freely upon pressure here. Cough still somewhat troublesome; and causes a good deal of pain about the wound. Slept well but perspired very freely on first awaking this morning.

Nov. 19. — Temperature 99°. Pulse 100. Two easy motions through false anus.

Nov. 20th.—Temperature 98 2-5°. Pulse 100. Ordered Ung. Zinci oxyd to be applied round the margins of the bowel, as the acrid oozing from it is tending to excoriate the skin. The wound is to be syringed daily with carbolic acid lotion, (1 to 40).

Nov. 21st.—Comfortable and cheerful. Wants to get up. Was allowed oysters.

Nov. 22nd.—Discharge much diminished; wound healing nicely. Temperature normal. Pulse 90. Cough nearly gone.

Nov. 24th.—Was allowed up to-day for the first time.

Dec. 1st.—Doing well. Fæces being discharged in moderation several times daily. To-day a small motion also passed from rectum but seemed to cause no pain. There is a slight tendency to prolapse of the mucous membrane. A graduated pad of lint was therefore ordered to be applied.

Dec. 7th.—No re-appearance of prolapse, and pad discontinued. Has been somewhat constipated lately, and was therefore ordered Pil. Rhei, Co. No. iij, at bed time.

Dec. 15th.—No discharge from wound. It is nearly quite healed. Sits up and begins to feel quite strong.

From this time she remained perfectly well. The artificial anus performs its office quite satisfactorily, and she is entirely free from pain. She was provided with an instru-

ment for the purpose of closing the opening, except when an evacuation was required. This was composed of an oval and convex block of box-wood, made just to fit into the opening, and pass about $\frac{1}{2}$ of an inch within it. This was attached to a broad, flat pad, and the whole retained *in situ* by suitable straps. Discharged 15th January, 1876.

Cases of Acute Articular Rheumatism treated with large doses of Salicylic Acid. By R. D. MACARTHUR, M.D., C.M. Chicago, Ill.

CASE 1.—Acute Inflammatory Rheumatism.

W. N. B., aged 29, was the subject of an attack of Inflammatory Rheumatism, precisely three years ago, affecting all the joints and complicated with endocarditis, the attack lasting six weeks.

March 1st, 1876.—Found patient in bed with several of the larger joints affected, very emaciated, and great debility from riotous living and dissipation.

Was immediately put upon the Alkaline treatment, with Iodine applications to the swollen joints which were rolled up in cotton batting; this was continued with tonics, nourishing diet, &c., for 15 days, my patient becoming weaker, and the rheumatic difficulty growing worse from day to day.

March 16th.—Patient very much depressed in spirits; haggard countenance. Anæmic murmur at base of heart, and every joint in the body affected with rheumatism.

All previous treatment discontinued. Was ordered 10 gr. doses of Salicylic acid every 2 hours, in wafer paper, commencing at 10 a.m.

Met Professor Allen at 7. P.M., in consultation; found patient very much improved, countenance quite bright, and the stiffness and soreness of the joints very much diminished.

Professor Allen very kindly consented to give the Salicylic acid a fair trial, although he had no faith in it.

17th.—Patient exclaimed on my entry into his room that

he had no use for me, the rheumatism was all gone. Had slept well all night, for the first time since the illness began, except when to take medicine. Prior to this, he had used Potass. bromide. Pulv. Doveris, &c., to procure sleep but little benefit resulting from them. Had now taken 120 grains of the acid, with no unpleasant effects, except hyperæsthesia in hearing.

On account of illness, did not see my patient for five days after this, when I learned that the day prior he had some rheumatism in his left shoulder, elbow and wrist. Ordered the acid to be repeated, he now took 240 grains additional, with entire removal of all rheumatic symptoms. From this time forward no relapse occurred, and his recovery was rapid and permanent.

The treatment followed is that of Dr. Stricker, of Charité Hospital, Berlin.

CASE II.—*Polyarthritis Rheumatica cured in 36 hours.* 360 grains of the acid administered in 10 grain doses consecutively.

M B. Thompson, aged 46, came to Chicago last Fall from Alabama, where he had been a victim of Yellow fever and Intermittent; had the last disease almost continually for the past three years, whilst living South.

March 26th, 1876.—Arrived at patient's house at 4 p.m. Found him unable to stir hand or foot, or turn over in bed. Face flushed. Temperature 104.6° . Pulse 136; respirations 27. Tongue coated. Suffering most acute pain in all his joints, which were very tender and swollen, even the carpal and phalangeal articulations were greatly swollen. Immediately prescribed the acid in 10 grain doses, to be taken every two hours. No other medicine.

27th. 10. A.M.—Temperature 101° . Pulse 97. Slept well after 2 a.m.; joints could be moved freely without producing much pain. Swelling diminished, tongue moist, perspiring freely. The acid to be continued.

28th.—Pulse 80 ; temperature 99°. Swelling of joints entirely disappeared, could be freely handled and moved about, without producing the slightest pain. Ordered the acid to be continued every 4 hours. This was my third and last visit, as my patient's wife reported from day to day his condition. The acid was continued, until he had taken 360 grains in all, when the rheumatic symptoms had completely subsided.

On the 8th day of the attack was put upon a tonic mixture of Iron and Quinine. His convalescence was rapid. Walked around and about the house on the sixth day. No toxic effect from the drug, except ringing in his ears, and considerable dullness in hearing.

Chicago, Ill., 11th April, 1876.

On the use of Oleum Erigerontis Canadensis in the treatment of Gonorrhœa By G. A. STARKE, M.D., C.M., Milwaukee, Wis.

I desire to call your attention to a remedy which I have been using for some time back, (4 years) in the treatment of Gonorrhœa. I refer to the Oil of the Canada Fleabane—Oleum Erigeron : Canadensis. I am not aware that it has been brought prominently before the profession as a remedy in the above-named disease. Its properties are very briefly noticed in works on Materia Medica, and as far as I am aware it is not mentioned as a remedy for Gonorrhœa in any of the text-books. The results in most cases in which I have prescribed the oil, the patient adhering strictly to directions, have been entirely satisfactory, and in some cases astonishingly so. In the majority of the cases the discharge ceased in from two to six days. I have only taken notes of its effects in what I considered true cases of Gonorrhœa. After having administered some suitable purgative, generally saline, I then exhibit the medicine in doses varying from five to twenty drops, every two, three or four hours, as judged most prudent in each particular

case. I have also given the oil in several combinations. The diet is also to be carefully regulated.

If you consider this worthy of notice, and wish reports of some cases treated by the oil—setting forth the combinations in which I have administered it—I will gladly send them.—*Milwaukee, Wis. April, 1876.*

We cheerfully record Dr. Starke's observations and shall be pleased to hear from him again on this subject.—Ed.

TRANSLATIONS.

Dr. von Dessauer (of Valparaiso)—Passage of an unusually large gall stone (Virchow's Archiv. Bd. lxvi. Hft. 2.)

On the 12th December, 1873, I was called to see a French lady, Madame —, who had been ill two months, and under the treatment of Dr. Allende, who, on his departure, handed her over to me. Of the previous history and treatment I could obtain nothing certain, further than that the lady had several times suffered from jaundice and severe colic. She had never borne children. On the present occasion her suffering was beyond all description—she screamed and roared with pain, rolling and writhing on the ground. For 11 days she vomited everything, even the fæces, and for 14 days had had no passage from the bowels. I found the patient of a dark-yellow colour, with deep set eyes, and a face betokening inexpressible anxiety; the body covered with a cold, clammy sweat; pulse not to be counted from its rapidity, thready and weak. In the hepatic region at the margin of the ribs was a very painful tumour about the size of the fist. The whole liver was enlarged, painful on pressure and percussion. A second such tumour, twice the size of the fist, of doughy consistence, and tolerably painful, existed in the region of the Valvula Bauhini (ileo-cæcal.) My diagnosis was biliary colic, produced by the impaction of calculi in the ductus choledochus and Valvula Bauhini, and it was presumed that the concretions were either very large or very numerous. Seeing that no medicines could be taken by the mouth—everything was vomited—and that

subcutaneous injections. chloroform, baths, &c., had been used in vain, I determined to employ opium in large doses, in order to aid the passage of the concrement by the possible relaxation of the circular fibres of the intestines. At the same time small bits of ice were given.

After a terrible night, and after the employment of 11 clysters, each of which contained 6 grs. of opium, I had the satisfaction about noon the next day of obtaining several copious biliary stools, and on examining the patient the tumour in the hepatic region—corresponding to the gall bladder—and also the one in the right inguinal fossa had disappeared,

On washing out the stools, a calculus, the size of a walnut, was found. The stercoraceous vomiting had entirely ceased. The patient was quite comfortable, felt hungry and partook with relish of fluid nourishment. The pulse became normal.

On closer inspection the stone was seen to have a roundish, conical, somewhat pyramidal form, and presented at the base some smooth facets. I concluded from the general appearance that a second equally large stone existed, either in the gall bladder or had already passed the common bile duct. There was thus another attack to be expected, and I determined quietly to await the same, and meanwhile suspended the treatment.

Although the large dose of 66 grs. of opium had been given in the 24 hours, there was no symptom of poisoning evident.

On the 14th December, a fresh swelling began to form in the region of the ileo-cæcal valve, and by degrees all the above described symptoms quickly recurred. The second stone had made its way through the ductus communis choledochus and stuck fast in the intestine at the point indicated. I repeated throughout the 15th December the above treatment; there were six clysters employed, (one every third hour) each with 6 grs. of opium. On the night of the 15th and 16th, with spasmodic vomiting and evacuations, the second stone, almost as large as the first, was expelled.

The after treatment corresponded to the indications. I gave Durand's remedy, (ether ʒiii . ol. terebinth ʒij . ʒi every morning), and Vichy water. The patient recovered in a few days, and the jaundice disappeared with remarkable rapidity. I sent her to the Baths of Canquenes; when leaving she weighed 112 lbs., on her return six weeks later, 138 lbs., and meanwhile had enjoyed perfect health. It is worthy of note that the large doses of opium 6.5 grammes = 102 grs. were borne without any symptoms of poisoning.

The two stones are egg-shaped, smooth, pyramidal at the points. One facet is concave, the other convex. Together they are about the size of a small hen's egg, measuring $9\frac{1}{2}$ Cm., ($3\frac{1}{4}$ ") in circumference, 15 Cm. (6") round the long diameter, and weighed 22.5 grammes. The surface is smooth and of a dark brownish-yellow colour.

When we consider the size of these stones and the diameter of the gall ducts, it appears inexplicable how they could be forced through such a narrow canal without producing extensive destruction of the same.

Note by Prof. Virchow.—I have received through Dr. Boher the above stones, which consist of cholesterin and bile pigments, and have been correctly described by Dr. Dessauer. As to the question how they passed through the gall ducts, it may be said that it could only be possible by ulceration of the bile ducts or gall bladder, and direct perforation of the duodenum, and not by dilatation of the ductus communis choledochus. Pathological experience affords many proofs of this. The passage of such large stones during life is a very unusual occurrence, and I thank Dr. Dessauer for his communication.

NOTE.— A somewhat similar case to this occurred in the spring of 1873 in the practice of Dr. Archer, (McGill) then of Osnaburgh Place, now of Wandsworth, London, in which after symptoms of obstruction, lasting over a week and of great severity, a large gall stone was passed. It was single, of an elongated form, and, as far as I remember, corresponded very closely in size to the one above described; i. e., about

the size of a small hen's egg. In this case there was, I believe, no tumour perceptible. Instances of this kind are extremely rare. On looking up the subject for Dr. Archer in the British Journals I could only find reference to some half dozen cases.

W. O.

Krönlein, Open and Antiseptic Treatment of Wounds.—
Results of the two methods of treatment compared from
Statistics furnished by the Clinics of Zürich, Leipzig and
Halle. Archiv. f. Klin. Chir. xix. S. I.

The comparison of the two methods confines itself to the major amputations of the extremities, the conservative treatment of complicated fractures of the long bones of the extremities and extirpation of the breast. Further, the comparison extends to the most important accidental wounds, when they are met with within the period, in which it has been customary to employ the above mentioned methods of treatment.

Referring to amputations of the extremities, the tabulated summary gave a mortality of 30 per cent. where the after treatment had been antiseptic and only 20 per cent. where the open method had been employed. The number of traumatic amputations was about half in both sets of cases, so that here as little as the difference of sex and age, can the difference in mortality be accounted for. The relative difficulty of individual cases of amputation due to severe injuries, and the length to which the conservative treatment had been pushed might account for the difference in the mortality. Of the cases of complicated fractures amputated and afterwards treated antiseptically, 41 per cent. were accompanied by dislocation, those cases treated by the open method only 29.4 per cent.

Krönlein says, that the results of amputations treated by the open method are better, this can only be ascribed to the after-treatment, though in cases treated by this method the conservative treatment has been pushed to a greater extent

than in those cases treated antiseptically. We can only compare the statistics of the results of the conservative treatment of complicated fractures, in fractures of the leg ; here we have 13 cases treated antiseptically, with no deaths, and 31 cases treated by the open method, with 9 deaths. This unfavorable result in the latter mode of treatment is explained partly by the advanced ages of the patients ; among the thirteen cases treated by the antiseptic method, only two had reached 50 years, whilst in the cases treated by the open method, not less than 12 were between the ages of 50 and 70. Furthermore the tables show, that of the cases of complicated fracture, in 63.7 per cent. the open method was employed, and the antiseptic method in only 39.5 per cent. Further, that in the cases of complicated fracture that were amputated of those treated antiseptically 51 per cent., and of those treated by the open method only 24.4 per cent., were accompanied by dislocation.

Excision was performed in 6.8 per cent. of all cases treated by the open method, and of those treated antiseptically in 9.3 per cent.

Of 22 women who were operated upon for cancer of the breast (18 with removal of the glands of the axilla) and treated by the open method, 3 died ; of 13 cases treated antiseptically (with the removal of the glands of the axilla in 8 cases) 5 died.

With regard to pyæmia and septicæmia, both methods are equal, neither completely protect. Cases treated by both methods are nearly free from erysipelas.

Krönlein says that the time of healing is much shorter in the cases treated antiseptically than in those treated by the open method. The ratio is as 1 to 2.

Primary union occurs much more frequently in wounds treated antiseptically, which accounts for the rapidity of cure in many cases ; amongst all the modes of healing, primary union most accords with the views of science, it also leaves the best looking and most useful stump. A favorable course free from fever is as common in one as the other.

The bad effects of Lister's bandages are obviated by Thiersch's modification, which although more expensive than the open method of treatment is two or three times as cheap as Lister's carbolic bandages. Concerning the limit within which the above methods of treatment are admissible and applicable, particulars are wanting.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE
MONTREAL GENERAL HOSPITAL.

Two Cases of Acute Rheumatism treated by Salicylic Acid.

BY DRs. FENWICK & REDDY. Reported by J. D. Cline,
B.A., M.D.

1.—Sarah Ferguson, æt. 34, married, was admitted into hospital on the 28th of March. She was confined four weeks ago. She had chills and some Metritis four days after confinement, and occasional chills since. A week ago she began to have pains in one shoulder, and in her wrist and knees. On her admission the same joints were affected rather acutely, red, hot and swollen.

Temperature was 103° . Pulse 92. Tongue much coated. Perspiration free and acid, and urine acid. Heart sounds healthy. Ordered Acid Salicylic, grs. v, every three hours, in capsules. Passed a very comfortable night after a Dover's powder.

March 29th.—Morning temperature $102.1-5^{\circ}$. Evening 103° . To-night, joints very comfortable.

March 30th.—Morning temperature $100.2-5^{\circ}$. Joints still rather bad, and tongue foul. Ordered to take the Salicylic Acid every two hours. In evening tongue cleaner. Pain all out of the right leg; still some in left. Pain less in right arm. Temperature $100.2-5^{\circ}$. Heart still sound.

March 31st.—Pains all gone. Knee and wrist a little sore; tongue much cleaner. Morning temperature 99° ; Evening $97.2-5^{\circ}$. Heart sounds normal.

April 1st.—Morning temperature $97.4-5^{\circ}$, after which it was normal. Pains in joint all gone. Case transferred to Dr. Reddy who stopped the acid. Heart still sound. Heart was not examined again till April 4th, when a loud systolic murmur was heard at apex. Dr. Reddy ordered her a mix-

ture containing Quinine. The heart was watched carefully and found to be free from murmur by the 10th. She was discharged on the 10th. Thus the patient was four days under the treatment, during which time she took in all 200 grains of Salicylic Acid, and was fifteen days in hospital.

(2.) Julia Enright, æt. 14, was admitted into hospital on the 29th of March. Had been sick with headache and general malaise for nine days before admission. Had had pain in feet and ankles which gradually became worse. On her admission into hospital her ankles were very painful and swollen. Temperature $102.2-5^{\circ}$. Tongue very foul. Ordered a dose of *Ol. Ricini*.

March 30th.—Pains extended to knees, wrist and elbows. Perspiration and urine acid. Temperature in evening $103.1-5$.

March 31st.—Pains still severe, and also in hips. Ordered Acid Salicylic, grs. iij every two hours. Evening temperature, $103.2-5^{\circ}$.

April 1st.—Slept through night after chloral grs. xv. Tenderness in joint much less. Still bad in one knee and hip. Heart healthy. Evening temperature 103° . Doctor Reddy, whose service began to-day, increased the dose of Salicylic Acid to grs. v.

April 2nd.—Pain all gone from lower extremities. Right shoulder still painful. Found a loud systolic mitral murmur to-day. Tongue cleaning. No irritation been produced by the acid. Temperature this morning 99° . Evening $98.2-5$. After which it remained normal for three days. The treatment was stopped to-day.

April 5th.—Temperature went up this evening to 100° . Had had pain over cardiac region, and some irregularity of pulse. Murmur persists. She was kept in bed at rest without any treatment except sinapisms over heart till the 8th, when she had slight pain in left shoulder, and an evening temperature of $100.2-5^{\circ}$. The Salicylic Acid grs. v. every two hours was begun again but stopped again next morning, when temperature was again normal and pain.

had left shoulder. The heart murmur persists. The patient got her clothes on the 15th, and was discharged on the 19th April. This patient took 150 grs. of the acid, at first in three days, and afterwards for a slight relapse 60 grains. In this case it is worthy of notice that a heart murmur appeared during the treatment and persisted, and in the first case the murmur appeared, after the joint affection had disappeared, but in a few days it had subsided.

Periscopic Department.

SURGERY.

Large Veno-Cutaneous Nævus treated successfully by repeated Injections with Carbolic Acid. By S. MESSENGER BRADLEY, F.R.C.S., Surgeon to the Manchester Royal Infirmary.

A female infant, about eight months old, was brought to the out patient rooms of the Manchester Infirmary last November, with a large and prominent nævus situated above and extending into the helix of the left ear. The tumour which involved the cutaneous capillaries as well as the veins beneath, measured two inches and a half by one inch and a half, and was raised half an inch above the level of the surrounding skin. I resolved to treat the case as Lister advises, by the injection of carbolic acid; but first, to prevent any risk of embolism, I transfixed the base of the tumour with two long hair-lip pins at right angles to each other, and strangled the entire mass with a ligature tied tightly beneath the pins. I then injected five minims of pure carbolic acid, dispensing it as evenly as possible in minim doses, here and there over the whole tumour. The ligature was cut, and the needles removed in ten minutes. Little if any change was apparent, three days later, when

I repeated the process. After a further lapse of four days, no improvement being perceptible, I ligatured the nævus by means of a Fergusson's knot, and admitted the child into the hospital; its cries, however, were so piteous and continuous, that the house surgeon was compelled to remove the ligature in about six hours, and I do not think that its introduction contributed in any material degree to the successful issue of the case. The following week I again resorted to the injection, and repeated it at intervals of four and five days; but it was not until three weeks had elapsed, and the injections had been employed half-a dozen times, that any diminution was perceptible. At this period however, a decrease became manifest, and this decrease steadily progressed, *although no further injection was used*. From week to week until now (March 14th) the tumour is no longer at all raised above the level of the surrounding skin, and the integument has almost entirely regained its natural character and colour.

The point of chief interest here appears to be the gradual but very continuous action of the acid. Probably success would have been equally attained by fewer injections; and in the next case of the kind, I should allow an interval of a week or ten days between the operations. But the really important fact seems to be, that we can confidently count on success by this safe and little unpleasant method; and when we reflect upon this fact, and at the same time call to mind the potency of electrolysis in the treatment of aneurism, where the long continued result following the operation closely resembles the action of injection in nævus, we are led to conclude that the entire chapter of the treatment of vascular tumour will have to be rewritten.

The remarkable way in which the stained skin recovered its normal colour in this case induced me to ponder upon the possibility of removing simple capillary nævi, or "mother's marks", which sometimes cover large portions of the body; and, at last it occurred to me, that the desired end might be achieved by "tattooing" such marks with

carbolic acid. On this idea I acted, and tattooed the first case that presented itself; the result answered my utmost expectations, for, in about three weeks, the port-wine stains quite disappeared, its place being taken by a cuticle of natural colour. It is true that the nævus in this case did exceed half-a-crown in diameter, and up to the present time, I have had no opportunity of testing the efficacy of this plan upon large surfaces; but this I shall certainly do the first chance that offers, and will, if permitted, communicate the result to the *BRITISH MEDICAL JOURNAL*.

I may add, that I used an ordinary subcutaneous syringe for the tattooing, first removing the piston and withdrawing my finger from the top each time I punctured the skin, so as to permit a small drop of the acid to escape.

I am, however, having a little instrument especially made which I think will be more convenient; it consists of a hollow tube of the size of a quill-pen, with a perforated top, and terminating in a somewhat similar fashion to the teeth of certain poisonous snakes, a small groove, down which the fluid runs, opening immediately above the lancet-shaped point of the instrument.—*British Medical Journal*.

Angina Ludovici. By A. DOIG, L.R.C.P. Ed. Surgeon Army Medical Department.

In the *Journal* of the 25th December last, appeared a note by Dr. F. Murchison on the above-named disease. It may be interesting to have some details of a series of well marked cases which occurred amongst the soldiers quartered in the South Camp, Aldershot, during the winter of 1874-5. The disease attacked young men, was in all idiopathic, and accompanied with most intense suffering and great general depression. They all presented the same symptoms as those described by Dr. Murchison, but supuration occurred in not a few; and one case, of which the following are brief notes, unfortunately had a fatal termination.

Private R. J., 23rd Fusiliers, aged 22, four years in service, was admitted on February 4th. He had been complaining for some time prior of swelling in the neck, which had increased to such an extent that he was forced to report himself sick. On admission, the swelling was chiefly confined to the left side; the submaxillary, sublingual, and parotid glands of this side were swollen, intensely hard, and very painful. The right submaxillary gland was also very hard and tender, but not swollen to the same extent. The lower jaw was fixed and partially open; the tongue was pushed upwards to the roof of the mouth; deglutition was almost impossible; saliva dribbled from the mouth; breathing was somewhat difficult, and the pain and discomfort intense. His general state was one of great depression; his countenance was anxious. He could get no sleep; and it was with great difficulty that he could be got to swallow a little nourishment. The skin over the swelling was of normal colour, but slightly œdematous under the angle of the jaw. Stimulants and nourishment were given frequently in small quantities, and fomentations continuously applied. The swelling continued, however, to increase, but never lost its intensely hard character; the skin became more œdematous, and breathing became more and more difficult. The agony was now intense; and, as pus was suspected to be present, exploratory incisions and punctures were made under the tongue and externally, but no matter escaped. He continued in a state of the greatest agony up to the afternoon of the 8th, when he expired rather suddenly.

Examination forty-three hours after death.—A large swelling occupied the neck, chiefly on the left side, but extending somewhat to the right and down to about midway between the lower jaw and clavicle. On removing the skin over the swelling, the tissues were found in a gangrenous state, being infiltrated with a brownish-coloured, very foetid, semifluid matter. The tissues involved extended from the middle line in front to a little behind the angle of

the jaw, and from the floor of the mouth above to the lower border of the cricoid cartilage below. All the tissues, glands, muscles, and areoiæ were involved. The larynx was surrounded by the morbid mass, but the tissues posterior to the pharynx were not involved. The portion of the lower jaw in contact with the diseased glands was denuded of periosteum. The mucous membrane of the fauces—that covering the epiglottis, and the whole of that of the larynx—were in an œdematous state. The tonsils were slightly ulcerated, but not involved in the destructive changes seen in the neck. The lungs were deeply congested, and both contained numerous hæmorrhagic infarctions. At each apex, a caseous mass was found; and the lung tissue around contained numerous small deposits of tubercle. Both right and left cavities of the heart were filled with clots partly decolorised. Nothing abnormal was found in other organs.—*British Medical Journal*.

Gelatinous Disease of Synovial Membrane. (New operation)
Lecture delivered Jan. 18th, 1876. By C. F. MAUNDER,
F. R. C. S., Surgeon to the London Hospital.

Gentlemen,—I propose to-day to draw your attention to a disease which is very common under the age of puberty—I allude to gelatinous disease of the synovial membrane, popularly called “white swelling” when met with in the knee, but to which all joints are liable. It will be convenient to observe its progress in this joint because it is comparatively superficial, and its condition can therefore be readily appreciated by the senses of sight and touch. The onset and early stage are illustrated by the following case (reported by Mr. John Job, house-surgeon.)

John L—, sixteen years of age, was admitted under Mr. Maunder’s care on Nov. 30th, 1875. The patient states that until 12 months ago he was quite healthy; he then, one day slipped from a ladder, and in falling caught his right leg between the bars. In this position he was suspended for two or three minutes. The accident caused him

very trifling inconvenience at the time, and it was not until the following day that he noticed the knee to be swollen and stiff; but there was no acute pain. He did not rest the limb, but followed his occupation, that of a ploughboy, as usual. For six months, beyond a feeling of stiffness and an occasional sensation of heat, there was little to trouble the patient; his general health was good and he slept well. Then the joint began to get painful, and he was obliged to give up work, and use a stick in getting about. He then came to the hospital. On admission, the patient, of light complexion and fairly nourished, said he had got thinner since the accident. The right knee was uniformly swollen the natural elevations and depressions being concealed. It was hotter than the surrounding parts. To the touch the swelling was elastic, yielding a deceptive sense of fluctuation, and tender on pressure. The leg was slightly flexed with inability to straighten it. Slight wasting of limb. Family history very good.

The history of this case then is often the history of many others; some slight accident, of which little notice is taken at the time, and which probably is never thoroughly recovered from. At the same time there are many instances in which it does appear to be of spontaneous or of constitutional origin. From this point of view it is called strumous, a term which I understand to apply to a subacute or chronic form of inflammatory action tending in the direction of extensive cell-growth degeneration, and suppuration (occasionally to fibrination), rather than to resolution. The disease affects two classes of patients indiscriminately—the delicate and the fair, with chiselled features, clear complexion, pearly sclerotic, and fine hair; the plain and unattractive, with ill-defined lineaments, thick skin and coarse hair. Now this is very different to a scrofulous disease consequent on tubercle, and must not be confounded with it. Pathology tells us that the altered condition of the knee, (for instance), which had caused the absence of its natural hollows and elevations, is due to a mass of cells growing,

some on the surface of the synovial membrane and towards the joint cavity, and others in the subsynovial tissue, and to such an extent as to encroach upon and even obliterate the joint-cavity, and to conceal the natural outline of the joint and to render it shapeless. Now these cells, when examined by the microscope, have all the appearance of granulation cells, and, like them, under favourable circumstances, will become developed into fibrous tissue. Unfortunately, in the majority of instances, the patient not being strong, degeneration follows and suppuration is established. Thus, a joint, remaining more or less swollen and stiff, becomes hot tender on pressure, and painful after exercise. At the same time the ligaments are invaded and disappear, the articular cartilages degenerate, the bone becomes carious, and sinuses are established in one or more directions, as in the preparation before you, and often in accordance with gravitation, in order that the pus and other débris may be discharged. While these destructive changes are taking place the hamstring muscles displace the leg backwards and rotate it outwards, both shortening and distorting the limb, and possibly to be followed by either amputation or excision. Happily in many instances the degree of disorganization which I have mentioned does not transpire but a fibrous ankylosis, more or less complete, occurs. Two such cases have been recently under my care, and left the hospital last week convalescent,

Charlotte B——, aged six years and a half, admitted Sept. 28th, 1875. The mother stated that the child struck the left knee three years ago, when it became swollen and stiff, and ultimately painful, and remained so for a long time. She had a doctor for it, who called the disease "white swelling." The child is fairly nourished, somewhat anæmic, has dark hair and eyes and is very intelligent. On examination, the left lower extremity is much wasted, the leg, which is somewhat displaced backwards and rotated outwards, forms with the thigh when fully extended, an angle of 115° . The patella is immovable and fixed to the lower part of the outer condyle of the femur.

The case of Alice F——, eleven years of age, is almost similar in every particular. She fell and struck her knee five years ago; it gradually became swollen and stiff, but there was very trifling pain. She had never kept her bed.

You will recollect that these are the two instances in which, to remedy a deformity consequent on ankylosis of the patella to the femur, I performed a subcutaneous operation. With a tenotomy-knife alone in one instance, aided by a saw in the other, I separated the patella from the femur,—an all important step,—to promote extension of the leg. No discomfort whatever, no suppuration, followed the operation, and both children left the hospital last week greatly benefitted.

This preparation which I show you, where the patella is fixed to the femur by fibrous ankylosis, while the tibia is somewhat displaced backwards, is in a condition similar to that in which the joint of each of those children was previous to operation. You will readily perceive that a patella so fixed is a direct mechanical obstacle to extension of the tibia upon the femur, and that it must be dislodged before that can be effected. The operation which I have suggested, and which you have seen me perform twice, had this object in view. In one case 45° of extension was gained by the operation, and the child gets about comfortably with a high-heeled boot.

In these two cases the granulation-cells, instead of degenerating into pus, were converted into fibrous tissue, as in a cutaneous cicatrix, leading to a firm union of the patella to the femur, but to a weak union of the latter to the tibia.

Prognosis.—This, you will at once see, is unfavorable, as the disease is rarely arrested, leaving the joint sound. This gelatinous disease of the synovial membrane may be conveniently divided into two stages. The *first* is characterized by *cell-growth*, while the *second* is illustrated on the one hand by the *adhesive*, on the other hand by the *suppurative* form of inflammation. Of these latter the adhesive is the least to be feared, while the suppurative is of grave signi-

ficance, because the necessity either for excision or amputation may arise during its progress.

Diagnosis.—The chief symptoms are (following or not some slight accident)—stiffness in the morning, causing limping, mechanical in its nature, due to the swelling ; gradually passing off on using the limb ; associated at first with painless swelling ; to be attended by tenderness and pain, not necessarily obliging the patient to lie up, unless suppuration, “starting pains,” &c., arise. All these cases illustrate the insidious and comparatively painless nature of the malady even to ankylosis, neither of the girls having kept her bed.

Treatment.—Good diet, change of air, and tonics, including preparations of iodine, are indicated by reason of the chronic nature of the complaint, implying a serious constitutional error. Perfect rest to the joint must be ensured by splints, with an occasional counter-irritant in the shape of a flying blister ; and when heat and tenderness have nearly subsided, strapping and bandage, to support the cell mass and prevent venous congestion must be applied. When all dangers of resuscitating inflammation appears to have ceased, friction and passive motion will much avail. Thomas’s splint, such as I show you, as used by one of the above children,—with a patten attached to the boot of the sound foot, will allow the patient to take exercise in the open air, will promote extension and yet secure a certain amount of repose to the joint.

Tenotomy.—You will have remarked that, of my three cases, in that of the lad the disease was in its first stage, while in the two girls the malady has terminated in ankylosis with deformity. Now, as prevention is better than cure, I would suggest, as a rule of practice, that an attempt be made to prevent that deformity that you have witnessed in these children by a subcutaneous section of one or more hamstring tendons—at any rate the biceps, the power of which to rotate the leg outwards you can readily appreciate on your own person. I adopted this plan in the case of a child of a professional friend, and I believe with marked benefit. I propose to do the same in the instance of the lad above mentioned,—*The Lancet.*

MEDICINE.

On Defective Nerve-Power as a Cause of Bright's Disease.

By J. O. BROOKHOUSE, M.D., M.R.C.P., London.

Physician to the General Hospital, Nottingham.

Cases of chronic albuminuria are not unfrequently brought under the cognisance of the physician, whose etiology and course are not, to my mind, satisfactorily explained by the ordinarily received ideas regarding the pathology of Bright's disease.

I do not here purpose to enter into the question of the morbid anatomy of the kidney in this malady; but I may at the outset be permitted to remind the reader that, by careful observers, three different views, though perhaps really not so conflicting as at first might appear, are held as to the seat of the pathological renal change. Dr. G. Johnson believes this change to occur primarily in the gland-cells of the convoluted tubes; Drs. Dickinson and Stewart hold that the inter-tabular fibrous matrix is first the seat of disease; whilst the more modern theory—that of Sir W. Gull and Dr. Sutton—is that the outer coat of the renal vessels undergoes a hyaline fibroid change. These observations have reference to the small red granular kidney, which is commonly regarded not as a local affection, but as the expression of a constitutional state.

The precise nature of this constitutional state is one of difficulty, but the commonly received opinion is that gout or other allied blood-poison is the etiological factor. Without venturing to express any dogmatic opinion as to that portion of kidney-tissue in which the initial tissue alterations occur, we are able to come to harmonious conclusion as to the *nature* of the morbid process. It is eminently degenerative in type, and, attacking the gland in the part of greatest functional activity, soon interferes with its physiological work.

I regard many of the cases of chronic Bright's disease that come before me as illustrations of malnutrition in con-

nection with impaired and diminished nerve-power. It is not difficult—indeed it would only be the record of everyday experience—to cite instances of the influence of insufficient or perverted nerve-force in the impairment of the integrity of tissue and interference with cell-life and development. The physician finds such instances not merely in the wasting, but in the retrograde metamorphosis of tissue seen in paralysed limbs, or in similar changes in a persistent sciatics; the surgeon, in like changes by reason of pressure in the course of nerve-trunks, or wasting of the deltoid in injury to the circumflex nerve; the practitioner of ophthalmic medicine, in a conjunctivitis or corneitis, the consequence of a disturbance of the first division of the fifth cranial nerve and branches of the ciliary ganglion. Are not these fair and incontrovertible proofs of the influence of sensory and vaso-motor nerves in the phenomena of nutrition? In support of my view of the occasional, not to say unusual, occurrence of chronic albuminuria in association with disturbed nerve-force, I will draw a picture from real life.

A man of middle age, of temperate habit, and with a good family history (free from those diseases usually credited with heredity), complains of langour, weariness, and a sense of fatigue on exertion altogether disproportionate to the effort. He is dyspeptic, flatulent, and with a tendency to constipation. The appetite is bad; he has occasional nausea; the tongue is fairly clean, but pale, and marked with the teeth. Sleep is disturbed, not from pain or other very apparent cause, but a general restlessness. He has sometimes to get out of bed to pass urine, but the total quantity does not exceed three pints in twenty-four hours. His facial expression is haggard and somewhat anxious. His memory is not so good as formerly, and mental efforts are a great labour. These symptoms may have been in existence a year or more before advice is sought. The careful physical examination of this man fails to discover any evidence of organic lesion until his urine is

examined, when albumen is found, with a shedding of imperfect renal epithelium. The crystalline deposit, if any, will probably be the oxalate of lime. This condition may go on for years, and with but little variation; and I now have a case, answering to the above, that has been under observation, without material change, so long as eleven years; and I quote it as an instance of simple malnutrition associated with defective nerve-power.

For the most part, those who, in my experience, suffer from this form of disease, are men of middle life, of sanguine temperament, the subjects of depressing emotions, or upon whom unusual anxieties and responsibilities have heavily pressed. The resulting enfeeblement of health courts, if I may so speak, disease degenerative in character. That the more violent, though brief, disturbances of nerve-centres powerfully affect the physiological function of the kidney, I am able, by the kind courtesy of my friend Dr. Moxon, to illustrate in the record of the following case. A gentleman under Dr. Moxon's care three months, whose urine had been repeatedly examined for albumen without results, was a few days ago, suddenly seized with a fit in the street, and brought to the doctor's house. Immediately after the fit, the patient voided urine, which on examination, was found to be loaded with albumen. In twenty-four hours, all trace of this had disappeared. There can be no doubt of the relations subsisting between the nerve-storm and kidney. If, therefore, such marked results as these can occur under brief, though powerful, nerve-influence, does it seem unreasonable or improbable that slowly destructive changes should follow the more silent influence of continuous nervous depression? Why the nerves of the kidney in any particular instance should be prominently affected, must be determined by surroundings, if, in the present state of our knowledge, it can be determined at all; but I have not yet learned why the branches of the fifth cranial nerve are more frequently painful than any other, unless it be urged that they are more exposed, which I do

not, however, accept as sufficient reason ; but if the theory of exposure be adcepted, then, *a fortiori*, will a nerve-sympathy and kinship be established between skin and kidney. It is important to remember, in actual bedside work, that long-continued functional disorder is very liable to lay the foundation of actual organic lesion ; so that when we have involved an organ essential to life, the early recognition of such disorder becomes a question of vital importance.

I think reason exists for a belief in the milder, though not less chronic, forms of Bright's disease, as being due to imperfect nutrition of renal cells ; not merely from the fact of disease continuing to be limited to cell-life, but from the absence of those secondary changes, which most frequently, within a comparatively limited period of time, occur as the result of a blood-dyscrasia.

I hope, at some future time, to follow up this subject by the record of cases in detail ; at the present moment, however, my object will be attained should I be able to engage professional attention in a new field of clinical inquiry.

—*British Medical Journal*.

Jaborandi in Colds

A French writer suggests that we are now in possession of a medicine which is destined to render signal service in colds. It is jaborandi, which by its sudorific properties, and by its exciting action on the glands of the air passages and salivary glands, combines the principal pharmaco-dynamic effects that have heretofore been sought from various medicines. An effusion of one drachm of the leaves in a small quantity of water constitutes an efficient means against colds, if taken early.

Painful points in neuralgia.

More than a score of years ago, M. Valleix, the distinguished author of the "Guide du Medicin Practicien," called attention to the frequency of vertebral *points douloureux* in neuralgia, and the necessity of directing the treatment to them. Prof. Duploux, of Bourdoux, now publishes the particulars of three cases of neuralgia that resisted all other treatment, and eventually rapidly subsided after the application of blisters to these points.

CANADA

Medical and Surgical Journal.

MONTREAL, MAY, 1876.

A DOMINION REGISTRATION ACT.

It was in 1836 that Lord John Russell, with a view of redressing certain grievances of dissenting religious bodies, introduced and carried through Parliament, his bill for the "Civil Registration of Births, Marriages and Deaths. At the time the importance of this measure was not seen, but forty years experience has fully proved its value not alone from a legal aspect, but in being the commencement of a general system of sanitary reform in Great Britain. The Bill, as at first proposed, did not contain any provision for the registration of the causes of death. This, however, was inserted at the earnest representation of the British Association, presided over by Sir James Clark.

Out of this Act or engrafted on it has grown a national system of vital statistics. To Dr. William Farr was assigned the duty of superintending the compilation and publication of these statistics and after forty years of weekly, quarterly, and annual returns, he has collected a mass of reliable information on this subject, which is of the greatest practical use. Public interest is attracted to these reports as in a great measure they have led to an equitable system of Life Assurance. The various tables of mortality indicate the average duration of life at a given age, so that life Assurance becomes no longer a speculation, but a safe investment not alone to the assured, but also to the Companies assuming risks. The benefits to be derived by a careful record of the vital statistics of any country are with-

out measure, the facts are incontrovertible, and point to the steady increase or decrease of the population.

In the supplemental Report recently published, the Registrar General of England gives the mortality statistics of the third decade of civil registration. From this it appears that during the 30 years ending in 1870 the population of England and Wales had increased by nearly seven millions, and that throughout that period the annual average death rate was 22 per 1000.

In his reports Dr. Farr, has urged that any excess over an annual mortality, of 17 per 1000 represents a condition of insanitation. We have thus far alluded to a few points in illustration of the benefits to be derived by a rigid system of Civil Registration, it is to our mind the starting point, the very central nucleus of any system of sanitary reform. Very much has been written concerning the death rate of our country, and very much of that of our City, and our mortality statistics are made to shew an unusually high rate as compared to the given population, but then how are these returns obtained, they do not bear inspection—all that can be learnt is the fact that a certain number of dead bodies have been sent for burial in our cemeteries, but whether all these persons died in the City of Montreal or not, does not appear. In the year 1860 we commenced the task of tabulating the mortuary returns with a view of ascertaining, if possible with accuracy, the death rate in proportion to the given population, but after working for months we gave it up as utterly useless and unreliable, and we maintain that the returns as at present collected are worse than useless, they are cruelly untrue they lead to misrepresentation, and place the name of our city in a false light.

When Dr. Brouse moved in the Commons for the appointment of a select Committee to enquire into the expediency of asking legislation with a view to constitute a Bureau of Sanitary statistics, the Hon. the Premier of Canada in his reply stated that a very large portion of the City of Montreal was supplied with water from wells. It

was perhaps with something akin to wonder, that our City Fathers heard this statement, as we know that many of them regard our elaborate system of water supply as very near perfection. We can make every allowance for the Honorable gentleman, as he has given evidence of being no laggard in the field of research, and we feel convinced that a few hours attention to the question would have posted him on the subject, and that he would have overwhelmed the house with statistics be they ever so dry.

The time is fast approaching when these subjects will be forced on the consideration of our Federal Government, and what was recently an independant motion of an outside member, will we doubt not become a Government measure. Canada is sufficiently important as a country to adopt a definite policy on this subject. It is not a question for our Local Legislatures to deal with, but must be taken up and gone into by the Federal Government: it is a question in which the people of Canada as a whole, are interested and not the inhabitants of any one Province. To attain any results a uniform system of observation must be introduced, and we cannot do better than take as a model the English Act, which in many respects has been taken as a model by the larger number of the nations in the civilised world.

Our readers are aware that the Board of Governors of the College of Physicians and Surgeons of Lower Canada hold their semi-annual meeting in this city on Wednesday the 10th May, instant. At that meeting will come up for discussion the report of the Committee appointed at the last Triennial meeting, to draft certain amendments to our Act. A report is before the College which has already appeared in these columns, the following amendments to that report will be submitted, and we insert them to give our readers, and especially those of them on the Board of Governors, an opportunity of their perusal.

Amendments to the Act of Incorporation of the College of Physicians and Surgeons, L.C., to be proposed at the May meeting.

1st.—That the composition and mode of election of the Provincial Medical Board at present authorized by the Act of Incorporation of the Col-

lege of Physicians and Surgeons of the Province of Quebec, be not altered.

2nd. That section VII. of the Act of Incorporation of the College of Physicians and Surgeons, cap. xxvi, 10th and 11th Vict. be expunged.

3rd. That Section V be thus amended:

The said Board of Governors shall be, and are hereby constituted "The Provincial Medical Board," in which capacity they shall meet to receive the reports of the "examiners" hereinafter mentioned, and to perform the several duties devolving upon them under this Act as the Board of Governors of the College, not less than once in each year, at such time and place as to them shall be deemed most fit, and on which occasions, seven shall be a quorum, for the transaction of business.

4th. That at the first regular meeting, of the said Board after the passing of this act there "shall be appointed by the Provincial Medical Board," for three years, subject to the approval of the Board, nine examiners, not Governors of the College, six of whom shall be of French and three of English origin, by whom all Candidates, for a license to practice medicine, surgery, and midwifery in this Province shall be examined, in accordance with the by-laws, rules and regulations of the Provincial Medical Board. The examination to be written and oral, and as far as possible practical.

Of the above examiners, one shall be chosen from each of the four medical schools, now existing in the Province, and the remaining five shall be chosen from amongst the registered Medical practitioners not connected with any of the Medical schools.

5th. That at the first regular meeting of said Board after the passing of this act there shall be appointed by the Provincial Medical Board for three years (subject to the approval of the Board) three persons actually engaged in the work of general education, to examine all persons about to begin the study of medicine, surgery and midwifery, on the subjects of general education hereinafter mentioned as belonging to the preliminary qualification of medical students, viz: One examiner of French nationality, resident in the city of Quebec, and one of French and one of English nationality resident in the city of Montreal. The subjects of the preliminary qualification to be English, French, Latin, geography, arithmetic-algebra, geometry and natural philosophy, and the candidate to present a certificate of good moral character.

6th. That every person wishing to obtain a license to practice medicine, surgery and midwifery in this Province, and to be registered under this act, and who shall not have obtained a license to practice medicine, surgery and midwifery in any of the provinces of the Dominion of Canada before the expiration of six months after the passing of this act, shall, before being entitled to such license and to registration in this province, possess a degree or diploma from a Canadian university or college, or incorporated medical school, approved by the Provincial Board, and pass an examination as to his knowledge and skill for the efficient practice of

medicine, surgery and midwifery, *before the examiners appointed by this Board*; and upon passing the examination required, and proving to the satisfaction of the examiners that he has complied with the rules and regulations made by the Provincial Board, and on payment of such fees as the Board may by general by-law establish, such person shall be entitled to a license to practice medicine, surgery and midwifery in this province, and to be registered, and, in virtue of such registration, to practice medicine, surgery and midwifery in the Province of Quebec. Provided, always, that when, and as soon as it shall appear that there has been established a central examining board, similar to that constituted by this act, or an institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Quebec, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum shall be equal to that established in Quebec, and the holder of such certificate shall upon due proof be entitled to registration by the Provincial Medical Board of Quebec, if the same privilege be accorded by such examining board or institution to those holding certificates in Quebec. Provided, also, that it shall be *optional* for the Provincial Medical Board to admit to registration all such persons as are duly registered in the medical register of Great Britain, or are otherwise authorized to practice medicine, surgery and midwifery in the United Kingdom of Great Britain and Ireland, upon such terms as the Provincial Medical Board may deem expedient.

That the "Provincial Medical Board :—

(1). Shall from time to time, as occasion may require, make rules and regulations for the guidance of the "Examiners," and may prescribe the subjects and mode of the examinations, the time and place of holding the same, and generally may make all such rules and regulations in respect of such examinations not contrary to the provisions of this act, as they make them expedient and necessary,

(2). It shall regulate the study of Medicine, Surgery and Midwifery by making rules with regard to the preliminary qualifications, duration of study, and curriculum of studies to be followed by the students.

Provided always that such rules shall not be contrary to the provisions of this Act,—and that any change in the curriculum of studies fixed by the Board shall not come into effect until one year after such change is made.

8th. That the Provincial Medical Board shall have the power to fix by law the salary or fees to be paid to the "Officers," and to the "Examiners" appointed by the said Board; as well, also, the fees to be paid by all candidates entering on the study of medicine, as also by all candidates for the license to practice medicine, surgery, and midwifery, as well as the fee to be paid for registration, and the said Board may dispose of all fees received in whatever manner they may think most conducive to the interests of the College.

MCGILL UNIVERSITY MEDICAL FACULTY.

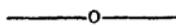
SUMMER SESSION.

It is with great satisfaction that we are enabled to announce an extended summer course in connection with McGill University Medical Faculty. For several years past, regular clinical instruction throughout the summer months has been afforded students in the wards of the Montreal General Hospital. To make these more useful and attractive, and with a view of rendering clinical instruction more than ever a characteristic feature of the teachings of this school, the Medical Faculty gave a special course of clinical instruction during the summer months, open to all matriculated students free of charge.

This will be found in the announcement of the Medical Faculty for the year 1870. The summer session of 1876 has been rendered more attractive by several additional workers. Besides the usual clinical instruction at the bedside, Dr. Ross will deliver a course of lectures on Physical Diagnosis. Dr. Roddick takes up the subject of Minor Surgery, and gives instruction on the uses and employment of surgical apparatus. Dr. Gardner discusses electro-therapeutics and the practical uses of electricity in disease. Dr. Frank Buller, who comes fresh from the Royal London Ophthalmic Hospital, Moorfields, where he has enjoyed unusual opportunities, as Resident Surgeon to that institution during the past three years, will deliver a course of fifteen lectures on Diseases of the Eye, giving at the same time instructions in the use of the ophthalmoscope, with practical demonstrations of intra-ocular lesions. Dr. Girdwood delivers his course of practical instruction in Chemistry, this forming a part of the required curriculum the student has the option of attending this course during the summer months. And last, though not least, we have Dr. Osler, who is an enthusiast in his department, who will give a course of twenty-five lessons on Practical Histology, and also a course of Practical Pathological Demonstrations.

in the post-mortem room. In giving facility to students to follow up their studies during the summer months, these gentlemen are giving much valuable time, and we trust their exertions will be appreciated by the pupils. We understand that a large class is expected. We give below a schedule of the work.

SUMMER SESSION, 1876.



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|---|---|--|
| <p>DR. DRAKE.—
DR. MCCALLUM.—
DR. GODFREY.—</p> | } | <p>Clinical instruction daily at bedside in Montreal General Hospital.
A limited number of Dresserships and Clinical Clerkships may be obtained on applying to the out-door and attending Physicians.</p> |
| <p>DR. ROSS.—</p> | | Physical Diagnosis. |
| <p>DR. RODDICK.—</p> | | Minor Surgery. Application of Bandages and Splints. Surgical Anatomy on the Cadaver. |
| <p>DR. GARDNER.—</p> | | Electro-Therapeutics; the practical application of Electricity in disease. |
| <p>DR. BULLER.—</p> | | A course of fifteen Lectures on diseases of the Eye, including instructions in the use of the Ophthalmoscope and practical demonstrations of Intra-ocular Lesions. |
| <p>DR. GIRDWOOD.—</p> | | Practical Chemistry, including Blowpipe manipulations, qualitative analysis, toxicological investigations, &c., &c. Fee, \$12. |
| <p>DR. OSLER.—</p> | | Practical Histology—Normal and Pathological. A course of twenty-five lessons. Microscopes, re-agents and material provided. Fee, \$15. (To be devoted, after paying necessary expenses, to Physiological Laboratory Fund.) |
| <p>DR. OSLER.—</p> | | Practical Pathology—a course of twenty demonstrations in the Post-mortem Room. |

All the Lectures and Demonstrations will be free with the exception of the Practical Histology and Practical Chemistry courses. The latter forms part of the curriculum and may be taken by students either in the Winter or Summer Sessions.

The Session will begin on May 1st and continue three months.

For further information apply to

THE REGISTRAR.

SIR GEORGE DUNCAN GIBB, BART.

We announced the death of this gentleman in the March number of our periodical, and we think that as an old fellow-student and graduate of McGill University,—one whose intimacy, we might almost say affection, remained with us to his dying day—something more than a passing obituary notice is required from us.

George Duncan Gibb entered as a student of medicine at McGill University in the autumn of 1842. After pursuing his studies uninterruptedly for four sessions, he graduated in May, 1846. The year before he graduated he received the appointment of Resident Apothecary to the Montreal General Hospital, which position he retained up to the spring of 1847, when he left for Great Britain, selecting Dublin as the school at which he proposed to follow up his professional studies. Early in the year 1848 he passed the examination for the License of the Royal College of Surgeons, Ireland, and also that for the License in Midwifery. Shortly after passing the College of Surgeons he repaired to Paris, and was in that city a week or so after the eventful days of June of that year. Whilst in Paris he prepared a paper on gun-shot injuries, illustrating it with cases of gun-shot wounds which he observed in the various Parisian hospitals. This paper he read before the Parisian Medical Society, which procured for him the honour of election as member of that Society. This paper, which is very interesting, may be found in the fourth volume of the *British-American Journal*, page 150. Europe being much disturbed, politically, at that time, he did not prolong his visit to the Continent, but returned to England; and on the 12th February, 1849, he took ship at Liverpool and sailed for New York. He arrived in Montreal some time in the month of March following, and forthwith commenced the practice of his profession in this city. Always industrious and with a keen desire to record all that appeared to him of interest, on the passage to this country he made accu-

rate observations on the diseases and accidents which occurred amongst the crew and passengers, being an aggregate of 369 souls, during a lengthy passage of 36 days. This formed the subject of an interesting paper, which was published in the fifth volume of the *British-American Journal*. In this paper will be found suggestions as to the daily amount of food required for steerage passengers, and also the accommodation necessary—as at that time, and even in our day, the holds of vessels were disgracefully over-crowded; the subject of the necessity of ventilation of passenger vessels as a sanitary measure is dwelt upon. Altogether, this is a thoughtful and well-arranged paper. In the year 1851, Dr. Gibb, with several other medical gentlemen of this city, established the St. Lawrence School of Medicine, and during the ensuing winter session he delivered a course of lectures on Institutes of Medicine in connection with that school. This school survived one session, and its cessation cannot be attributed to any other cause than a want of scope. Already there existed two medical schools in Montreal, both struggling for bare existence, and it was found that to continue the work of the St. Lawrence School could alone be done by considerable personal outlay. The following year, Dr. Gibb determined to leave this country and settle in London. In 1855 he was appointed Reporter to the *London Lancet*, which position he held for upwards of ten years.

But while devoting much of his time to hospital reports he continued to work earnestly, and became a regular contributor to Canadian medical and other periodicals. There is not a single volume of our own medical journal which does not contain something from his pen. Literary labour was to him a pleasing recreation, and during his sojourn amongst us we never remember to have seen him idle. Go to his office when you would, he was to be found ever at his desk engaged in some literary pursuit. His style was clear, indulging occasionally a little in the imaginative, but what he did write gave evidence of careful research and

accurate observation. Of his career of late years we know nothing personally, but the record is to be found in the *Medical Directory*. He was M.A., M.D., C.M., McGill University, 1846; L.R.C.S.J., and Licentiate in Midwifery, 1848; M.R.C.P., London, 1859; Fellow of the Medical Society, also Medico-Chirurgical and Anthropological Societies of London; Member Pathological Society, of the British Medical Association, and many other societies on this continent and in Europe; Fellow of the Geological Society, &c., &c.; L.L.D., conferred by the University of Laval, Quebec, in 1864. To be a member or fellow of a literary society was not sufficient for Dr. Gibb, and on reference many of the transactions of the above-named societies will be found to contain contributions from his pen. But besides writing occasional papers, all of worth and interest, he found time to collect his views into book form, and published a treatise on Whooping Cough; also a *brochure* on morbid states of the urine, and a work on Diseases of the Throat and Windpipe as reflected by the Laryngoscopi. He translated "Czermak's Work on the Laryngoscopi" for the New Sydenham Society, and subsequently published "Observations on Diseases of the Hyoid Bone," and also "The Laryngoscopi in Throat Diseases." This, we believe, gave him a widespread name both at home and abroad, and the wheel of fortune seemed to have turned in his direction, but unfortunately he left the beaten track he had so far trod well, and devoted the remaining years of his life in seeking after a bauble which, when found, was worthless. Had the empty title to which he laid claim carried with it a few broad acres, we could then understand his striving for its possession. But it was a false step, one which we verily believe he himself regretted. It, in a great measure, cut him off from all that was congenial to him as a scientific enthusiast, and rendered him misanthropic and taciturn. It was a weakness of character deplored by his truest friends, and ridiculed by those not his equals in capacity. In connection with this assump-

tion of a title, he published a work in two volumes on "The Life and Times of Robert Gib, Lord of Carribber, Familiar Servitor and Master of the Stables to King James V. of Scotland," with notes of his descendants who held offices of trust near the person of the Sovereign in the reigns of Queen Mary, James VI. of Scotland and I. of England, and Charles I., compiled from the Public Records; London, Longmans, Green & Co., 1874. This is somewhat dry reading, as it refers chiefly to family matters, of interest no doubt to many; but, besides dry matters of personal history, there are many circumstances and facts of an historical character interspersed which add somewhat to the general interest of the book. This portion of his career we must close, with sincere regret that it should have ever become our duty to record. One of the last papers he contributed to medical science was entitled "Division of the Isthmus to relieve Dyspnœa in Certain Cases of Bronchocile." This article will be found in the *Lancet* of January 23rd, 1875, page 120. His suggestion has been favorably received by the profession. Some time in April, 1875, he was attacked with what appeared to be pleuro-pneumonia of the left lung. From this he never entirely recovered. Serious changes occurred: the right lung and liver became engaged in the disease, and he finally sank, and died on the 16th February ultimo, at the age of 55 years.

A MODEST REQUEST.

We observe that at a recent meeting of the Health Committee, presided over by His Worship the Mayor, a most modest demand was made by Dr. George Baynes, who, according to the newspaper report, requested to be appointed with authority to publish an eight-page monthly journal strictly devoted to health matters; and further, that a remuneration of \$300 be given for that purpose. We think that if the Corporation of the city of Montreal are going into the printing business, they had better adopt the usual course and advertise for tenders.