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CASES OF OVARIOTOMY.

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(Continued from p. 110, No. 3, Vol. 4.)

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CASE 5.—Miss J., æt., 19, although never robust, had enjoyed good health until February, 1865.

She first menstruated when 17 years of age, and this function had scarcely become established when she was seized with acute pain in the right hypogastric region. This pain was supposed to arise from inflammation; she was salivated, and subjected to other active treatment, and after a time she began to improve in health. The following April she discovered a tumor, low down and moveable, and not very painful on pressure or examination.

Scarcely had she recovered from this attack on the right side, when the left was similarly affected, although the pain and suffer-

ings were less savore. She now (May, 1865) began to enlarge, and the tumor has steadily increased up to the present period; her general health is much impaired, and there is considerable loss of flesh and strength.

May 24th, 1866. On making a careful examination to-day, I found the case to be multilocular cystic disease of the right ovary, the uterus not involved, and many of the cysts of large size. Although her general health is feeble, she is in good spirits. She has no cough, and the respiration is easy, pulse weak and upwards of 100, tongue moist and clear, appetite moderate, and bowels daily moved. The tumor is very large, filling the whole cavity of the abdomen, and producing some slight distress by its pressure on the organs of respiration and circulation. Fluctuation is distinct in every part.

A consultation with Drs. Beaumont and Small took place on the 26th of May, when it was decided that the removal of the tumor gave her the only chance of a prolonged life. The risks and dangers were clearly pointed out to her, and the probability that palliative treatment, from the advanced state of the disease, would be of no avail, were duly mentioned both to herself and her parents. Previous to her coming to me, she was under the able care of Dr. Tucker, and had been seen by several medical men, all of whom gave their opinion in favour of an operation for the removal of the tumor. She was very firm and decided, and had made up her mind from the first to submit to the operation, but the parents would not take the responsibility on themselves, and refused either to assent or dissent.

Thursday, 31st May, 1866, was the day appointed for the operation, and after having made all the necessary arrangements, it was completed after upwards of an hour of mental anxiety and distress to all those present. I was kindly assisted by Drs. Beaumont, Bovell, Tucker, and Small. Drs. Webb, Stewart and Jameson of the Army Medical Department were also present. An incision of about four inches in extent was made a little below the umbilicus extending to near the pubes, and after carefully dividing the tissues the sac was exposed, but so firmly adherent to the peritoneum at this point, that it was impossible to separate it. A full sized trochar was passed into a large cyst, when a considerable quantity of thick mucoid fluid flowed away. Having emptied this cyst, the opening into it was secured and the canula

withdrawn, when the real difficulties of the case began. The adhesions were general and very strong to the omentum, intestines, and anterior walls of the abdomen, rendering it impossible to separate them by the hand or handle of a knife. In attempting to do so one or two of the cysts burst, their contents flowing about in all directions. So extremely strong were the adhesions in some places, that I cut off the portion of the sac that adhered to the omentum, intestines, or anterior wall, scraped its lining membrane, and left it still attached. After tedious and careful manipulation the whole of the adhesions were overcome, and the tumor removed; but the sac was so firmly united to the broad ligament on the left side, that at first we imagined that both ovaries were engaged. This, however, was not the case, although the adhesions were so vascular and strong on that side, but it was deemed expedient to secure the vessels by the application of a ligature. The pedicle was secured by a double whip cord ligature brought out at the lower angle of the wound. The abdominal cavity was well cleaned of any blood or contents of ruptured cysts which it contained, and then closed by fine long needles passed through the abdominal walls on both sides and secured in the usual manner with points of suture between each, long strips of adhesive plaster, and a bandage. The patient was then removed to bed, and two grains of opium in half an ounce of brandy was given, and ordered to be repeated in half quantities every hour until next seen by me. She did not bear the operation well, the chloroform was discontinued before the operation was half completed, and brandy substituted, of which she took from 8 to 10 ounces. She rallied towards evening, and at 9 p. m. was very comfortable—countenance calm and placid, breathing very easy, skin warm, no pain, no vomiting, pulse 132. Continue brandy and opium every two hours if not sleep. Catheter drew off a large quantity of healthy urine.

Friday, 1st June, 9 a. m. She has passed a very good night. Sleeping as calmly as a child. No pain, sickness, or vomiting; pulse 130, firm, tongue dry, thirst. The quantity of brandy was diminished during the night, as the skin became hot and dry; one-third of the quantity only was given.

8 p. m. Doing well. As the opium is producing its effects in a marked manner, half doses only are to be given. To have equal parts of milk and boiling water with the brandy, added at the time of giving it.

June 2nd. She slept well all night, is now free from the effects of the opium, and is cheerful. Pulse 136, firm, tongue moist; skin comfortable, no pain, vomiting, or uneasiness of any kind; urine secreted in large quantities. The opium to be omitted.

June 3rd. Not a bad symptom, pulse 106, firm.

June 6th. The wound was dressed to-day, and found to be united throughout its whole extent, except where the ligatures came from the abdomen. Beef tea, bread and milk, etc., were allowed.

June 7th. Wound again dressed, and the remaining sutures removed. It is thoroughly and completely united. Quantity of food to be increased.

June 8th. Doing well in every respect, except slight irritation of the bladder, which probably arises from the ligatures passing over its fundus. As the bowels had not acted since the operation, an enema of soap and oil was given, which afforded relief.

June 11th. From this date onwards, she continued to gain strength, and never had a bad symptom. The first ligature came away on the 29th June, and the second on the 28th Augt. She returned home two months after the operation.

REMARKS.—Nothing could have been more satisfactory than the termination of this case. The patient was reduced almost to death's door before the operation, and the operation itself was of a most severe kind, owing to the old and strong adhesions which bound the tumor to every portion of the abdominal cavity. In two or three places the adhesions were so strong that the knife was unable to separate them with safety, I had no alternative, therefore, but to remove portions of the sac, and after scraping or dissecting off their lining membrane, I left their external peritoneal covering closely united to the colon, omentum, and anterior wall of the abdomen. The tumor was multilocular and very large, and weighed, without counting the loss from the bursting of one or two sacs, upwards of 56 lbs. Her weight immediately before the operation was 158 lbs, and on leaving Toronto, 106 lbs. Her general health improved, and she soon became stouter and stronger than she had ever been. In June, 1870, she married, and about the middle of October, 1871, gave birth to a healthy living child.

CASE 6. Mrs. T., a German, of fair complexion, very much

reduced in flesh and strength, was first seen by me on the 1st May, 1867, when she gave the following history of her case.

She is 45 years of age, and had always enjoyed good health until about six months ago. She was married at the age of 20, and has had two children; the oldest daughter still living, the youngest died when 18 months old, of measles. Her labours were easy and without complication. The catamena continued regular until about two years ago, when they ceased. In November last (1866) she first began to feel ill, complaining of severe pain in the lower part of the abdomen, which she ascribed to cold and over exertion. She had been a hard working woman all her life, but particularly so since she came to Canada, about two years ago. The pain continued more or less until Christmas, when, for the first time, a small firm tumor could be felt low down on the right side. Its increase was most rapid, so much so, that she had to be tapped by the end of February, 1867. The tumor was, however, but little decreased by the operation, as two quarts only of very thick fluid came away.

May 1st, 1867. At the present time the tumor fills the whole of the abdomen, three cysts being distinctly made out. She is unable to lie down, and her respiration is difficult. Pulse 92, small and weak, tongue moist and red, stomach irritable, bowels regular, and her urine is voided with difficulty in consequence of severe pressure. A few doses of soda, rhubarb, and Dover's powder were given night and morning, from which she derived benefit, as the stomach and bowels soon regained their ordinary tone. The case having been diagnosed as one of poly-cystic ovarian disease, the question was, whether, in the reduced and enfeebled state of the system, an operation was justifiable or not? All the medical men present agreed that as she must sink under the disease in a very short time, and that an operation hold out a forlorn hope by which her life might be saved, although the chances were very much against her, yet the attempt should be made, and urged by the solicitations of her daughter and herself, I consented to operate.

May 9th, 1867. The operation was performed to-day at the Toronto General Hospital, assisted by Drs. Beaumont, Bethune, Aikins, Wright, and Hampton, several military medical men being also present. A small incision about three inches in length was made a little below the umbilicus, and after dividing

the abdominal parietes the tumor was brought into view. It was very generally adherent, some of the adhesions being very firm, while others were easily broken down. The largest cyst having been brought fairly into view, it was tapped, when six or seven quarts of thick, viscid, light greenish yellow fluid came away. The opening was closed by ligature, and other adhesions were then broken down. The tumor involved the uterus, to which it was firmly adherent, producing elongation of its body, which was drawn to the right side. The broad ligament and its contents on the right side were much thickened, enlarged, and firmly adherent to the cysts. After separating the tumor from the pelvic organs, a double whipcord ligature was passed through the peduncle; one being tied near the uterus, the other an inch from it, and the pedicle divided between them. In separating some of the adhesions after the division of the peduncle, the ligature attached to the uterus slipped, there was free hemorrhage, but each vessel was afterwards separately and securely tied. One cyst filled the whole cavity of the pelvis, and was also firmly adherent; but the strongest and firmest adhesions were at the anterior and upper part of the tumor. After carefully breaking down or otherwise dividing the adhesions, the tumor was turned out of the abdomen and removed. There was pretty free and general oozing from the torn and divided adhesions, but it ceased after a short time. The wound was closed by four long needles passed through all the tissues forming the abdominal coverings, and secured with the figure of eight suture; there were also several points of suture between these, together with strips of adhesive plaster and a flannel bandage. The anæsthetic used was a mixture of three parts ether, two of chloroform, and one spirits of wine. It certainly relieved her of pain; but I think it depressed her very much and deranged the stomach, much more than chloroform usually does. She was much depressed after the operation, cold feet and legs; and pulso 116, small and feeble. Brandy was given in milk, and one and a half grains of opium as soon as she was placed in bed; these were repeated from time to time as the urgency of the case required.

8:30, p.m. Reaction is fairly established. Surface of the body generally warm; feels comfortable, no pain, has dozed occasionally; passes her urine freely, and expresses herself as

much relieve.<sup>1</sup> Before the operation the pulso was 150, small and weak, after the operation, 116, before she was removed from the table, 112, and after being placed in bed, 108. At 8:30, it had risen to 120.

May 10th. She passed a good night, perfectly free from pain, and feeling as she expressed it, "as good as new." She slept during the greater part of the night, but towards morning she vomited, or rather the contents of the stomach were regurgitated. At 2, p.m., her countenance was very good, no expression of anxiety, tongue moist and clean, quite free from pain, except when making firm pressure, when a little soreness is complained of, pulse 120, moderate force, skin, comfortably warm, urine, plentiful and clear, but *there is slight tympanitis*. She has taken a plentiful supply of brandy, milk, &c.

8, p.m. The stomach is very irritable, rejecting everything. She thinks the milk disagreed. Brandy and water in lieu of the milk, and good beef tea, and liq. opii. sed. ʒss, every two or three hours as required.

May 11th, 8 a.m. Constant vomiting all night, no food having been retained, and very little brandy. She is very weak and depressed,—pulse 120, small and weak, skin moderate temperature, tongue moist and white, is free from pain, and urine secreted in normal quantity. She complains only of weakness, is free from pain, but the distention of the abdomen is greater.

Noon The stomach rejects everything. Brandy and egg ordered, with the subcutaneous injection of  $\frac{1}{4}$  gr. morphine. Small bits of ice in the mouth. Notwithstanding every care, she continued to sink, and died at 7.30 p.m. No *post-mortem* was allowed by the friends.

REMARKS.—In a very able little work, by Mr. Thos. Bryant, of Guy's Hospital, he says. "Ovariectomy should not be thought of when the patient's general condition of health is very bad, or the powers feeble,—when there is any evidence of disease in any other organ than the ovary,—when, indeed, it is tolerably evident that the powers of life are unable to withstand the shock of the operation, and seem incapable of rendering the needful reparative assistance for the recovery of the case."

This was nearly the unfortunate condition into which this patient had been reduced, by the extremely rapid development of the disease before I saw her. True, there was no disease in



any other organ except the ovary, but, the rate of increase was so great, and her powers of life were so much diminished, that I at first declined to operate, until urged by herself and friends to give her the only chance left of prolonging her life. "It is true," says Mr. Bryant, "that a surgeon is sometimes led to perform an operation in almost desperate cases, when suffering is severe, and death is certain if the patient is left alone, although the scientific probability of saving life is almost nil, such as in neglected hernia, in certain examples of amputation for disease or accident, in the ligature of a vessel, or the excision of a tumor." Under like circumstances, a surgeon may be called upon to perform ovariectomy, when a patient is evidently being worn out by the disease, and by it alone; when life's tortures are not worth prolonging, and death can be calmly looked at and even wished for; when there is a scientific possibility that, on the removal of the local disease which is clearly destroying life, the powers of the patient may rally, and that at any rate relief from suffering will be secured; under such conditions an operation may be admissible. "Under certain circumstances, consequently, the surgeon may be justified in performing ovariectomy with the object of giving relief, when only a scientific possibility exists of doing more, in the same way that he may be justified in doing any other operation, with the same object and a like slender hope."

CASE 7th.—Miss S. S., *æt.* about 40, of dark complexion, very dark hair, and general healthy appearance; had always enjoyed excellent health until about two years ago, when, without pain or any apparent cause, she found herself increasing in size, more particularly in the lower part of the abdomen. About this time the catamenia became irregular, sometimes profuse, sometimes scanty, although they returned at their regular periods and without pain or suffering.

Twelve months ago she was attacked with very severe pain in the left hypogastric region, which continued for some time, but ultimately yielded to the free use of opium. The pain was of a very acute kind, and spread across from the left to the right side low down in the abdomen, and was supposed to be of an inflammatory character by the medical man in attendance. The following month it returned again, very severe for a time, and like the former attack was soon relieved, although not so com-

plotely as before. More or less pain and uneasiness continued for four months after this last severe paroxysm, and she gradually but rapidly increased in size, until she was relieved by tapping, six months from the first attack. The catamenia made their appearance on both these occasions, but since she was tapped, now eight months ago, they have only made their appearance two or three times, and then very scanty. The tapping relieved all pain, and she soon felt as well as ever. Twenty-four quarts of thick, dark, mucoid fluid came away, surcharged with cholesterine. The fluid, however, speedily re-collected, and at the end of three months she was as large as ever.

When I saw her for the first time, five months after she was tapped—Nov., '67—the abdomen was greatly distended, and it was impossible to state positively whether the tumor was uni or poly-cystic, adherent, or otherwise. Her health was very good, and her spirits excellent. The season just then was particularly unhealthy,—erysipelas, typhoid fever, &c., being very prevalent, and as she was not suffering from the distention, being able to sleep comfortably, take exercise, and eat well, I advised her to postpone any active proceedings until she became more inconvenienced. She accordingly returned home and lived her usual ordinary domestic life, which she enjoyed, until the beginning of February, 1868, when she returned to Toronto for the purpose of being tapped. She appeared in excellent health and spirits, not complaining of anything beyond the inconvenience from the weight and distention.

Feb. 8th, 1868. I tapped her and drew off about 24 quarts of the same dark-colored mucoid fluid. A day or two afterwards I made a careful examination of the abdomen, and found the disease to be multilocular cystic ovarian, with a considerable quantity of solid matter, and which appeared to be more or less adherent. Having had everything fully explained to her, and at her own most urgent request, her general health being very good, the 5th of March was the day decided upon for the operation.

Thursday, 5th March, 1868. She is in excellent spirits, and expresses her full conviction that she will do well. Drs. Beaumont and Bovell kindly assisted in all the ordinary arrangements, and when completely under the influence of chloroform, Dr. McKinnon, Med Staff, Dr. Tuson, 17th Regt., Dr. Martin, 13th

Hussars, and Dr. Baker, Med. Staff, came into the room. The incision extended from the umbilicus to an inch above the pubes, and after carefully dividing the coverings, the peritoneal cavity was opened. Immediately there flowed away a quantity of yellowish serous ascetic fluid, in which numerous flakes of lymph were seen,—and the tumor was found to have many firm adhesions. Two of the largest cysts were opened and a quantity of thick turbid fluid flowed through the tube. The principal adhesions were laterally to the abdominal walls, and posteriorly to the large intestines and omentum; these were broken down or otherwise divided, and the tumor was drawn out of the abdomen. The peduncle was pierced, and a double whip-cord ligature applied, and the pedicle divided; but before the tumor could be removed, it was necessary to apply a third ligature to some very strong and old adhesions which united it to the broad ligament and fallopian tube on the right side. The intestines were very flaccid, and the peritoneum covering them, as well as that lining the cavity, and the omentum, was of a yellowish color, and covered with patches of lymph,—the result of chronic inflammatory action. The fluid in the abdomen having been carefully sponged away, the wound was closed by five long needles, passed through the whole of the abdominal walls and held by the figure of 8 suture, points of superficial suture being placed between the needles. A few long strips of adhesive plaster and a bandage completed the operation. She vomited freely on recovering from the effects of the chloroform, before her removal from the table; and on her being placed in bed, 2 grs. of opium were given, with one grain to be repeated as required.

5th, 9 p.m. She had completely rallied, her warmth being good; pulse 84, firm; countenance good; but complains of sickness and pain in the back. The urine was drawn off, she was turned slightly on her side with a pillow against her, and she felt comfortable.

6th, 9 a.m. She passed a good and quiet night, frequently sleeping half an hour at a time, and since 6 a.m. she has slept soundly; countenance very good; no pain; tongue moist, pulse 100, weak; skin comfortable; she is cheerful and hopeful. She has had eight grains of opium altogether. Catheter passed. Discontinue opium. She has had occasionally a spoonful of brandy and water, and beef-tea or chicken broth every hour or two.

6th, 9 p.m. Has passed a comfortable day, no pain except a twinge in the pedicle occasionally, cheerful, pulse 94, firm; respiration easy, takes her beef-tea and brandy and water from time to time, urine drawn off, to have opium at bed-time. At midnight she was not so comfortable, vomiting having distressed her—much flatulence, pulse 98. To have opium grs.ij. at once, and only two teaspoonfuls of fluid at a time.

7th, 9 a.m. She passed a restless night, the nausea and vomiting returning at times. The pain had also been severe, although not constant, sometimes entirely free. Tympanitis, flatulence, pulse 102, small, sharp; tongue white, moist; no headache, but feels depressed. Discontinue opium; subcutaneous injection of  $\frac{1}{2}$  gr. morphine and ol. terebinth. M. viii., in mucilage, every three or four hours.

7th, 12 p.m. The subcutaneous injection and turpentine relieved all pain and sickness, and induced sleep. Pulse 96, complains only of thirst; in every other respect feels better.

8th, 9 a.m. Has passed a very good night, no sickness or pain, slept nearly the whole night and says she is nearly well again. Discontinue morphine and turpentine.

8th, 10 30 p.m. Has passed a comfortable day, taking a moderate quantity of nourishment; pulse 94, soft.

9th, 9 a.m. Very comfortable, quite free from pain, but did not sleep; complains only of thirst; continue.

March 10th. Passed a fair night, but without much sleep; suffers from flatulence, for which she has twice taken turpentine. Bowels have acted naturally, affording her much relief, being more quiet and composed; pulse 96, soft; appetite good.

12th. Being unable to attend through illness, Dr Bovell kindly dressed the wound for me. He found it united throughout, except at the lower angle where the ligatures came out, and on removing the first dressings a very copious discharge of ascetic fluid took place, completely wetting every thing about her. The fluid was straw-colored, with small flakes of lymph in it, and was no doubt the result of the chronic inflammatory action, going on and seen at the time of the operation. Dr. Bovell dressed the wound with carbolic acid and oil, and ordered champagne and white of egg.

13th. Assisted by Dr. Bovell, I dressed the wound and removed the needles which had been passed through the abdo-

minal parietes. It was quite firm, except the lower angle, from which still flowed a small quantity of serous fluid. She feels well; bowels relieved three times; pulse 96, soft; skin moist. Ordered a mutton-chop and brandy and water, and the following mixture:—

R—Hyd. Bichlor, gr. j.  
 Solve in Aq. Cinnamon,  $\frac{2}{3}$  j.—Do. Addo.  
 Tinct. Cinchon.,  $\frac{2}{3}$  ij. M.  
3 ij.—Sextis. Horis.

15th. She continues to improve, appetite and spirits good; complains only of irritation of the bladder and frequent desire to make water,—a symptom which I have noticed many times, and ascribe to the irritation of the ligatures attached to the peduncle. A little healthy pus escaped from the course of the ligatures.

19th. The first ligature came away to-day, and there has been a free discharge of purulent matter since the 15th

24th. Second ligature separated.

April 4th. The last ligature came away. She is rapidly regaining strength, and has not an ache or pain.

14th. Returned home to-day in perfect health.

REMARKS.—This case was most unpromising at the time of the operation. Not only were the adhesions very general and strong, but the whole peritoneal surface of the abdomen was, at the time, in a state of chronic inflammation. The small intestines were glued together, the peritoneum thickened and of a dirty yellowish color, patches of lymph were seen throughout its whole surface, and a large quantity of serous fluid, with flakes of lymph flowed out, on opening the cavity. Yet her recovery has been perfect, she enjoys the best of vigorous health, and is able to undergo more fatigue than she could before the operation. The tumor was very large, and as nearly as we could estimate, weighed 60 lbs. The principal bulk, however, was formed by one very large cyst, the fluid contents of which more than filled a large sized pail; there were also two smaller cysts which I tapped before the adhesions were overcome, and the whole removed. The solid part was also large, and appeared to be formed of the stroma of the ovary, in which were imbedded innumerable small cysts. The peduncle was short, and it would have been impossible to have taken it to the lower part of the wound without undue dragging; therefore, it was left in its natural position, and the ligatures alone brought out.

(To be Continued.)

## CASE OF TRAUMATIC TETANUS.

BY P. H. SPOHN, M.D., PENETANGUISHENE.

On the 18th of April I was called upon to see David C—, who had been accidentally shot through the posterior part of the leg, about the middle third, the charge passing from behind downwards and outwards, the accident having been occasioned by a person carrying a gun at full cock. Part of the fibula was carried away, and as the muzzle of the gun was quite close to the leg, a number of shots passed completely through. The wound was dressed about twenty hours after the accident,—a poultice being applied, followed by a dressing of carbolic acid and oil, 1 to 10 or 15 parts, with cold water to keep down the inflammation, and morphine to relieve pain. The shattered parts sloughed away nicely, carrying some grains of shot and small portions of bone. The patient progressed favorably, and suffered but little pain after the fourth or fifth day.

April 28th. Wound doing well, little or no swelling, with a small portion of shattered bone protruding.

May 2nd. Saw the patient, in consultation with Dr. Gilmore, and found another portion of bone protruding, around which the wound was slightly inflamed. Applied a poultice of flax-seed and opium.

5th. Patient complained of slight stiffness about the jaws, saying that he thought he had taken cold during the night, this was the first symptom of any trouble. Removed the portion of bone, which came away quite easily, added Belladonna to the poultice, and gave morphine every three hours. The portion of bone removed had only made its appearance after the soft parts had sloughed away.

8th. Saw the patient again, in consultation, found the wound healing, but the stiffness about the jaw gradually increasing, gave hypodermic injections of morphine.

9th. Patient had rested well during the night, but the jaws becoming more immovable, gave another injection of morphine; poultice, with Belladonna still applied.

10th. Stiffness of jaws increased, with occasional spasms; much difficulty in passing his urine. I now applied the "Spinal Icebag," which gave marked relief, the patient falling into a very quiet sleep.

11th. Seemed easier, although I was compelled to use the catheter; could open his jaws wider than he could the preceding day.

12th. Still improving, had every confidence that the icobag would succeed in arresting the disease, as the patient had gradually improved since using it.

13th. Passed a quiet night, but the icobag seemed to lose its power, as the spasms increased in severity about noon, the patient being unable to open his mouth. During the afternoon the spasms still increasing, I gave Cannabis Indica, which was continued all right without effect, as the spasms were gradually gaining ground.

14th. His stomach growing irritable, and being unable to take the Indica any longer, a poultice of tobacco was applied to the wound about 10 a.m., at which time his pulse was 105, 11 a.m. pulse 100, spasms more severe, with violent attempts to vomit. 11:30, pulse 96; spasms slight; patient comparatively quiet until 1 p.m., when the spasms returned with increased force. 3 p.m. Gave an injection of infusion of tobacco, producing no beneficial effect, as the spasms followed each other more rapidly, although the pulse was lowered. 3.30 p.m. Applied the icobag, which had not been used since 6 p.m. yesterday. 4:30 p.m. Spasms still strong, pulse 108, gave a second injection of tobacco at 6 p.m., followed by a violent spasm, which was relieved by chloroform, after which he slept for several hours.

15th. Spasms less frequent, pulse varying from 80 to 90. Continued the icobag to the spine; applied tobacco to the wound, and relieved the spasms with chloroform. During the afternoon the spasms diminished in frequency, but increased in severity, extending over the whole body, but apparently greater in the wounded leg.

16th. Ice to the spine; tobacco to the leg, kept the spasms under control by chloroform; pulse from 55 to 80.

17th. Had a good night's rest, only two or three spasms; taking beef-tea every four hours, which he seemed to relish. Kept the leg enclosed in tobacco, and the few spasms which came on during the day were checked by chloroform. Appeared much easier during the afternoon, and about 10 p.m. passed his urine without the use of the catheter,—it having been used twice daily since the 10th.

About midnight the spasms again increased, the chloroform seeming to lose, to some extent, its controlling influence.

18th. 2 a.m. Spasms most violent,—chloroform not having the slightest effect. Opisthotonos existing to a frightful degree. I tried chloroform until 3 a.m.; but, the spasms still increasing and following each other in rapid succession, it desisted, and from this time they gradually gained power until 5 a.m., when he died in one long, frightful spasm.

The patient was a robust, healthy man up to the time of the accident. His bowels were kept free during his illness, and after he became unable to open his mouth, his food which consisted principally of beef-tea, was passed through a space formed by the loss of a tooth. I have used the spinal icobag a number of times, and found it to answer a very good purpose, especially in delirium tremens; but am convinced that it will not prove a "*panacea*," as I believe it had a fair and impartial trial in this case.

From the relief it gave during the first two days, I felt confident that it would succeed, and only sent for the Calabar bean after the ice failed; but as the former was not to be had north of Toronto, it arrived too late to test its efficacy in this case. Although the icobag did not accomplish what I expected, still it gave more permanent relief than anything else, and the patient, who was conscious to the last, would ask for it when taken off. I also found that the local application of tobacco with the icobag was better than the ice alone.

I would not wish to disparage the usefulness of any particular remedy, but believe that all modes of treating the disease, however faithfully they may be adhered to, will sometimes fail, in fact, fail in the great majority of cases of Traumatic Tetanus; and that cases in which a cure is effected, are rare exceptions, and that if we had statistics of all the cases treated, the small number of recoveries would too painfully bear out this statement.



## RETROFLEXION OF THE UTERUS.

BY EDWARD HORNIBROOK, M.D., MITCHELL, ONT.

Mrs. M., æt. 36, consulted me in August, 1870, and gave the following history. Is the mother of four children; labours always natural. Her husband left her four years ago, when she thought herself at about the fourth month of gestation. Shortly after she was lifting heavy bags of wheat, and felt something give way. From that time she felt a sense of fullness in the pelvis and constant bearing-down pains, with pain and tenesmus at stool, and painful and frequent micturition. She consulted a medical man who, she says, assured her that all would be right after her confinement. She continued to increase in size and labour came on at the expected time. She had the doctor and nurse in attendance for three days, and she says the pains were very severe but nothing came away. After that period she menstruated regularly, but the discharge was neither profuse nor offensive. Says she consulted several medical men, but none of them gave her any satisfaction.

She has now, August, 1870, the appearance of a woman about the seventh month of pregnancy, the abdomen is large and hard, but on careful examination a tumor not larger than a child's head can be discovered above the brim of the pelvis; the breasts are large and flaccid, every movement causes pain, and she spends most of her time in the recumbent position.

She suffers pain in micturition but there is no retention. Her bowels move frequently, and the motions are attended with pain and tenesmus. On a vaginal examination the pelvis is found filled with a round, hard, apparently solid and immovable tumor. By using considerable force I can distinguish a small slit above the pubes, which I suppose to be the os uteri. I asked the late Hon. Dr. Rolph, Dr. Bowie, Dr. Davidson, Dr. J. W. Rolph and Dr. Dunsmore to meet me in consultation the next day. By bending the sound at right angles, I was enabled, in the presence of the medical gentlemen named, to pass it into the uterine cavity. It passed backwards towards the sacrum about four inches, without meeting with any resistance. On rotating the sound to explore the anterior wall, I felt something give way as if the point had passed through a stricture, when, to my aston-

nishment, as well as horror—for no force had been used—I found the point would pass without obstruction to any part of the abdominal cavity, through the walls of which it could be distinctly felt. It could be both felt and seen bulging out the abdominal parietes at the epigastrium, and yet the patient did not complain of pain.

My medical friends observed a judicious reticence; indeed none of them seemed to think the walls of the uterus could possibly give way without the application of force, which they could see had not been used. The late Dr. Kolph alone suggested that “perhaps a false passage had been made.”

On withdrawing the sound, it was stained with blood, but there was no hæmorrhage, and the patient did not complain of pain. There was no appearance of shock to the system. She was ordered to keep perfectly quiet, and to send for me at once if she had the slightest chill or pain.

Four days afterwards she presented herself at my office, and stated that she had suffered no inconvenience from the last examination, and was importunate to have something done. I placed her upon her knees and elbows, in such a position that the pelvis was very much raised, introduced a number twelve silver male catheter into the *os uteri*, placed the forefinger of my left hand in the rectum, the thumb of the same hand in the vagina, so that I could make pressure with both on the tumor, and with my right hand used what traction I thought safe on the catheter. After about twenty minutes patient and gentle work, the tumor suddenly slipped from the pelvis, and the *os uteri* came into its natural position.

The patient complained of great pain at the time, and great tenderness of the abdomen, the pain remained four days, when it subsided under the influence of opium and hot fomentations. I then dilated the *os* with sponge tents and thoroughly explored the uterus. It measured four inches from *corvix* to *fundus*, and was not occupied by clots or any remains of a fetus as the patient expected. The tumor, therefore, which filled the pelvis must have been the thickened and indurated posterior wall of the uterus, and the pregnancy and “labour,” of course, only existed in the patient’s imagination.

She rapidly gained flesh and strength, and was enabled to resume her household duties without pain or inconvenience.

About four months after the first operation, she returned, saying that all her old symptoms had come back. I found the vagina filled with the retroverted uterus, not half the size it was at first. By making steady pressure with the forefinger it slipped back into its normal position, and has never troubled her since. She is now in perfect health, the enlargement of the abdomen is subsiding, and she says she can run about, dance as well, or walk as far as any woman.

I have reported the above case, mishap and all, for I believe that if any benefit is to be derived from reports of cases the whole truth must be told. Indeed, the case would not be worth reporting but for the mishap. My confreres may think it illustrates my bungling, but to me it shows that in certain diseased states of the uterine walls, they may be, as an eminent Tororo medical man once said in giving evidence in an important case, "like a rotten shutter ready to give way."

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#### A CASE OF SPINA BIFIDA CURED

From the Medical Clinic of Prof. WEBER in Halle, Reported in the Berl. Klin. Wochenschrift, by Dr. CARL V. BRUNN, Clinical Assistant.

Medical literature furnishes us with the history of but few cases of spina bifida resulting in cure, especially when the cavity of the tumor has been found to communicate with the spinal canal. Various operative procedures have been recommended for the removal of this deformity, but, however highly lauded at first, they have soon failed to give satisfaction and have fallen into oblivion. It cannot therefore fail to interest the profession generally, whenever, by any means, the cure of this condition is accomplished.

On the 30th of November, 1870, at the Medical Clinic of Prof. Weber, in Halle, there was presented a child 15 months old, suffering from the presence of a tumor on the back, about the size of a duck's egg. The mother's report of the origin and progress of the growth was as follows:—

At birth, the child appeared well and normally developed, with the exception of a rather large head and a small tumor, hardly the size of a hazel-nut, situated on the back at the base of the neck. This tumor was tolerably firm, painless, covered with normal skin,

and perfectly tolerant of general pressure. It inconvenienced the child so little that the parents were entirely unconcerned with regard to it, even when, on the third day, it filled up somewhat with fluid, thereby increasing its size. For the first six months of its life, the child was perfectly well nourished, and nourished finely at the breast. At this age it was weaned, and now a change followed. The nutrition of the body was interfered with, the growth of the tumor commenced, the child, hitherto plump and good-natured, grew emaciated and fretful, the process of teething was not set up, the intellect remained undeveloped, and the little sufferer was a pitiful object to behold. At the same time the tumor, which had hitherto been stationary, began to grow, and increased in size until reaching its present formidable proportions. The skin over it became exceedingly tense and very much thinned, that over the lower two-thirds assumed a purple hue, and the fear naturally suggested itself that some fall, or accidental blow or pressure might, at any time, rupture the tumor and destroy the life of the child.

Under these circumstances, the mother was very anxious to have an operation undertaken, and persisted in her demand, even after all the risk involved had been duly set before her. Thus urged, Prof. Weber at length reluctantly consented to operate.

The condition of the child on her admission to the Clinic was as follows. She was small for her age (15 months), badly nourished and rachitic, head large, fontanelle extensively open, face flabby and old looking, neck long and thin, and the lymphatic glands on both sides swollen. The trunk, owing to existing cyphosis, was bent forward and twisted on its axis, the belly protruded and was tense, the epiphyses of the long bones were enlarged.

The tumor was attached posteriorly opposite the site of the 1st to the 3rd dorsal vertebra. It was of the size of a duck's egg, tense, elastic, of a bluish red color (only the upper fourth being covered with natural skin), and was attached to the spinal column by a pedicle about an inch and a-half by half an inch in diameter. It felt like a cyst, with extremely thin walls and fluid contents. It was not possible to determine with certainty whether the cavity or walls of the sac contained any other elements or tissues, as, for example, nervous substance, but the low degree of sensibility, as well as the absence of any general nervous disturbances

on handling or compressing the tumor, argued against such a supposition.

The question of the greatest importance, as determining the character of the growth and the probable results of an operation, was whether the cyst communicated either with the cavity of the meninges or of the spinal canal. The evidence on this point was a little conflicting, but, on the whole, went to prove that such communication did not exist. Firm compression of the tumor produced no perceptible movement of the fontanelle, nor any evidence of irritation of the spinal cord or brain. On the other hand it was certainly possible, by means of gentle pressure, to effect a diminution in the size and tenuity of the tumor, which could only have been accomplished by forcing out a portion of its fluid contents into the cavity of the meninges. This could be done but slowly, showing that the channel of communication must be of very small calibre. Nevertheless, we unquestionably had to do with a case of spina bifida, a tumor resulting from arrested development and a consequent partial leaving open of the spinal canal. This, with the badly nourished and rachitic condition of the patient, gave but little to hope for as the result of operative interference.

It having been decided, however, to make the attempt, the next question was, what method of operation should be undertaken. The literature of the subject offered but little that was encouraging, and no sufficient inducement to follow exactly any one of the operations hitherto in vogue. Prof. Weber, therefore, determined on one which should combine the elements of some of those previously attempted, viz., gradually increased compression of the pedicle, accompanied by successive evacuations of the contents of the sac. By this means he hoped to bring about so gradual a necrosis of the tumor that, by the time it should fall off, the channel of communication through the pedicle would be obliterated.

The operation took place on the 2nd of December, 1870. While an assistant drew the tumor as far from its bed as possible, thus elongating and narrowing the pedicle, a clamp was placed around the latter, as near as possible to the spine, and gently closed, so that the pedicle was just moderately compressed. (For this purpose, one of Hutchinson's ovarian clamps was used.) Then the canula of a Pravaz syringe was introduced, being passed

obliquely through the skin, and about half the contents of the sac were withdrawn.\*

In proportion as the tumor and the pedicle diminished in size, the clamp was screwed the tighter, so that after the withdrawal of a part of its contents, the tension of the cyst was kept about the same as before. Owing to the oblique introduction of the canula, not a drop of fluid followed its withdrawal, neither, of course, could any air enter.

The child bore this operation uncommonly well. No febrile reaction and no nervous disturbances followed. Therefore we did not hesitate on the next day, the tumor having become a little larger and harder, to withdraw another portion of fluid and still further tighten the clamp. This proceeding was repeated daily; the tumor collapsed, became cold, ulcerated, and, on the seventh day, fell off, carrying with it pedicle and clamp. We now had before us a granulating surface of about the size of a silver half dollar, but—to our disappointment and dismay—there appeared in the centre of this space a depression from which, on the child's struggling or crying, flowed the same clear fluid which we had found in the cyst! Our plan for obliterating this channel of communication with the spinal canal had failed. The only thing that prevented the passage of air inwards through this channel was its small calibre. But the prospect for the patient was most gloomy.

We now treated the opening with cauterizations, by the ordinary means as well as by the actual cautery. The only result was a narrowing, not a closure of the opening, and a general tendency of the wound to cicatrization. Notwithstanding the continued escape of the *liquor cerebro-spinalis*, though now in less amount than at first, the general condition of the child improved, it became better nourished, no nervous symptoms appeared, and the wound began to heal kindly.

In this condition the little one was sent home on the 16th of December, two weeks after the operation and seven days after the detachment of the tumor. One month later, the mother reported as follows. "At first, the child was very weary, slept much and quietly, cared for neither food nor drink; this lasted

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\* The fluid withdrawn was clear and watery in appearance, and proved to be rich in chlorides, but devoid of albumen. Under the microscope, it presented but few cells, and those were chiefly epithelial.

about two weeks; then she grew livelier, began to eat, raised herself up in bed, and now often sits up for an hour at play. To-day the spot is entirely closed. Yesterday it suppurated a little, but to-day a thin skin has grown over it. There has been no discharge from the opening in the centre for the past two weeks."

Thus we see that the canal was obliterated three weeks after the detachment of the tumor, and that in two weeks more the entire surface of the wound was covered with skin.

On the 11th of March, three months and a-half after the operation, the child was again presented at this clinic. A firm, hard linear cicatrix is all that now marks the former site of the tumor. And what a change in the general appearance of the little patient! The face no longer looks old and wan, but shows the round, red cheeks and the bright eyes of childhood, teeth begin to show themselves; the baby tongue begins to prattle, the abdomen is no longer distended, the extremities are growing rounded, and only the curvature of the spinal column remains of the sad deformities which but a few months since made this child one of the most pitiable objects on earth.—*Kansas City Medical Journal.*

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## MANAGEMENT OF SORE NIPPLES.

BY DR. S. CONANT FOSTER, J. Y.

This very common affection is the source not only of a vast deal of suffering to the patient, but frequently of annoyance and discredit to the practitioner. Yet its treatment will be found very simple and effectual if a little reflection be bestowed upon the conditions of its existence, and the objects to be attained. Much might doubtless be done in the way of prophylaxis if we could begin early enough, but as this is seldom the case, especially in first pregnancies, where the need is the greatest, we must be content, usually, with remedial means. Most sore nipples may be placed in one or two classes, as follows.—

1. Excoriations at the top of the organ, attended usually with considerable tumefaction and consequent obstruction of the mouths of the milk-ducts.
2. Fissures, chiefly at the root, and extending often half way around it.

Both of these forms are aggravated by the heat of the dress, the contact of the clothing with the ulcerated surface, the supposed necessity of frequent washings and dressings, etc. And of course the unavoidable effect of the repeated application of the child's mouth is another injurious element. To protect the nipple, as far as possible, against the action of these causes, is the primary object of treatment. In proportion as this can be done effectually, the cure will be rapid and complete.

1 Keep the parts constantly lubricated. For this purpose nothing is so beneficial as castor-oil. Every other unctuous substance, even glycerine, which perhaps is the next best thing, is far inferior to it. The reasons of this are, 1st, that it is with great difficulty rubbed off, and, 2nd, that it has an anodyne property. It will be found still coating the ulcerated surface after the child has been nursing. The nipple should be smeared freely with it immediately after the child is removed from the breast, and as often as it nurses. No rags or lint of any kind should be used. These are not merely unnecessary, they are very injurious.

2. The nipple should be exposed as much as possible to the air, and the contact of the clothing prevented. This was and is often still attempted by means of the so-called "shells" and other contrivances, but ineffectually. These are heavy and hot and hurtful. The only thing which will accomplish the object thoroughly is a shield such as is here represented.



It consists of a disk about two inches in diameter in shape, the segment of a large sphere, from the centre of which rises a turret, high enough to reach above the top of the largest nipple, protecting it efficiently from the contact of the clothing. The under-surface of the shield is hollowed out, leaving merely a slightly elevated ring around the aperture through which the



nipple is inserted. The turret is hollowed out and made flaring on the inside, so as to permit but the smallest possible extent of surface in contact with the organ. The entire nipple is thus left exposed to the air. The elevated ring around the base of the turret, by pressing gently upon the lacteal sinuses, favors the spontaneous emptying of these vessels, thereby removing an important source of irritation. The fluted under-surface of the disk helps to keep the shield in place, through atmospheric pressure, and is generally sufficient, with the aid of the usual clothing, for this purpose. If anything more is required, a narrow band of linen having a button-hole in the centre big enough to go over the turret, and attached by pins or otherwise to the dress will suffice. The shield should only be removed for the child to nurse. After each nursing, anoint with castor-oil, and re-apply it.

The material of which these shields are made, viz., wood, combines in a higher degree than any other the important properties of lightness and coolness. All the essential conditions of treatment are thus fulfilled. Little else is necessary for a cure, excepting in the case of fissures, which are often materially benefited by the application of a point of nitrate of silver over the whole of their surface, to be followed immediately with a free unction with castor-oil. This will rarely require repetition if the other directions are attended to. The nitrate may also be of service in cases where exuberant granulations have been allowed to form on the excoriated summit.—*Medical Circular and Register.*

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### LETHARGUS.

BY THOMAS H. BAILEY, M.D., NEW YORK,  
Surgeon Nautical Ship "Mercury."

This singular and invariably fatal malady, peculiar to the negroes of certain districts on the western coast of Africa, has never, I believe, been noticed in the medical journals of this country, which is not surprising when we consider that a knowledge of it is practically unimportant to the profession outside of the district where it occurs. As a curiosity, however, in the form of a disease, it cannot fail, I think, to interest the medical

faculty of our country. I therefore lay before you, in brief, facts gathered concerning this disease during my stay on the western coast of Africa.

Through the kindness of Dr. Robert Smith, colonial surgeon at Freetown, Sierra Leone, I was enabled to see in the hospitals under his charge a number of cases of lethargus.

As the name implies, the principal—and, in fact, only—symptom that presents itself is lethargy, and one case is essentially a stereotype of all.

The patient, usually a male adult, is seized without any prodromitory symptoms with a sensation of drowsiness, which continues rapidly to increase in spite of all efforts to throw it off, until he sinks into a profound and seemingly natural sleep. This continues for about twenty-one days, when death takes place. Throughout the course of the disease the patient preserves a quiet and peaceful countenance, may be easily aroused for a short time, will take nourishment, and generally answer a few questions in a perfectly rational manner.

The pulse, respiration, and temperature remain normal throughout, the pupil is neither dilated nor contracted to any noticeable extent, and the urine and feces are voided with comparative regularity. With the exception of the abnormal tendency to sleep, nothing exists to denote disease.

Many careful post-mortem examinations have been made by competent men, but nothing of an abnormal character has been found. Dr. Smith informed me that every remedy that could possibly be of any avail had been used without any apparent beneficial effect.

They sleep on, and quietly glide into eternity in spite of professional skill.—*Medical World.*

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## BROMIDE OF SODIUM.

BY MEREDITH CLYMER, M.D., NEW YORK.

Whatever may be the real therapeutic value of the bromide of potassium in the treatment of epilepsy and other disorders of the nervous system, it has come to be generally acknowledged that its prolonged use is often attended with serious inconveni-

ances, and even dangers, as dulness of the mental faculties, loss of memory, great muscular feebleness of the lower extremities, etc. I have heard many epileptics declare that they would rather suffer from their fits than from the condition brought on by the doses of bromide of potassium necessary to suspend their attacks, or lessen the number of them. It is, therefore, a matter of some moment to those who treat nervous disorders to find a remedy of that efficacy so largely claimed for the bromide of potassium in some affections.

There is reason to believe that in the *bromide of sodium* a happy substitute has been found that will fully meet every indication for which the bromide of potassium has been given, while it is much better tolerated by the system, and free from the objections which are justly urged against the latter. For some time past, I have habitually used the bromide of sodium in all disorders of the nervous system where before I prescribed the bromide of potassium, and, so far as my own experience goes, speak positively to this point. I have given it in a number of cases of epilepsy continuously for months without any of the unpleasant symptoms which so constantly follow the prolonged administration of the potassium salt, except the eruption, and with the best results in mitigating or suspending the paroxysms. Dr. Decaisne has given the bromide of sodium for a year without its producing the systematic saturation so frequent during the long and continuous exhibition of the bromide of potassium. According to Nimias, of Yonico, this latter salt accumulates in the various organs, the brain, spinal cord, lungs, liver, etc., and is neither readily eliminated or assimilated. Soda is the alkali found throughout the body, and in all the secretions, and would naturally be more readily absorbed and appropriated than the potassic salt. Another point in favour of the use of the sodic rather than the potassic salt, and which, so far as I know, has not yet been mentioned, is the fact of the depressing influence of potash on the heart when they are largely or long given. No such effects are alleged to follow the continuous use of the salts of soda.

The taste of the bromide of sodium is much less unpleasant than that of the bromide of potassium, being very like common salt, and it may be used to replace the latter, mixed with the food, as with bread and butter, eggs, in milk, etc. Hence it is

of more easy-administration than the bromide of potassium, to the taste of which some persons have invincible repugnance, and increasing with its use.

It is of the first importance that bromide of sodium should be perfectly free of all impurities, particularly of iodine. Larger doses of the hydrated salt are required than of the anhydrous, for it crystallizes with four equivalents of water. According to Dr. Morin (*Comptes of the Académie des Sciences*, January and April, 1870), anhydrous bromide of sodium contains 11 per cent more bromine than bromide of potassium. Dr. M. and Ballard, the discoverer of this salt (1826), give the following table of the approximative amount of bromine in the corresponding quantities of bromide of sodium and bromide of potassium.—

BROMINE. Grammes.	BROMIDE OF SODIUM. Grammes.	BROMIDE OF POTASSIUM. Grammes.
6.33	4.33	5.00
6.66	8.66	10.00
10.00	13.00	15.00
13.33	17.33	20.00
16.66	21.66	25.00
20.00	26.00	30.00

The doses of bromide of sodium are about the same as those of bromide of potassium. In epilepsy, I usually give 20 grains three times daily, and have rarely gone above that amount. It sometimes seems to cause or encourage constipation.—*Medical World*.

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## CHLORAL HYDRATE IN CHOREA.

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BY J. BRIDGMAN, M.D., TORONTO

About two months ago I was called upon by a young lady, about eighteen years of age, who was suffering from symptoms indicative of a complete derangement of the nervous system. From her own history of the case, as well as that of an intimate friend, I learned that these symptoms first appeared about three years ago, and were strongly hysterical. At first they were very slight, and only noticed by those with whom she was intimate, but they gradually increased in severity, and sometime afterwards, well marked symptoms of chorea manifested them-

selves. The choreic symptoms gradually increased, and had continued to increase up to the time I first saw her. Her symptoms were latterly accompanied with hot flushings during the day, and sleeplessness during the night. She had been under medical treatment during the whole time, but without any relief.

Having noticed that Chloral Hydrate was recommended in certain nervous diseases, I determined to test its efficacy in this case. I accordingly prescribed a full dose every night, and ordered it to be taken during the day if necessary. I also prescribed Zinc Sulph. with Ext. Belladonna in the form of pills twice daily, with an occasional mild purgative dose of Podophyllin and Rhubarb. She showed signs of improvement directly she began the use of the Chloral Hydrate, and the treatment was continued. In a very short time the symptoms entirely disappeared, and she is now quite recovered.

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#### THE RADICAL CURE OF HERNIA.

Dr. Vans Best proposes a simple operation for the radical cure of hernia that requires neither the invagination of the parts, nor the use of plugs or buttons, whether of India-rubber or split shot. The steps of the operation are these: He uses a rather long-handled, flat nevus or hæmorrhoid needle, well bent (quite a semicircle) from shoulder to tip, of one and a half inches in diameter, not too wide, and sharpened on both sides from one-third of an inch from the point. This needle, with a plain dissecting forceps and strong salmon-gut, is all that is required for the operations. After chloroform has been fully given and the hernia reduced, the thigh must be adducted and flexed. The finger, as usual, is introduced *quite within the internal ring*, carrying the integument in front of it up the canal, whilst an assistant draws the skin of the abdomen firmly over towards the opposite groin. The threaded needle is then passed close to the finger, a small piece of wax having been moulded on its point (instead of a cannula): the handle of the needle is raised, and the point pushed through the internal pillar and the abdominal parietes, close within the internal ring. The portion of gut on the convex side of the needle is seized by the forceps of the assistant, and the

needle, still threaded, withdrawn through all the structures except the temporarily invaginated skin. The finger being carefully maintained *in situ*, the gut on the concave surface of the needle is slightly pulled by the assistant, while that already seized is firmly held. This facilitates the turning of the needle, and transection of the outer pillar (Poupart's ligament). This being accomplished, the skin of the abdomen is drawn towards the crest of the ilium, and the needle passed through the original aperture unthreaded, and the finger and it are withdrawn. There is, therefore, one scrotal and one abdominal aperture, the latter directly above the aperture of exit of the hernia. Nothing now remains but to tie firmly home the two ends of the salmon-gut, cut it short, and let it drop into the wound. A pad and spleen bandage are applied, a dose of opium is given, and the patient kept in bed until the parts are well matted together. The knot of salmon-gut will either become encysted or come away, it matters little which; in either case the approximation of the pillars is certain. It is satisfactory to the operator that the assistant should pass his finger up to the internal ring, when he can distinctly feel it grasped as the ligature is tightened. It is absolutely necessary that the salmon-gut should be soaked in warm water for five minutes before being used, and that long thread should be selected. The needle should be threaded from the concave side. Dr. Best states that he has performed the operation three times, twice with complete success; the third patient was refractory.—*The Lancet*.

PUNCTURE IN GASTRO-INTESTINAL AND PERITONEAL PNEUMATOSIS.—Dr. Fossagnives says that this operation is practised often in Bolivia, especially in veterinary medicine. It ought to be practised with a grooved needle, but a simple hydrocolo trocar may be used in emergencies. If the pneumatosis is reproduced, the operation is repeated, but it is dangerous to leave in the canula any time. Dr. F. relates some cases to prove the prompt utility of the practice, and its innocuousness in the case of gastro-intestinal pneumatosis, especially when the diaphragm is pushed up by the collection of gas, so as to render asphyxia imminent. In an old man subject to constipation, and threatened with

asphyxia from the development of considerable quantities of gas in the intestines, a puncture of the colon at the level of the hypogastric region by means of an exploratory trocar, gave issue to a brisk amount of gas, after which the phenomena of asphyxia ceased, and the patient's life was saved. Such puncture is likely to be of much service in strangulated hernia in order to aid the induction, especially when aspiration is combined with puncture. The views of the learned Professor of Montpellier were assented to by Bouley, Depaul, Siorry, Barthez, Vernouil, and others in the Academy of Medicine of Paris in July last.—*The Doctor.*

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### HOSPITAL WARDS PURIFIED WITHOUT REMOVING THE PATIENTS.

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The exigencies of their own foreign and civil war have made the purification of hospital wards a matter of interest among French surgeons, at a time when so many sick and wounded persons have been brought under their care. We give an abstract of some remarks made by the Editor of *L'Union Médicale*, M. Amédéo Latour, on the method proposed by M. Rabot, a pharmacist of Versailles.

The best method of attaining the end in view is, of course, the abandonment of the infected places. But this means is not, at all times, practicable, and then recourse must be had to chemical agents whose purifying and disinfecting powers are more or less efficient. The problem is to obtain freedom from infection in the wards of a hospital without removing the patients or resorting to any other inconvenient method. The solution of this problem has been attempted by M. Rabot, in a manner both simple and efficacious.

In the first half of 1868, hospital gangrene appeared twice in three of the wards, and the means of disinfection commonly employed signally failed. It then occurred to M. Rabot to make use of oxygen in the infected wards.

"Every evening," he says, "a quantity of oxygen was generated in a large iron retort and, by means of a rubber tube, was thrown into each ward in amount equal to a thousandth part

the capacity of the ward. This amount seemed to us not too large for the respiratory organs of the patients. In the morning the wards were opened and aired as usual, whenever the temperature and state of the atmosphere allowed; then, after closing the windows, a second supply of oxygen was introduced. After each application of oxygen, a pinch of an odoriferous powder (cascarilla) was thrown on a hot shovel, with a view to its moral effect on the patients by rendering apparent to their senses a process which they could not comprehend. Moreover, at each extremity of the wards the following mixture was placed in a receptacle:—peroxide of manganese, 500 grammes; solution of hypochlorite of lime, 5 kilogr. This caused a constant disengagement of oxygen.

The following results were obtained. On the morning of the first day of trial, the nurses, the employes, and the patients noticed a diminution of the odor which previously had rendered entrance to the wards very disagreeable. This improvement became more marked, from day to day. A feeling of freshness had replaced the disagreeable sensation of vitiated air. From day to day the wounds became normal, free suppuration was established and cicatrization advanced rapidly. The experiment, which was commenced on the 15th of February, was completed on the last day of the month, every ill symptom having disappeared.

Gangrene again appeared two months later, and the trial of the same remedy was again made, with like success. The same result was also attained in another institution.

The use of oxygen was suggested by M. Rabot before the late war. During the war and after the declaration of peace Versailles was filled with wounded, and hospital gangrene appeared again in the hospitals. M. Amedeo Latour is uncertain whether or not this method of purification has been continued by the pharmacist who suggested it.—*Boston Medical and Surgical Journal*.

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A NEW SYRINGE FOR UTERINE INJECTION.—At a meeting of the New York Obstetrical Society, Dr. B. F. Dawson exhibited a new instrument for uterine injection. It consisted of a silver tube, which is enclosed by two steel blades or valves, which can



be opened by pressure upon the handles of the instrument, thus dilating the uterine canal, allowing all fluid to escape which may be thrown in by the syringe attached to the extremity of the injector-tube. The opening and closing of the valves present the additional advantage of breaking up and removing any clots which may be in the uterine cavity, and collect so as to prevent reflux.

Dr. Nooggerath said he had used the instrument, and found it a good one. Where uterine catarrh has existed a long time, and the tissues are soft and readily dilatable, the instrument will be of service; but where the disease is recent, the tissues are too firm to allow of much stretching by such an instrument. It is not the entrance of the fluid nor the exit which sometimes causes death; certain substances occasion death by reflex action resulting in an inflammation; the liquid goes to the depth of the utricular glands, which extend deep into the uterine tissue. The sesquichloride of iron, nitrate of silver and chloride of zinc have occasioned death.

Dr. J. C. Nott said he had also used Dr. Dawson's instrument, and thought it possessed many points of merit, he asked if there is danger in the injection of iron for hæmorrhage when the uterus is dilated.

Dr. Nooggerath believed the subsulphate of iron less dangerous than the sesquichloride, from the use of which he once occasioned a metro-peritonitis.

Dr. J. G. Perry said he had seen flabby uteri contract vigorously on the injection of iodine. Dr. T. A. Emmet said he had seen such vigorous contraction as to eject the iodine which had been introduced.

Dr. E. R. Peaslee said that in metrorrhœa, metrorrhagia, or hæmorrhage proper, the utricular glands are full, so that by injection he thought no fluid would pass into the glands, it is not necessary to have the injected fluid pass into the glands to get up sudden contraction, for the surface itself is very sensitive.—*American Journal of Obstetrics.*

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THE *Medical Record*, in censuring surgeons for the contemptible method of using the daily Press for advertising themselves uses the following satirical language: "Whatever may be said

of the offenders in regard to their not being accessory to such acts of impropriety, it is a significant fact, that when threatened with expulsion from a Society, &c. unless some means are used to prevent further paragraphing, the notices do not appear. Perhaps from that time the ambitious individual ceases to make any more important discoveries or to perform any more skilful operations.

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### BRIGHT'S DISEASE OF THE KIDNEYS DETECTED BY THE OPHTHALMOSCOPE.

BY J. F. NOYES, M.D., PROFESSOR OF DISEASES OF THE EYE  
AND EAR IN THE DETROIT MEDICAL COLLEGE.

Very soon after Dr. Bright, of London, in the year 1827, first called attention to that peculiar disease of the kidneys now called by his name, the pathology of which to-day can hardly be considered as definitely settled, earnest inquiry began to be made into the cause of the failure of the power of vision which in so many cases accompanied this disease. At one time it was supposed that the partial or total extinction of vision in these cases was due to uræmic intoxication, and hence it was called uræmic amblyopia or amaurosis. The practical application of the ophthalmoscope, however, has led to an entire elucidation of the subject; it has disclosed the fact that the real source of the troubled vision is to be found in an extravasation into the retina accompanied by inflammation. Abundant clinical experience with the ophthalmoscope goes to show that we are now able by these objective symptoms alone unmistakably to detect Bright's disease of the kidneys.

The following case, taken from a number of cases that have come under my observation, will serve as an illustration:

H. S., November 24th, 1869, a healthy looking country youth from the farm, about twenty-two years of age, came to consult me on account of a recent rapid failure in his sight. A trial with Jøger's test type showed that he was barely able to make out No. 18, letters nearly half an inch long, everything appearing to him as if seen through a thick mist. He can see best when the light is not too strong. He had none of the usual

attending subjective symptoms of Bright's disease, and had complained only of pain at the back of the head for about six weeks, since which time his sight had begun to fail him, had never contracted any disease or been sick before the present attack.

On examination of the right eye with the ophthalmoscope, the pupil dilated with atropine revealed the optic disc injected (hyperæmia), swollen and œdematous, arteries barely perceptible; veins swollen and tortuous, near the papilla optica there was a well defined white deposit or patch, and another still larger near the macula lutea, on the upper and outer side, irregular in shape. From these objective symptoms alone my diagnosis was at once made out, viz., retinitis albuminurica, in the acute stage from Bright's disease of the kidneys. An examination of the urine, made subsequently, confirmed the diagnosis, it being heavily charged with albumen. He was put upon treatment. Living far away, I lost sight of the case. The year following, however, I was gratified to learn that he had regained his sight.—*Medical Advance.*

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EXTRACT OF PINUS CANADENSIS.—Dr. J. Marion Sims, in the *Medical Gazette*, says that for many years Mr. Kennedy was engaged in making hemlock extract for tanners' use, which he shipped in large quantities to various parts of the country. The workmen engaged in manufacturing this impure commercial extract accidentally discovered that it was a valuable application in cuts and bruises, and in some cutaneous diseases, and also that it was a valuable remedy in diarrhœa and dysentery. One of his workmen who had experienced the benefits of this crude article in a case of diarrhœa, concluded to try it locally for hæmorrhoids, a disease from which he had suffered ten or twelve years. In five or six days he found himself greatly relieved, and in three months he was wholly cured.

Mr. Kennedy then made an infusion at 150° F., evaporated *in vacuo*, from about 20 degrees (by what the tanners call the barkometer) to 250 degrees, which makes a constant and uniform fluid extract, without the addition of acid or alcohol, and which does not ferment in any climate or any extreme of temperature.

Dr. Sims has tried this now extract of *Pinus Canadensis* for about eight months in some affections of the rectum, vagina, and cervix uteri, he has used it, considerably diluted, as a vaginal wash, with great success, but prefers to apply it to the os tunicæ on cotton wool, either pure or mixed with glycerine, or glycerine and rose water. Thus applied, it should remain intact for two or three, or even four days, and then be renewed. In this way he has seen chronic granular vaginitis that had resisted the ordinary remedies for weeks; and granular erosions, with leucorrhœa, disappear very rapidly.—*The Doctor.*

PROFESSIONAL EXAMINATIONS.—The following were the questions in Surgical Anatomy and the Principles and Practice of Surgery submitted to the candidates for the diploma of Membership of the Royal College of Surgeons, London, at the last examination. 1. Describe the inguinal canal, its boundaries and relations to other structures, including hernial protrusions. 2. What are the causes and the immediate and remote consequences of sudden extravasation of urine? What treatment would you adopt in such a case? 3. Give the pathology of non-traumatic aneurism, from its commencement to its termination. 4. Describe the operation known as Chopart's, and the relative position of the various parts cut through in this amputation. 5. How are scirrhus and medullary cancer distinguished in the living subject? What organs does each form specially affect, and at what ages do they respectively occur? 6. By what form of accident is discolation of the head of the femur backward usually caused? Describe the two discolations in this direction, the deformity existing in each, and the proper method of reducing them. The following were the questions on the Principles and Practice of Medicine, viz. 1. Describe a case of tubercular meningitis in a child, from the appearance of promonitory symptoms to the termination in death. 2. Give the symptoms of diabetes mellitus, with the methods of analyzing the urine; also, the treatment by medicines and diet. 3. Write a prescription in full for homoptysis, gastrodynia, and dysentery, also, a prescription for an aperient draught and a sleeping draught. There were fifty-four candidates, of which number five were rejected on the first day, and twelve on the second.

ON THE TREATMENT OF SYPHILIS BY HYPODERMIC INJECTIONS OF CORROSIVE SUBLIMATE.—Dr. R. W. Taylor, Surgeon to the New York Dispensary, made a series of observations with this method of treatment during a period of eighteen months. He thus treated fifty adult males and females, and his conclusions are that, while there are some striking merits as to the method, it has certain disadvantages which are often inseparable, and materially limit the use of the treatment. He thinks that the early secondary and even late secondary rashes will disappear very quickly by the use of mercury in this form, and that the quickness with which it releases syphilitic neurosis is sometimes extraordinary. He thinks that pustular syphilides, or conditions of the system in which there is a tendency to produce pus, should be considered as contra-indicating circumstances, for the reason that perhaps the site of the injections might soften down and take on the ulcerative tendency. He confirms the results of other observers, who found that there were advantages in the treatment in the smallness of the dose, its rapidity of action, and the absence usually of systemic disturbance. In ordinary cases he injected one-eighth of a grain of the corrosive sublimate dissolved in twelve drops of water every day under the integument of the back, and cured the case in from three weeks to two months. In infant cases he used sometimes two such injections each day, and never produced any salivation, and very rarely slight stomatitis. The cases in which this active treatment was used were those in which the eruption appeared upon parts readily seen, or in which the rheumatoid pains were excessively severe. He does not think that the treatment is beneficial in syphilis of the nervous system or of bone, and that in cases of mucous patches, condylomata lata, and iritis a local treatment is absolutely necessary in combination with the internal. He thinks that relapses occur just as quickly and as severe and as frequent with this as with any other treatment. The objections to the treatment are pain at the punctures and upon the site of injection, induration of the tissues, and abscesses. The symptoms of pain are sometimes so severe as to render a continuance of the treatment wholly inadmissible, whereas in others it is slight and only of short duration. The induration of the connective tissue generally rapidly disappears, but it may persist so long and render the integument so hard and brawny that another treat-

ment is necessitated. Dr. Taylor had in all two abscesses, but he thinks that with a solution of the strength he has latterly employed, and with care in its injection, they will rarely if ever occur. He thinks it is well to use the treatment only on intelligent patients who can understand the benefits held out to be derived from it, for among the ignorant it is often looked upon as experimentation, and that, as it involves some pain, the patient should be impressed with the gravity of his case in order that he may submit to the pain, however slight, which it produces. He also thinks that the frequency of the injections, which should be administered by the physician, in many cases would render the treatment too expensive to continue it. Finally, that, while it has its advantages, it is necessarily limited in its sphere of application by the inconveniences which it produces, the patient's objections, and by the presence of contra-indicating lesions.—*Medical Gazette*.

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PERFORATION OF THE UTERINE WALLS BY A SOUND.—Dr. Alt, in his *Gynæcological Clinic (Centbltt. f. d. Medicinisch. Wisschftn., Dec. 10, 1870, from Berliner Klin. Wochenschr., No. 42, 1870)*, describes two cases, occurring in newly-confined women, in which a sound was passed into the uterus far beyond the customary depth—17 to 13 cm. respectively. No hemorrhage followed in either case, nor any symptoms of peritoneal disease. Dr. A. concurs in opinion with Hœnig, that in both the above cases there occurred a perforation by the sound of the walls of the uterus, which can readily take place, without the employment of any objectionable force in the use of the instrument, when the uterus is in an atrophied condition, a common occurrence in the puerperal state. The explanation given by Matthews Duncan, and Hildebrand, of the character of these cases—namely, that the sound passes into the abdomen through one of the Fallopian tubes—is shown by Dr. Hœnig, in his analysis of the cases on record, to be untenable; but more especially is the incorrectness of the opinion proved by the observations reported by Dr. E. Martin, in the second edition of his work on *Displacement and Curvatures of the Uterus*. On laying open the abdomen in one of the cases similar to those reported by Dr. A., he actually saw that the sound had passed into the abdominal cavity through the wall of the uterus.—*Am. Journal of Medical Sciences*, July, 1871.

SULPHATE OF IRON AS A LOCAL APPLICATION IN PHEGGMASIA DOLENS.—Dr. R. W. Crichton was led many years ago to employ the sulphate of iron as a local application in phlogmasia dolens, from the great success reported by Velpeau from its use locally in erysipelas. It had been employed exclusively in that form of phlogmasia commencing at the calf of the leg and extending upwards to the groin, where the veins are chiefly involved. It had been applied as a lotion (twenty or thirty grains to one ounce of water), as hot as the patient could comfortably bear it, generally by means of spongio-pilino. All the cases so treated had made good and rapid recoveries, contrasting favourably with cases formerly treated by leeching and ordinary hot fomentations. Muricated tincture of iron was, at the same time, given in large doses. The same method of treatment was suggested in other cases of phlebitis. The action of these remedies was referred to their power of controlling vascular dilatation, and also to their antiseptic powers.—*British Medical Journal*, August 26, 1871.

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DIPLOMA FORGERY IN ENGLAND.—It would appear that a traffic in diplomas, even more dishonest than the traffic in degrees "in Absentia," is going on in England. The *British Medical Journal* gives a narrative of circumstances which have led to the discovery of the affair and illustrates the impossibility under English law of obtaining anything like protection for public life and limb. A stationer in Holborn was applied to, to insert in a form of diploma, the name of the person who handed it to him. The diploma was from New York and was duly attested by the names of the examiners and the college seal. The stationer, when the customer had departed, suspected that the parchment was not all right, took it to the College of Surgeons, where, on further inspection, it was ascertained that the names of the examiners were all forged by facsimile lithography. After unceasing efforts to arouse some action on the part of diplomatists and the law, Mr. Trimmer was at length obliged to get the document photographed as the only protection possible against the carrying out of the fraud.—*Medical Press and Circular*,

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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

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TORONTO, DECEMBER 1, 1871.

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## CRIMINAL ABORTION.

This may be considered the crime of the period. That it is fearfully on the increase, both here and in the United States, is but too painfully apparent; nor is it confined to that unfortunate class whose only fault is that they have "loved too well," but prevails to an alarming extent even among otherwise respectable married women. The various modes of preventing conception, and of destroying the offspring of their womb, are subjects of common conversation, and no more is thought of it than if it were a duty imposed upon them which they felt bound to perform. In reference to this crime there is a moral obliquity pervading all ranks of society that is truly appalling. In the wealthier circles it is "not fashionable" to have a large family, and the poorer classes are "not able to support a large family," and such persons find ready means of accomplishing their criminal designs. The press teems with advertisements of female pills for the relief of all female irregularities and obstructions accompanied by the *well known caution* for the pregnant woman to avoid them; and when these fail the *professed abortionist* is resorted to. Some of these vile wretches are to be found in every community, and more especially in all the large cities. These traffickers in human life, live and flourish on the blood they spill.

The facility for obtaining drugs for procuring abortion is one of the most prolific causes of the increase of this crime. There is not a single difficulty in the way; Clark's Female Pills,



Hooper's Female Pills, and hundreds of other nostrums are for sale in all our drug stores, and in many of our groceries also. The sale of these drugs is immense, it is estimated that in the United States upwards of a million dollars worth are sold annually, and the matter-of-business way with which even respectable druggists sell violent and noxious drugs to women far advanced in pregnancy is one of the most alarming features of this trade. The misery and demoralization of body and soul that is entailed by this traffic is fearful to contemplate, and yet it exists to an alarming extent in our very midst. And what are the authorities doing to prevent it? Literally nothing. Thousands of living beings are destroyed every year and mothers rendered miserable and unhappy for life, yet no notice is taken of it. The press and the pulpit feel a delicacy in handling this matter, and a feeling of false modesty prevents them from doing their duty. These are things that are not for "ears polite." They are too vulgar to be discussed, too immoral to be entertained, too hideous to be exposed. It is not to be supposed for one moment that among these are to be found any who are apologists, or any who are wholly indifferent regarding such matters. Then why not speak out? Why should we shut our eyes to facts which are becoming more apparent every day of our lives, and why continue in our quiet way without making any effort to stay all this wickedness?

If there be any who are skeptical on such matters let them enquire into the subject a little. Visit our asylums, prisons, &c.; obtain some estimate of the amount of drugs sold for criminal purposes, and let them judge of the results. These matters should be fully discussed and brought prominently before the legislature, in order that measures may be taken to lessen an evil of such magnitude. Nothing short of the most stringent enactment, prohibiting the sale of all drugs calculated to produce abortion—under a severe penalty,—will be of any avail in arresting the progress of this wide-spread evil. The severest punishment should also be meted out to those degraded specimens of humanity whose sole occupation is to pervert the highest function of woman's nature, and to turn blessings into cursings.

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A movement is being set on foot in this city to call a meeting of the medical profession for the purpose of taking into consideration the propriety of applying to the legislature for an enactment

to provide for the taxing of medical bills in the same way as is done in the case of lawyers; for better protection against the institution of actions for malpractice, and for other purposes. It is proposed to take action in this matter before the meeting of the Council in December, and to have the subject brought under their notice.

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### COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

A meeting of the Executive Committee of the College was held in this city on the 21st ult., Dr. Thomas Pyno in the chair. Several important matters were discussed, and the following resolution was unanimously carried:—

Moved by Dr. Covernton, seconded by Dr. Hamilton—"That after an exposition of the views of Drs. Campbell, Adams and Hopkins, Homœopathic and Eclectic members of the Executive Committee, relating to the concessions they insist upon with the threatened alternative of an appeal to the Legislature, the territorial representatives of the Colleges and Universities, also members of the Executive Committee, do not, upon careful consideration, think that the power of changing a decision arrived at by the Council rests with the Executive Committee, but in evidence of their desire to do justice in the promises they are willing to petition for a convention of the Council within three weeks from the date of this meeting, and to request the President to convene the Council within a week from the present time."

The meeting, which was held with closed doors, was then adjourned.

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**NOTE.**—With this number we enclose accounts to subscribers and beg to inform the few who are still in arrears that we will be most happy to receive their remittances and return the proper acknowledgment. If any who have remitted have failed to receive receipts, they will please inform us at once.

After the 1st of January, 1872, it is our intention to adopt the cash in advance system.

## BRITISH DIPLOMAS IN CANADA.

At the last meeting of the Medical Council the question was raised by Dr. Dowar as to whether or not British diplomas were alone sufficient to entitle the holder to practice in Canada. After some discussion on the subject, it was resolved that the President, Dr. Covernton, be requested to communicate with Sir John A. McDonald, and obtain his opinion on the question. Accordingly, a week or two after the Council was prorogued, the President addressed the Premier on the subject and received an immediate reply to the effect that, as Minister of Justice, the matter did not come within his jurisdiction, but that he would transmit the letter to the Hon. John Sandfield McDonald with a request that he would promptly reply. No notice was taken of it, however, by the head of our Local Government; but as the President happened to be in Toronto a few weeks ago, he, with Dr. Aikins, called upon the honourable gentleman. He informed them that, as Attorney-General, he was only called upon to give a legal opinion to the Cabinet, and that they must obtain the advice of counsel. In course of conversation, however, he admitted that there was no question that in all civil matters the Legislature of Ontario was supreme, thereby settling the question that our British *confrères* who have obtained their diploma subsequent to the passing of our Act, must comply with the requisitions of the Council.

## CRANIOTOMY.

Dr. Adams, of Gravenhurst, sends us a report of a case of craniotomy, in which the child was born alive. He closed the wound, and put six stitches in the scalp. The child seemed healthy and strong, but two days afterwards the wound opened and swelling to some extent occurred. Subsequently the scalp began to slough, and carbolic acid dressing was applied. The child lived three weeks. It did not appear to suffer from injury to the brain, but seemed to weaken gradually and die of exhaustion. He asks what treatment would be advisable in such a case? We would say that in cases in which craniotomy is resorted to, it would be better to so mutilate the brain as to prevent the possibility of the child being born alive.

## CORRESPONDENCE.

(To the Editor of the *Lancet*.)

DEAR SIR.—I wish, through the medium of the "*Lancet*," to draw the attention of the profession to the curative property of Carbonate of Iron, in Intermittent and Remittent Fevers. These occur frequently here, and their treatment by Quinine alone has in my hands (as it has in the hands of many other practitioners), frequently failed. I will append the formula that I have used in eleven cases of the various types of the above diseases, and without failure in one single instance.

R—Ferri. Sub. Carb.,	ʒ ss.
Quinia Sulph.,	ʒ iss.
Syr. Simplex,	ʒ vj.—Mix.

Sig.—A teaspoonful four times a day.

I am also in the habit of giving a ten grain powder of Podophyllin every second night for three or four nights. The above treatment has been successful where Quinine, pushed until cinchonism was induced, had failed.

I wish some of the readers of the "*Lancet*" would give this remedy further trial, and report what success they may have from its use.

Yours respectfully,

HENRY R. BRISSETT, M.D.

St. Johns, Nov. 10th, 1871.

(To the Editor of the *Canada Lancet*.)

SIR,—May I ask through your columns if it is actually necessary that a licensed practitioner should produce his Diploma and Certificate of Registration in Court every time any party wishes to ask it, notwithstanding its having been produced on two or three former occasions in the same Court?

On the 9th of May last I lost my Diploma and Certificate of Registration by fire; since then I have had some cases in Court, and the Diploma, as well as the Certificate of Registration, were demanded—neither of which I had at the time. But for the fact that the Judge recognized me as having produced the documents previously, I should have lost my bill entirely.

Is it necessary that I should have them replaced? There are many in Ontario who are not registered at all, and collect bills. Now, will you be kind enough to inform me what is really the law in such cases, and oblige.

Yours, &c.,

DR. J. ADAMS.

Gravenhurst, Oct. 25th, 1871.

[The Act states that the "*Ontario Medical Register*," for the time being, is *prima facie* evidence in all courts of law that the person therein named is duly registered.]—ED.

To the Editor of the *Canada Lancet*.

Sir,—Instead of having an opportunity of contributing to your widely circulated and exceedingly entertaining journal, "*The Canada Lancet*," through the communication of some intricate malady which may have fallen under my observation, or endeavoring to acquire some reputation by my powers of delineation, I am compelled to act the part of an inquirer, hoping that some party will be found among your numerous readers who will suggest something that may be of service in the following case:—

Mrs. W.—*act.* 30, the mother of six children—youngest over four years old—of a nervous bilious temperament, very spare in body, never very sick but always "*not very well*." I was first called to see her about three years ago. I found her suffering from a severe bilious attack. I gave her a dose of *Pulv. Jalap. et Hydrag. Chlor.*, and repeated it again three days after. This had the desired effect; but as she was recovering from her biliousness she began to complain of her left eye, which she said felt "*like running out of her head*." Upon examination I found a continual twitching of the eye-lid, which kept incessantly at work. I tried almost everything, consulted with my medical brethren in the neighborhood, but the result of our combined wisdom has thus far proved an entire failure. I tried *Strychnia*, *Bromide of Ammonium*, and *Bromide of Potassium*, but to no purpose. About a month ago I commenced the application of electricity. After using this for an hour or so at a time, she appeared to be all right; and she and her husband were both of opinion that she was getting better,—but it has failed to produce any decided improvement. What treatment would be advisable in this case?

Yours truly,

A. J. O.

Eastwood, Nov. 8th, 1871.

[Try atropino or belladonna locally; pills of aloes and asafetida at night, and a tonic mixture of iron, strychnine and quinine.—Ed.]

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**TORONTO HOSPITAL REPORTS.**

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**FUNGUS HEMATODES-TREATED WITH CUNDURANGO UNDER THE CARE OF DR BETHUNE.**

(Reported by Mr. L. M. More—Trinity College, Medical School.)

Thomas Ellis, *æt* 60, a laboring man, came into the Hospital in September with a large vascular tumor on his left groin. He states that it first appeared in March, 1871, in the form of a small lump. This gradually increased in size, though it caused him very little pain till after harvest, when it became exceedingly painful. When he came to the Hospital a poultice was applied to the part, and about three days afterwards it broke, and a great deal of matter, described as resembling bruised blood, escaped. At present the tumor is about the size of a child's head,—hard, dark-looking and exceedingly painful. The patient complains of loss of sleep and anorexia, bowels constipated; urine natural in quantity, but highly colored, pulse 90, small and weak; respiration 22 per minute. He is much prostrated.

He commenced to use the Cundurango bark on the 19th of October, and, being very weak, tonics were also administered as recommended.

20th. Is much weaker, but the pain in the tumor is greatly relieved; the discharge has ceased; pulse 96, and weak; respiration 24 per minute, tongue moist and coated white; no appetite; bowels constipated, urine highly colored; skin cool and moist; prostration very great. The patient being so very feeble the dose as recommended was reduced to one table-spoonful three times a day, before meals,—he having been taking the usual dose, two table-spoonfuls.

21st. To-day the pain is as great as ever, and there is a slight discharge. The patient is a little stronger, however,—he slept well during the night. The pulse 92, and weak; respiration 23; skin cool and moist, tongue moist and coated white; appetite still very bad; bowels relaxed; urine highly colored. A

small quantity of whiskey was now ordered to be given with the tonic. The cundurango was to be given before meals, and the tonic and whiskey one hour after.

22nd. Feels much stronger and better in every respect, and there is not much pain in the tumor. The discharge has again ceased, but there is no visible change in the tumor, the tongue is coated, appetite much improved, having eaten a piece of meat for the first time since he came to the hospital; bowels constipated, pulse 90, and tolerably strong, respiration 22, skin cool and moist; urine highly colored.

23d. A marked change in the difference of the patient. He seems to be in high spirits, in marked contrast to his former dejected look. Says he feels like a new man. Slept well during the night. Pain in tumor much relieved. There is a slight discharge. Pulse 96, tolerably strong and pretty regular. Respiration 21 per minute. Complains for the first time of cold sweats. Appetite improving, and he feels stronger, tongue coated, bowels constipated. Urine not so high coloured as formerly.

24th. Still improving. Slept well. The tumor broke in a fresh place, and almost a cupful of bloody-looking fluid escaped. Pain slight, tumor only slightly reduced in size. Pulse 90, tolerably strong. Respiration 22, tongue dry and coated, bowels constipated, appetite not so good as yesterday. Still troubled with cold sweats. Urine pretty natural. Ordered a cathartic and also twenty minims of dilute sulphuric acid.

25th. Feels better. Pain slight. He says the pain is always most severe in the afternoon. Pulse 92, weak. Tongue coated. Appetite worse than yesterday; but this may be from the fact that he ate some pastry brought him by a friend. Respiration 23, skin cool and moist. He slept well during the night, and feels very comfortable. Bowels constipated. Discharge going on.

26th. No change since yesterday, only that the tumor looks much redder. It is of a bright red color, and still discharging.

Nov. 1st. Very weak. Patient got up last night for the nurse to make the bed, and the tumor burst and a large quantity of blood escaped. No appetite, skin hot, pulse 84, respiration 20. He sleeps well. Tongue coated, bowels not moved for three days.

For the next four days the patient continued about the same, very weak, no appetite. Expressed a desire for some corn starch. Pulse about 96, tolerably strong, very little pain, slept pretty well. Respiration 19 per minute. Skin natural. On the 5th he got an enema, and on the same day on getting up the tumor burst again, and bled so profusely that hemostatics had to be employed.

6th. Feels very comfortable, and a little stronger; but the appetite is not improved. No pain, tumor a little reduced in size.

From this time the patient gradually grew weaker and weaker, and the stomach became so irritable that the cundurango had to be discontinued. He died on the 16th Nov. 1871.

[Of course the above was an exceedingly bad case, but, so far as we have been able to test this remedy, it has proved an utter failure, and we would not recommend any of our readers to invest in it.—ED.]

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#### BOOKS AND PAMPHLETS RECEIVED.

**THE DRUGGIST'S GENERAL RECEIPT BOOK.** Comprising Copious Veterinary Formulæ; with Numerous Recipes in Patent and Proprietary Medicines, Druggists' Nostrums, &c.; Perfumery and Cosmetics; Beverages, Dietetic Articles, and Condiments, Trade Chemicals, Scientific Processes, and an Appendix of Useful Tables. By Henry Beasley, Author of the "Book of Prescriptions," &c. Seventh American from the Last London Edition. 8vo., pp. 497. Philadelphia Lindsay & Blakiston, 1871. Price, \$3.50.

**THE PHYSICIANS' DOSE AND SYMPTOM BOOK:** Containing the Doses and Uses of all the Principal Articles of the Materia Medica and Official Preparations. By Joseph H. Wythes, A.M., M.D., Late Surgeon U.S. Volunteers, &c. Tenth Edition. 18mo., pp. 277. Philadelphia: Lindsay & Blakiston, 1871.

**THE PHYSICIAN'S VISITING LIST FOR 1872.** Twenty-first year of its Publication. Philadelphia: Lindsay & Blakiston.



**POCKET ANATOMIST:** Containing a Concise Description of the Structure of the Human Body. Third Edition with Corrections and Additions. By C. E. Isaacs, M.D. New York, William Wood & Co., 1871.

**MEDICAL EDUCATION IN AMERICA:** Being the Annual Address read before the Massachusetts Medical Society, June 7th, 1871. By Henry J. Bigelow, M.D. Cambridge: Welch, Bigelow & Co., 1871.

**THE PHYSICAL DIAGNOSIS OF BRAIN DISEASE.** By Rouben A. Vance, M.D.

In this reprint Dr. Vance advocates the use of four different instruments with which the physician may diagnose the physical signs of brain affection, and concludes as follows.

1. The thermometer indicates local variations of temperature. In some cases of nervous disorder, Dr. Brown Sequard says that the difference between the two sides may exceed  $12^{\circ}$ .

2. The dynamometer registers the comparative strength of the two sides, and in cases of disease determines the side of the brain in which it exists with the greatest intensity.

3. In like manner, the æsthesiometer indicates the comparative sensibility of the two lateral halves of the body, and affords like information as to the site of the cerebral disease.

4. The ophthalmoscope enables us to demonstrate the condition of the cerebral circulation, and thus discover the immediate cause of the brain symptoms. In the vast majority of cases, this will be a state of hyperæmia. In some, however, anæmia will be the cause. In certain cases, local extravasations of blood can be seen in the retinal structures, together with very intense congestion. Should organic disease be present, it, in the majority of instances, will be indicated by structural changes in the optic disc of the side on which it exists.

**ANNOUNCEMENT OF THE DETROIT MEDICAL COLLEGE.—**

The new catalogue of this institution is before us. Its advertisement may be found in another column. We notice that by a new regulation, "*this school will not graduate those who have attended their first course of lectures within six months of the beginning of the term,*" thus removing one of the great objections to spring schools.

## BOOK NOTICES AND REVIEWS.

**PRACTICAL THERAPEUTICS:** Considered chiefly with reference to articles of the *Materia Medica*. By Edward John Waring, M.D., F.R.S. Second American from the third London edition. Philadelphia Lindsay & Blackiston, 1871. Toronto: Willing & Williamson.

We have risen from the perusal of the above new edition of "Waring's Practical Therapeutics" with unqualified admiration of the skill and judgment which the author has displayed in the additions and improvements he has made on his former work. Less voluminous than Stille's, which partakes more of the character of an *Encyclopædia*, the work of Dr Waring contains a vast fund of practical matter, which is at once easily accessible without the trouble of consulting whole libraries on the subject of which it treats.

This latter qualification will commend itself especially to those members of the profession whose numerous engagements preclude them from systematic study, and yet who are desirous of keeping pace with the present advanced state of knowledge, with comparatively little expenditure of time or money.

We recommend it cordially to the profession, as one of the most useful works on "Practical Therapeutics" that has been issued from the press for a long period.

**Essentials of the Principles and practice of Medicine.** A handbook for students and practitioners. By Henry Harts-horne, A.M., M.D. Third edition thoroughly revised. Philadelphia: Henry C. Lea, 1871. Toronto: Willing & Williamson. Price \$2.

This edition has been revised with great care, and considerable pains have been taken by the author to supply omissions and add whatever has seemed most valuable in the recent advances of medical science. While the work contains much in the nature of compilation, it is not wholly devoid of originality, and although brevity has been aimed at on all subjects, the most extended consideration is given to those which especially require the attention of the student on account of their difficulty or importance. It is fully abreast of the advanced state of

medical science, and will, therefore, be found exceedingly useful to those whose time is too much occupied to enable them to read up the recent and more elaborate works on medicine.

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The Functions and disorders of the Reproductive Organs in Childhood, youth, adult age, and advanced life, considered in their physiological, social and moral relations. By William Acton, M.R.C.S., etc., etc. Third American, from the fifth London edition. Philadelphia: Lindsay & Blakiston, 1871. Toronto: Copp, Clark & Co. Price \$3.

Mr. Acton has performed a most valuable service to society in the production of this little work. It is a clear and concise epitome of the whole subject, and were its contents more familiar to parents, teachers, etc., society would be better protected against many of the evils which arise from ignorance and abuse of the functions of generation. The author handles without gloves all *pseudo*-medical sensational works, quackery, and those indecent advertisements which are a curse to the community in which they circulate. The work has been thoroughly revised and re-written, and does credit alike to the author and publisher.

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A "SOLLY MEMORIAL" has already made good progress, more than £300 having been subscribed in memory of that amiable surgeon. A scholarship and a bust are talked of.

APPOINTMENT.—Thomas White, Jr., of the City of Hamilton, Esquire, M.D., to be an Associate Coroner within and for the County of Wentworth.

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A PRESERVATIVE FOR SURGICAL INSTRUMENTS.—Mr. Spiller, the eminent chemist, contributes to the *Photographic News* a paper on nickel-plating. He suggests the universal application of this process to all steel instruments and declares it is a perfect and lasting preservative against rust and corrosion. He caused a regulation sword to be so plated and has ascertained that it is perfectly secured against rusting in wet weather, and easily kept in condition by simply wiping it with washleather. A small bar of steel similarly coated has been repeatedly immersed in water for hours together, and even immersed for days, without in the least tarnishing its surface. There is no direction in which this invention will be as applicable as to surgical instruments.—*Medical Press and Circular.*