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# CANADA MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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*Attempted Simulation of Disease—Black Spots,—a Fasting Girl.* By  
DAVID MACKINTOSH, M.D., Edin. Hamilton, Ont.

The protean forms which the nervous diseases of the human female assume, varying as they do from simple cleptomania to frightful catalepsy, with all the intermediate forms of mental and physical obliquity, which are generally included under the generic term Hysteria, are as often the enigma and *pons assinorum* of the psychologist, as they are the bugbear of the general practitioner, so that a statement of a case illustrative of any peculiar phase which this disease may assume, and of its treatment by moral or medical agency, is always a matter of interest to the student of mental and physical disease. The following notes of a very peculiar case of this nature, where the symptoms assumed those of attempted simulation of a mysterious disease, and of the pretension to continued fasting, will, it is hoped, repay perusal, by all who take an interest in such subjects.

The extraordinary phases which the simulation of disease sometimes assumes in the hysterical female are very peculiar. I have seen a woman suffering from menstrual irregularities bring to her physician pieces of lime, from the walls of a room, of which there could be no mistake, and declare that she had passed it from her bladder, and Dr. W. P. Allison, of Edinburgh, in his lectures used to mention cases, where, not only was this substance represented as coming from the same viscus, but where patients brought pebbles and pieces of slate pencil, and represented to their medical advisers that they had passed them with their urine; but the author has searched in vain for a case where the attempt to simulate disease was attempted in the peculiar form in which it was in this one, which forms the subject of this paper.

## HISTORY OF CASE.

*March 9th.*—Miss A. was brought to me by her mother, complaining of a very peculiar disease, for which several remedies had been tried in vain. As I had been spoken to by a friend of the family about some of the peculiar symptoms manifested in Miss A's case, I was prepared to be somewhat surprised when I should see for myself, but a look at the patient increased my wonder still more.

The following history of the case was obtained. A. is now fifteen years of age. She began to menstruate at the age of twelve years, but there has always been something peculiar about the discharge. It appears regularly, but has always been of a higher and somewhat different tinge from any that the mother ever saw. A. had, however, enjoyed very good health till within the last four months, at which time she was at a considerable distance from home, living with an aunt who was childless, where her grandmother, who was paralytic, also resided. The grandmother was very peevish and would allow no one to do anything about her, or for her, but A, who had also to attend school regularly and get up a considerable round of lessons at night. This, no doubt, proved a very great drag on A's mental and physical powers, but she bore up bravely till the death of her grandmother. She then became so sick that she begged to be taken home. When she returned to her parents she did not look very ill, but complained of occasional severe shooting pains, which she said were like those of toothache, through the top of her brain; she did not sleep well, and was always late getting up in the morning, and although she did not lose flesh, she was seen to eat hardly anything; bowels regular; catamenia, as stated above, regular but peculiarly tinged. She also complained of a pain in the left side, resembling that which often goes under the name of spinal irritation.

On looking at A. the first thing that attracted the eye was the existence of two peculiar looking very dark spots below the eyes, covering the lower lid, and the semilunar depression underneath. These spots had made their appearance suddenly after she had partaken of a few doses of a particular mixture, which had been made up for her by a physician of this city, at his surgery, and had continued ever since to get worse, becoming darker almost daily. The mother said that when A. sat near a fire, the spots could be seen to increase in intensity of color, until they became as black and shining as the skin of a very dark negro. Their appearance was certainly very peculiar, and they were a source of great annoyance to the patient and her friends, for it seemed as if the girl was the subject of some mysterious disease of which no one had ever heard before. To the patient herself they were utterly unbearable, as she

could not walk the street, nor go to any place of public resort, without being stared at by every one. Her father had once taken her to a public concert, but she declared she would never go again, as she was the object of so much attention on account of the "spots."

On examining these with the eye they seemed dark towards the edges of the eye-lids, and shaded off very gradually towards the face. They certainly had not the peculiar dark brown appearance which may often be observed under the eyes of women who have catamenial difficulties, and which are supposed to make them look interesting in the eyes of men, nor had these spots the well known characteristics of what is termed a black eye. They had a peculiar dark shining appearance, for all the world like a well polished negro's skin.

Was it possible that this was a very rapidly developed and circumscribed discoloration of the skin, from the internal use of a preparation of silver? But who ever heard of that being local in its character? It must therefore be a case of echymosis, caused by the peculiar state of the catamenia; and yet the patient had not the least sign of chlorosis. Very much perplexed about the case, however, I satisfied my visitors that this very unusual disease was in no wise connected with any medicine that had been taken, but that it must depend on a particular state of the blood.

I must here confess that I neglected to use the *tactus eruditus*.

The other points remarkable in the appearance of the patient were a peculiar leaning forward of the head and chest *a la* (*Grecian bend*) mode, and when she spoke, a drawling pronunciation of words, giving one the impression that she spoke somewhat in the *Dundreary* style. With these exceptions A. was like other girls of her age who enjoy good health; her muscular system was well developed, and certainly had no look of a "fasting girl," which she had the reputation of being.

I prescribed syrapi ferri iodidi after meals, and potass. bromid, at bed time, in full doses.

I was not again favoured with a sight of my interesting patient till the 25th March, an interval of seventeen days, but I heard frequently through a friend, to whom her father often spoke, in great grief, about his daughter's condition, which, that is the *spots*, were becoming worse and worse, darker and darker.

*March 26th.*—When the patient presented herself to-day; along with her mother, she had the same appearance of feebleness in the *bend*, and the same vocal drawl, but somewhat exaggerated, and the *spots*, the great source of anxiety, were certainly exaggerated too, darker than ever and extending slightly towards the cheek. The headache she declared was

no better and she could eat nothing. A more careful examination of the spots showed that they were indeed much darker, and not so nicely shaded at the lower edge, as formerly. They had also a distinct waxy gloss; so much so that I was induced to touch them. This the patient did not seem to relish, but she did not wince the very slightest under the test. To the feel they gave a sticky sensation like half dried varnish.

Bacon says that "he that enquireth much shall hear much," and now that my curiosity was aroused as to the true nature of the "spots," and having the very slightest shade of suspicion that they were *put on*, I determined to learn all that I could of their nature by a series of cross examinations, and now there occurred to my mind the *experimentum crucis*. I must wet them and see how they stood the test, I accordingly wet the top of one of my little fingers, *horribile dictu*, in my mouth, concealing this, however, from the patient, and in feeling the patient's forehead for any unnatural heat that might account for the headache of which she complained, brought the wet finger tip over one of the spots, and marvellous to relate, the color was communicated to the finger. Without giving the patient time to reflect, I wet the corner of my pocket handkerchief, and proceeded leisurely to wipe off the artistically applied coloring matter, and continued the process till not a vestige of the spots remained. The next part of the proceedings would make, I have since thought, a capital grooping for *cheff d'ouvres*; and although it does not come strictly under the medical history of the case, I am induced to describe it.

Imagine, then, the patient sitting quite demurely and with a look of injured innocence, while the doctor with a *nonchallance* which had to be assumed for the *nonce* (for it won't do let patients or their friends see that one is surprised by any unexpected turn a case may take) quietly washing the patient's face, and the mother looking on with a half-enquiring, half-puzzled expression, and you have the picture.

The first word spoken during the performance was by the patient, who said in the utmost simplicity, and, without the *drawl*, "Oh, dear me! does it come off?" The mother next spoke, the language of conviction. "Dear me, A., you must have put the black on." Patient, again, with childlike simplicity and innocence, "Dear mother! Do you think I could do that?" By this time the face washing was completed, and not a blemish remained on the fair patient's really very interesting, and rather handsome face. And now, (doctor *loquitur*), "if you did not put it on, the medicine has put it out through the skin, and there is no chance of it coming back again. Patient. "I'm so glad." She then, evidently becoming convinced that the farce had gone far enough, bowed politely to the doctor, and retired, followed by her bewildered parent.

On enquiring afterwards, at those who are "knowing" on such matters, I find that the coloring matter used was *cosmetic*, which is made of different tinted ingredients mixed up with a waxy compound. That same day I called on A's father and told him that his daughter was cured of the odious "spots." "Already," he exclaimed in much amazement, "Why they were worse than ever this morning!" "I worked them off," I said. We decided that the case was one of deception for some purpose, probably from a fear of being again sent from home; no doubt the fasting was also more apparent than real. But why should the deception take this particular form? I at first thought that A. had been reading some trashy novels, describing the inmates of the harem, who are known to put dark coloring matter on the under eyelids, and that this might account for it. But it seems that, whatever she read away from home, A. reads nothing but newspapers and standard works at home.

Thinking that A. might really be hysterical, and wishing to watch the case a little longer, I advised the father to say nothing about it at home because, as I assured the patient opposite her mother, that there was no possibility of the spots returning, she would not be inclined to repeat the deception in that form; and as to the fasting, to leave plenty of food within her reach, and to say nothing if it disappeared. His first act, however, on going home, was to tell his wife my opinion of the case and she, not believing a word of it, rushed to inform the patient. Result, a grand rumpus, in which the patient showed no signs of failing health. She declared that her greatest ambition was to proceed at once to confront the doctor, and convince him that he was wrong. She has not come, however, and the only chance I now have of seeing the patient (for she refuses, when asked by her parents to come) is on the street, where she bestows no sign of recognition on the doctor, and where indeed she once or twice turned round to avoid him. I have been near enough to her once or twice, however, to be sure that there was no appearance of the "spots." The father wavered for a time between the opinions of his wife and daughter and that of the doctor, but now, after having argued the matter with a friend, he is more than half convinced that the "spots" were all deceptive. He is not quite sure, however, about the fasting, although he declares that the only thing that any one in the house ever sees A. do in the way of eating is "sucking an orange."

Doctors should make use of all the senses before giving a diagnosis of any case. So artistically was the paint applied in this case the first time that I saw A, that nothing but the sense of touch could inform one of the deception. Apropos of this lesson, the late lamented Professor

Miller, of Edinburgh, used to tell an anecdote to the point. A very plethoric lady sent for a physician to consult him about a pain in one of her knees. On looking at the joint he found it very much enlarged and very red. He immediately informed the patient that it was a very serious disease, and that a surgeon must be called in, and the leg amputated above the knee. Somewhat alarmed, the lady asked the physician to compare her two knees, and then give his opinion. To his amazement he found the other knee identically the same, with the exception of the pain. In fact he found that he had not made sufficient allowance for the plethoric condition of his patient, and was at once undeceived by a view of corresponding parts of the body. It was a case of neuralgia.

A's. present state she promenades the streets every afternoon, with elastic tread and head erect, without any appearance of spots or ill health, and yet she is "a fasting girl." Did the parents, instead of leaving food within her reach, confine her to a room, and have her watched like the unfortunate girl whose case created so great a sensation in England lately, no doubt A. would be prepared to make a victim of herself.

Hamilton, Ont., May 1870.

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## ONTARIO MEDICAL COUNCIL.

ANNUAL MEETING.

(Continued from page 517.)

FOURTH DAY.—FORENOON SESSION.

The PRESIDENT in the chair.

Dr. AIKINS presented another report from the Education Committee which proposed some improvements in the way of conducting the examinations, &c. The report was received and considered by the Council.

Moved by Dr. CAMPBELL, seconded by Dr. HOPKINS, That the clause just read in the Report of the Education Committee be not adopted, but be referred back to said Committee to be so amended as not to include in the general examination any subject in the "Theory or Practice of Physic or in Surgery or Midwifery, except the operative practical parts thereof."

Dr. CAMPBELL urged that, according to Act of Parliament, the subjects of diagnosis and pathology were clearly intended to belong to the final examinations, but that he was willing to meet the members of the general profession half way. If they (the Allopaths) considered that the

subjects in question were really the same to both schools, the examination should be referred to Homœopathic examiners. He was not desirous, like his friends Drs. Agnew, Oldright and Hall, of seeing this joint board broken up. If Dr. Oldright was tired of his company, he was not tired of Dr. Oldright's? But at the same time the party to which he belonged must have fair play.

Dr. COVERNTON said he would ask Dr. Campbell if he remembered that a gentleman of his own school said last meeting that the work *Dacosta's Diagnosis* was an excellent work, and why did he object to the Homœopathic students passing an examination on that work?

Dr. OLDRIGHT said he had intended to refrain from discussion on this subject, but Dr. Campbell had very insidiously used the names of himself and those who held views similar to his, as a threat to influence the vote of members. He was not going to be used as a fishing line by him. He would ask Dr. Campbell a question: Yesterday, when he made to him, in the hearing of the President and others, a proposal—which he (Dr. O.) refused—to bring in a repeal motion, and that his whole force would support it, was he in earnest, or was it a joke?

Dr. CAMPBELL—In earnest.

Dr. OLDRIGHT—Well, he said just now he had no wish to join us in repeal. This very remark was in itself a covered-up threat, or intimation, that if he did not get what he wanted he intended to join in asking for a repeal of the union. Dr. Oldright did not intend to be made use of in this way. There were two parties in this Council who had fished each other into it. Dr. Campbell sometimes seemed to think that he had caught a whale. When he wanted to pull it over to him he tried to do so by threatening to join those of the general profession who were dissatisfied with the bill in its present form. When he got what he wanted he let go the fishing-line. They were not going to be so used. They made night before last a fair, straight-forward proposal, why did he not then join them? If, at the next meeting of our Association, the mention of which seemed to excite the ire of some present, it were thought well to proceed with the incorporation of the regular, (or general, if Dr. Campbell pleases), profession, with central boards for each Province, they would be prepared to take fresh action. Meanwhile, they would not be liable to be used as Dr. Campbell wished. As to his (Dr. O's) action before the Parliamentary Committee, and his present action in voting against Dr. Campbell's amendment, he would say that this union was most certainly not of his seeking, but if the Allopaths were to be kept in it by compulsion, they were justified in making these men (Eclectics and Homœopaths) become educated in Pathology and Diagnosis, before sending them to practice on the public.



Dr. ALLAN said in every Homœopathic College in the United States the students were compelled to pass in Diagnosis. We are perfectly willing that our pupils shall pass on every subject you take, but it is unfair that our students shall pass your examination, and then some additional subject. We don't object to their passing in all these, but we think it is imposing more work on our students than yours, and hence will have a tendency to prevent students taking our course if we are compelled to take all your subjects. I would say let all the students pass the same examination on all the subjects, and then there will not be any greater inducement in favour of the one course than the other.

Dr. CLARKE favoured Dr. Campbell's amendment. He thought it was a matter the Council was justly entitled to grant to those gentlemen, and he would, therefore, vote for it.

Dr. CARSON did not want to be allowed to examine simply as a matter of courtesy but as a right, and he, therefore, supported Dr. Campbell's amendment.

Dr. FIELD thought all agitation and ill-feeling would be removed by the passing of that amendment. He wanted a high standard of education, but he wanted all alike to take the same high standard. He thought it but proper and judicious.

Dr. LAVELL said he would wish that Dr. Campbell would name his subject, and not leave them in the difficulty of placing different constructions upon the same clauses.

Dr. CAMPBELL explained that the matter was plain. Either their Diagnosis was the same as the Homœopathists or different; if the same, they had the right to pass on it with the Allopathists; if different, then the Homœopaths and Eclectics should have it in their own examination.

Dr. LAVELL thought the Council should now decide the matter, or it would be continually coming up.

Dr. CAMPBELL moved the following as a substitute for his motion previously introduced:—

“That the subject of Surgical Pathology be not included in the general examination; and that the Medical Act be complied with in not including in the general examination, Pathology, Diagnosis and Surgical Pathology, as these subjects properly belong to theory and practice of physic and surgery other than operative.”

Moved in amendment to Dr. Campbell's motion, by Dr. ALLAN, seconded by Dr. BERRYMAN, “That, with a view to elevate the standard of Medical Education in Ontario, all students be compelled to pass an examination on subjects common to all schools represented at this Council. (Hear, hear.)

This seemed to meet with general approval and was declared carried; but Dr. ALLAN wished to speak to it. He said let there be no *pathies*. Let them all come up to the same general standing. He read from a petition made in the Old Country, giving a strong argument, each system adopting the above opinion.

Dr. FIELD seemed surprised at the general satisfaction with which this amendment was received, and wanted a fair understanding about it. By the three "schools," they meant homœopathy, eclecticism and the "general" profession. Did Dr. Aikins and Dr. Berryman mean that? (Dr. AIKINS and BERRYMAN. Yes, certainly.) Very well, that was all right.

Dr. LAVELL did not want to take advantage of an error in the wording of a resolution, as he saw was being done. And it was important to the schools to understand it aright, for the motion, as he believed Dr. Allan intended it to be understood, would necessitate the establishment of homœopathic and eclectic chairs in the schools of Ontario. Did Dr. Allan mean that *all* students were to be examined in *all* the subjects required by *each* of the systems of homœopathy and eclecticism, and in *all* those required by the "general" profession also?

Dr. ALLAN. Yes.

Dr. BERRYMAN. "Oh then, I beg to withdraw my name." (Laughter). (A voice: You can't.)

Dr. B. (ironically). "Oh, if a fellow makes a fool of himself can't you let him set himself straight." (Prolonged laughter.)

Dr. ALLAN was allowed to withdraw his motion.

Dr. CAMPBELL's amendment was then put and lost by one.

Dr. DAY called for the yeas and nays, which were taken as follows:—

YEAS—Drs. Wm. Clarke, Pyne, McGill, Campbell, Allan, Field, Springer, Adams, Hopkins, Caroon, Cornell, and Hall.—12.

NAYS—Drs. Edwards, Hyde, Covernton, Hamilton, Agnew, Dewar, Day, Mostyn, Oldright, Berryman, Bethune, Aikins, Lavell.—13.

Dr. PYNE presented the report of the Finance Committee.

The Council adjourned at one o'clock, to meet again at half-past two.

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#### FOURTH DAY'S PROCEEDINGS—AFTERNOON SESSION.

The Council proceeded to business at half-past two o'clock, the President in the chair.

The Council then took up the Finance Report, which was, upon motion, considered in Committee of the Whole, with Dr. Agnew in the chair. The Report was passed clause by clause.

Dr. CAMPBELL entered his protest against the adoption of the clause reducing the pay of examiners. Other members must not think that he was actuated by self-interest. He did not want the Council to be involved in lawsuits; and he had to speak for his fellow examiners. He had been conversing about the matter with Dr. Lizars, and Dr. L. had told him that three medical men who had been called upon to give evidence regarding cholera before the House at Ottawa, had received £5 and hotel and travelling expenses. It would not be fair to ask Dr. Lizars and other gentlemen to accept the sum proposed (\$10 a day for five days, after that \$5 per diem, with travelling expenses).

Dr. C. B. HALL would tell Dr. Campbell what would be fair: to give them what members of the Council themselves got: \$6 per diem and travelling expenses. How would he like that?

The Committee rose, and on motion of Dr. BETHUNE, the report was adopted.

Moved by Dr. AGNEW, seconded by Dr. DAY.—That the next meeting of the Council be held in the city of Toronto.

Moved by Dr. BERRYMAN, seconded by Dr. CLARK—That the next meeting of this Council take place in the town of Port Hope.

The amendment was lost.

The main motion for Toronto was carried.

Moved by Dr. ADAMS, seconded by Dr. FIELD, that the subject of Dr. Campbell's claim on the Council for \$80 for legal expenses, incurred by the refusal of the late Medical Council to register him, be re-considered.  
Lost.

Upon motion, the Council adjourned to allow the Educational Committee to mature their report.

After the lapse of half-an-hour the President took the chair.

Dr. ADAMS had noticed that to the amendment which Drs. Dewar and Aikins moved yesterday regarding graduates and students from Colleges of the United States, the following words were appended: "they shall also be required to pass the Matriculation Examination in accordance with the rules laid down by this Council."

Dr. DEWAR said the words were there when it passed, and they were read openly.

Dr. ADAMS wished to know if that would oblige graduates from the United States who have not passed our matriculation, to pass it and then spend four years before going up for the Diploma?

Dr. DEWAR. Certainly. It was read three times before it passed.

Dr. ADAMS. And do you mean to say that you introduced those words with that intention, and knew they were there?

Dr. DEWAR. Certainly.

Dr. ADAMS. "Then it is most outrageous." He would move for a re-consideration, which was carried.

Dr. BERRYMAN then moved an amendment requiring three years of study *here*, embracing one full course during that time. This was carried.

Dr. AIKINS, Chairman of the Educational Committee, then presented the final report of the Committee, which gave the names of the examiners appointed, and the subjects of examination assigned to each.

It was moved by Dr. CAMPBELL, seconded by Dr. ADAMS, that the report be received and adopted.

Moved by Dr. AGNEW, seconded by Dr. OLDRIGHT, That the report be amended by striking out the name of Dr. Lizars, and that the name of Dr. Ross be inserted in its place.

In speaking to the motion, Dr. AGNEW thought it was an act of injustice to his Territorial Division. The Education Committee had on it Drs. Aikins and Berryman as representatives of the two Toronto Medical Schools. They each nominated an examiner from their own teaching body, and no one questioned their nomination, but it seemed they were not content with this and claimed to nominate the Territorial Examiner as well. Now as member for the Division he protested against this as a high-handed act of injustice. He had handed in to the Committee a memorandum endorsed by his friends Drs. Hall and Oldright, nominating Dr. James Ross as one of the examiners. Dr. Ross was a resident of Toronto, a highly respected member of the profession, in large practice; a gentleman, in every way, well qualified for the position, and he (Dr. A.) certainly thought the Committee had acted in a most ungracious manner in not accepting his nomination.

Dr. HAMILTON wished to hear from the Committee why the name of Dr. Cole had been left out, substituting that of Dr. Sweetland.

Dr. OLDRIGHT said that Drs. Agnew, Hall and himself were the only members of the Council whose wishes were totally ignored in the appointment of an examiner from their own locality. Some good reason ought to be forthcoming to explain away what otherwise must seem as an act of gross injustice. Were there any rare qualities which preëminently fitted Dr. Lizars for the post? Or was this a means of venting spleen against the party in this Council who happened to be in a minority?

Dr. DEWAR said that the reason was that on looking at the Register he found that Dr. James Ross was one of those individuals who acted in defiance of the law until May, 1869, when he found it convenient to register; and he now had his axe to grind.

Dr. OLDRIGHT. "I thought that was because Dr. Ross voted for Dr. Agnew."

Dr. DEWAR. Dr. Lizars on the other hand, has striven to aid the passage of the Act, and tried to assist in properly carrying it out.

Dr. HALL thought that there was an under-current by which gentlemen here tried to accomplish a certain object.

The motion in favour of Dr. Ross was then put and lost.

The PRESIDENT wished to state on behalf of the gentlemen who had proposed Dr. Ross, that Dr. R. knew nothing of the proposal, and was to this minute unconscious of their action in the matter.

The same gentlemen moved another amendment, proposing Dr. W. W. Ogden.—Lost.

The yeas and nays were called for, and given as follows:

YEAS: Drs. Agnew, Oldright, Bethune, C. B. Hall.—4.

NAYS: Drs. Edwards, Hyde, Wm. Clarke, Pyne, Hamilton, McGill, Dewar, Day, Mostyn, Berryman, Aikins, Campbell, Allen, Field, Springer, Adams, Hopkins, Carson, Cornell, J. J. Hall.—20.

Dr. HYDE objected to the way in which Dr. Cole had been left off the Board of Examiners.

Dr. HYDE moved, seconded by Dr. EDWARDS, that the report be amended by putting the name of Dr. Cole in place of that of Dr. Sweetland. Lost.

Upon the introduction of the clause appointing as examiners Dr. Campbell in Medical Jurisprudence, Dr. Field in Surgical Pathology, Dr. Cornell in Botany, and Dr. Hopkins in Sanitary Science, it was

Moved in amendment by Dr. OLDRIGHT, seconded by Dr. AGNEW, That there be no change in the interpretation of the clause in the Act exempting special subjects from the general examination, and that the general examination be conducted by general practitioners.

Dr. OLDRIGHT understood that by the clause, which he begged to amend, Homœopaths and Eclectics were to examine students of the regular profession. Was that it? (Voices: Yes.) Well, then, as the representative there of the University of Toronto, he had to see that nothing be done which would cut off the recognition of our degrees by the Royal College of Surgeons and other bodies in England.

Dr. BERRYMAN.—This has no bearing on the question. It is a puff for the University of Toronto.

Dr. OLDRIGHT said it was nothing of the kind. If Dr. Berryman would not stand up to guard the interests of the College he was sent there to represent, he (Dr. O.) would do it for him. If he would sit still for a few minutes he would hear an equal "puff" for Victoria College and

Queen's College, and he would perhaps see the bearing of this upon the motion. He then read from a copy of Regulations sent to him by the secretary of the Royal College, and dated, July, 1868, the following extract:—"Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and graduates in surgery of any University recognized for this purpose by this College, and graduates in medicine of any legally constituted College or University, recognized for this purpose by this College, will be admitted to examination on adducing, together with the Diploma or Degree, proof of being twenty-one years of age, a certificate of proficiency in Vaccination, and satisfactory evidence of having been employed after the preliminary examination, at least four entire years in the acquirement of professional knowledge." The following are named as recognized Colleges:—University of Toronto, Victoria College, McGill College, and the Royal College of Physicians and Surgeons. This would show that graduates of our Universities are admitted to those examinations on precisely the same terms as those of English Universities. Were members prepared to lose this recognition? All knew the stringent regulations of that Institution as to consulting with Homœopaths and Eclectics. How will they, when they come to know of the step contemplated in this report, deal with men who must pass before Homœopathic and Eclectic examiners before they can practice in this Province, and how will they deal, furthermore, with Universities which do not protest against this?

Dr. BERRYMAN said there was some force in what had been said, and he was somewhat doubtful as to how he ought to vote. He was pretty certain that the Diploma of the Ontario Medical Council would not be recognized in Great Britain, and it was even doubtful whether the Degrees of our Universities would not be imperilled. But he viewed the matter thus: we are endeavouring to do what we think right in order to raise the standard of education. If in this endeavour our recognition is cut off, then we must pursue the same course with regard to English graduates coming out here. Taking this view he would vote against the amendment.

The amendment was put and the Yeas and Nays called for:—

YEAS.—Drs. Agnew, Day, Mostyn, Oldright, Bethune, Aikins and Lavell.—7.

NAYS.—Drs. Edwards, Hyde, Clarke, Pyne, Hamilton, McGill, Dewar, Berryman, Campbell, Allan, Field, Springer, Adams, Hopkins, Carson, Cornell and J. J. Hall.—17.

Moved by Dr. DEWAR, seconded by Dr. OLDRIGHT,—That the Report be amended by striking out in clause seven the word "by"

and inserting the word "before" and deleting "all" after the word "Examiners." The clause to which this amendment refers reads as follow:—"The oral examinations to be conducted by the whole Board of Examiners. Any member may put such questions to the candidates, upon any of the subjects of examination, as may to him appear proper."

The yeas and nays were recorded as follows:—

YEAS.—Drs. Edwards, Covernton, Hamilton, Agnew, Dewar, Day, Mostyn, Oldright, Berryman, Bethune, Aikins and Lavell.—12.

NAYS.—Drs. Hyde, Clarke, Pyne, McGill, Campbell, Allan, Field, Springer, Adams, Hopkins, Carson, Cornell and J. J. Hall.—13.

Moved by Dr. MOSTYN, seconded by Dr. BETHUNE,—That the following preamble be fixed to the report of the Education report:—

"Whereas power has been granted to the Council of the College of Physicians and Surgeons of Ontario to make by-laws for determining the admission and enrolment of students, and authority to fix and determine from time to time upon a curriculum of studies to be pursued by students, and to appoint Examiners in preliminary education and a Board of Examiners; therefore, be it enacted by the President, Vice-President and members of the said Council as follows: "

Moved by Dr. AGNEW, seconded by Dr. LAVELL,—That it be an instruction to the Committee appointed for the purpose of preparing amendments to the Medical Act, to submit a report of such amendments to this Council before applying to the Legislature of this Province for their enactment.—Carried.

Dr. HAMILTON was then called to the chair, and the following resolution was carried unanimously.

"That the thanks of this Council are due, and are hereby tendered to Dr. Brouse for the able and courteous manner in which he has discharged the duties of President during the present session."

After three cheers for the President and three rousing cheers for the Queen, the Council adjourned, subject to the call of the President.

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## CORRESPONDENCE.

*To the Editors of the Canada Medical Journal :*

GENTLEMEN,—Had it been my privilege ever to have attended the deliberations of the Ontario Medical Council, or as it is now styled, the Council of the College of Physicians and Surgeons of Ontario, I should have hesitated before pledging myself to the promise made in my last com-

munication, viz., that of sending you notes on the proceedings of that august body from an *outsider*; but having made the promise I must endeavor to fulfil it as best I can, taking into account the incongruity of the elements of which the Council is composed, and the inability of the writer to deal with such diversified material.

The first thing that struck one on entering the Council Chamber and taking a casual survey of the members, was the lack of that appearance of dignity and high intellectual stamp which should mark the general appearance of a deliberative body invested with such important interests as those of the Medical Profession of Ontario; nor is one impressed much more favourably after having attended several of their meetings.

On entering the Council Chamber one is struck at once with the arrangement of the members. To the right of the President are the representatives of the Homœopaths (5) and Eclectics (5). To the left the representatives of Territorial divisions (12), while the centre is occupied by the representatives of Universities and Colleges, and these represented pretty well the diversified views of the body. (7) All the members were present except Dr. Grant, of Ottawa, who, no doubt, thought his Parliamentary duties more important.

After the reading of the minutes of the former meetings, which occupied the greater part of the forenoon session on the first day, and which might as well have been read by some one in Kamskatcha, for all the attention that was given to them by members, the president, Dr. William Clarke, stated his reasons for calling the Council at so early a date, which seemed to be, if his remarks meant anything at all, that he thought some change would be necessary in the *bill*, and that he was desirous that this should be taken up once. We expected an elaborate retiring address on Medical Legislation from the President, but in this were disappointed, for all we got was a few rambling and disconnected remarks. It is stated in the papers, however, that they "were satisfactory to the Council." It is to be hoped they were.

During the discussion on the election of President, however, it leaked out that Dr. Clarke was going to Great Britain and Ireland on private business very soon, and that he wished to go with the *éclat* of President of the Council of the College of Physicians and Surgeons of Ontario. These reasons, at all events, were not satisfactory to the Council, for the nomination of Dr. Clarke was withdrawn, at his own request, when he saw that there was no chance of his re-election. So after having served in that capacity just nine months, he was allowed to retire with all the honours, whatever they are.

An outsider could not help being struck with the fact that no Toronto



man has ever attained to the office of President. This was explained by Dr. Brouse, the President elect, however, when he stated that there was a kind of tacit agreement between the members that the east and west should have the honour alternately. Thus, then, it comes that Toronto, which from the fact of its being the metropolis of, our largest city, in Ontario, and from its having Medical Schools and Universities, should certainly be more able to keep up the dignity of the Profession than any of the country districts, has never attained to that honour, she falls, in fact, between the two stools—east and west. Dr. Brouse (St. Lawrence and Eastern) was elected then, unanimously, and an excellent Chairman he made.

The election of Vice also brought out a particular phase in the composition of the Council, and we are sorry to say in the Medical Profession of Ontario. Dr. McGill, to whom it may be said that the Council, in its present state, owes its existence, was rejected, and Dr. Covernton was elected. Not that the former would make a more suitable Vice, but one would have thought that the framer of the bill had the first claim on them, not only for Vice, but even for President, and yet he has not been able to attain to either office. He is not popular with the members of Council, whatever the reason. The same ingratitude was shown to the late Dr. Parker, for although the author of the first Medical Bill, and a very poor one too, he was rejected as a member of his constituted Council, by the Saugeen and Brock Division, and never sat as a member of that body. Indeed the selection made by popular election in most of the territorial divisions does not impress one very favourably with popular elections, for it would seem that almost all the representatives are men who have dabbled in politics; still we have full faith in the good sense of the Profession that this will be remedied in time, especially if the dignity of the Council is raised by making part of a Dominion Medical Council.

Of Dr. Covernton (Erie and Niagara), we must speak in the highest terms; his manner is urbane and conciliatory, he takes a high rank in the Profession, and the only regret we can express about him is, that he takes so kindly to the *Bill*. He will make an excellent President when his turn comes.

Besides the division already indicated in the Council, I believe, from another point of view, it may be divided into two sections:—those who dislike the bill *in toto*, and who are merely willing to remain as members, for the purpose of watching their own interests, and this class includes the representatives of schools, as well as the Homeœopaths and Eclectics, although the dislike to the Bill arises in the first from a very different

cause to what it does in the other two. The Homœopaths and Eclectics dislike the Bill, because it takes from them, in a great measure, the regulating of the education of the students belonging to their own section, whereas the representatives of the Universities and Colleges dislike it because it brings them into forced contact with those whom they do not consider their equals in respect of studies or education. The other members of the Council go in for the Bill body and soul, because they are fully persuaded that it will annihilate all sects in a few years; not that they like the contact with Homœopaths and Eclectics any better than do the representatives of the schools.

To this section evidently belongs Dr. J. F. Dewar (Newcastle and Trent). At all events we can scarcely suppose that he, a graduate of the University of Edinburgh, if he remembers his graduation oath, can tolerate quackery in any form, and therefore must feel very uncomfortable in being brought into forced contact with those whom he evidently considers such; yet there is not a more strenuous supporter of the Bill, but this "simply and solely" because he believes that it is the more expeditious means of exterminating the heterodox doctrines that have been brought under the wing of the Ontario Medical Council. Nor could we find fault with this fervid Scotchman for thus energetically carrying out his views; but when he has recourse to subterfuge, as he evidently has had in one or two of his amendments to the clauses in the report of the education committee, we say that such conduct is beneath the dignity of the members of a body having charge of such important interests as has the Medical Council of Ontario. Let heterodoxy in medicine be extinguished, but, as Dr. Lavelle remarked, let it be done openly and above board.

There were one or two passages at arms between members on the right and left, which, as they show the animus that exists among this happy family," as it was styled by one on the right, may be worth recording. Thus, when Dr. McGill spoke of the services he had rendered to the Council—it was retorted from the right that he had an object in view. Dr. McG., in regular Parliamentary style, demanded an explanation. Now it was quite evident to most present that Dr. Hall (Eclectic) meant that the object was the extermination of Homœopathy and Eclecticism; but it would not do to admit that he thought that possible, so after a little shuffling, he got off by saying that the object was "bringing together this happy family." Then when Dr. Field (Homœopathist) remarked that his side of the house had a right to be distrustful of the regulars, for that not only was it the general opinion among them, but that Dr. Clarke had actually said it "that in ten years the Act would snuff the Homœopaths and Eclectics

out of existance"; but that the regulars "affected to look down on their qualifications with disdain, and to treat their claim to honour and respectability with derision," and that some regulars had even been expelled from the Medical Association for fraternizing with Homœopaths and Eclectics, "and could only be reinstated by humbly confessing their sins, and promising like obedient, though erring children never to do the like again." We were astonished to hear Dr. Wm. Clarke say that he had never made such a promise. Now every member of the Medical Association who was present after the very stormy discussions relative to the admission of Drs. Clarke and Lizars, will remember that on both occasions, before those gentlemen's application could be entertained at all, the Hon. Dr. Tupper, President, distinctly stated that they had given him a distinct promise "never to do the like again." Had Dr. Clarke a *mental reservation* in this matter, or was the President of the Association deceived. It is due to that body that this subject in Dr. Clarke's case, at least, should come before the next meeting of that association.

The next point which led to a discussion was whether every unregistered practitioner in Ontario, whatever his qualifications, "is not qualified, and is liable to all the pains and penalties." There seemed to be a great diversity of opinion on this point, some maintaining the point as stated above, and that all such should be prosecuted at once, others that any one who has a license or degree entitling him to practice before the passing of the Act may continue to do so, but that he cannot legally collect his fee, give Medical evidence, or occupy any position, medically, under the Government. Now there can be no doubt that the wording of the Act is very indefinite on this head, and requires an explanatory clause. In Britain the latter view is always taken and acted on; even with those having foreign diplomas.

The motion "that the registration fee (\$10) charged to those who lately passed their examination at Kingston be remitted," gave rise to a good deal of *bumkum* talk, by the gentlemen connected with the schools, who argued that the money should be returned, and that it was cruel to be guarding the portals of the profession by high fees, as it was sure to exclude many young men of great merit from entering its ranks. We were sorry to hear Dr. Aikins speaking in this manner. As for Dr. Berryman, he lays claim to being peculiarly the poor student's friend, and was entitled to his say in his own rough and hearty manner. The remarks of Drs. McGill and Wm. Clarke on this subject, were really to the point and in accordance with the spirit of the age, and could we only believe that the latter gentleman, (who has the faculty of throwing a great appearance of sincerity into his speeches when he likes,) was really sincere, we would say

that he deserves credit for the manner in which he opposed the principle of the motion. Dr. Campbell, Toronto, who seemed to be afraid that his six dollars a day would not be forthcoming, was no doubt relieved in his mind when the motion to return the money was lost.

We were glad to find Dr. Oldright, (who with Drs. Agnew, Mostyn, C. B. Hall and Bethune, and one or two others really represent the feelings of the *cream* of the Profession at the Medical Council) doing good service in calling the attention of the Council to the non-payment of Medical witness, and also to the proposed incorporation of the regular profession of the whole Dominion.

With regard to testing the legality of compelling Medical men to give professional evidence without fee or reward, it is asked in an address on Medical Legislation recently published in your columns, "Who will be the first Martyr in this respect? and we are glad to learn that Dr. Brouse, President of the Council of the College of Physicians and Surgeons of Ontario, stated that he was determined to test the matter on the first opportunity. The writer of the address referred to has frequently stated that he also is willing to test the matter in the same way, but no doubt the interests of the profession in this respect will be better served, should the highest Medical officer in Ontario get into the clutches of the law, and become the first martyr. The discussion on the want of facilities for clinical instruction in Ontario, showed that this is really a tender point with the teachers of medical education here. There can be no doubt, however, that it is defective, and that it should be remedied at once, by making the Toronto Hospital a General Hospital, and getting a liberal Government grant for the same. Unless some action be taken in this matter, students will spend as much time as possible at Medical School out of Ontario, and our own Medical Schools will suffer in proportion.

And now comes the

#### GRAND FINALE.

After the Council had determined that all Students must pass two Sessions at Medical Schools in Ontario, the question came up, as to whether all students should be examined *before*, or *by* the whole board of examiners. Here followed a scene which is beyond my pen to describe. Amid great uproar and confusion, the excellent President, Dr. Brouse, endeavored to put the vote. But whether it was that the members had become excited at the idea of so soon being relieved of their *arduous* duties at the Council, and were jubilant at the prospect of returning home so soon to their families—for they certainly acted like children in speedy prospect of a half-holiday—it is difficult to say; but this is clear, that in putting the vote, the President had to state several times to some of the members what

the vote was on, and more than one found that they had actually voted on the wrong side. By-and-by it was found necessary to make the matter intelligible to a few, to reduce the explanation to the words *by* or *before*, and at last the vote was fairly taken, when it was found that the *by's* had it *by one*.

And thus ended the second Session of the Council of the College of Physicians and Surgeons of Ontario, which after having been four days in Session, at an expense of over *one thousand dollars* to the Medical Profession, did actually nothing for the money, except elect a new President and Vice-President—compel foreign Students to study two Sessions in Ontario, and add a course of lectures on Hygiene to the Curriculum.

Were it not that my remarks on this matter had extended already, I fear, beyond the limits of your journal, I should have liked to have said something more on the *personnelle* of the Council, but I may possibly recur to the subject with your permission.

Hamilton, Ont., May, 1870.

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## PERISCOPIC DEPARTMENT.

### Surgery.

#### MODIFIED CIRCULAR AMPUTATION OF LEG.

BY PROF. FRANK H. HAMILTON.

The subject, a woman of about 32, has a syphilitic history, but it is doubtful if the disease be now active. This opinion is favored by the fact, that a plastic operation had been successfully performed (by Dr. Hamilton, a few months previous, upon the nose, the bones of which had some years before suffered from ulcerative destruction. It is not probable that this plastic operation would have been successful had there been still active tertiary syphilis. She has now necrosis and caries of the tarsal bones, and also of the epiphyses of the tibia and fibula. Since the disease has advanced no further than the lower epiphyses, it is hoped that amputation of the foot above the ankle will be sufficient to arrest its progress.

In amputating the leg below its middle, do not apply the tourniquet to the femoral artery, but to the popliteal as a convenient mode of economising blood. The amount of the hæmorrhage when compression is made in the popliteal space, need be but trifling. The better way of making this compression is by *folding*, not rolling, a bandage of say 15

feet long, and 3 or 4 inches wide, into a compress. The hard round roller is always liable to escape and give trouble. This mode of making compression is applicable to other arteries, as the femoral. This compress is then placed in the popliteal space, and the frame of the tourniquet is applied in front over a thin pad, above the patella.

When patients are feeble, as in this case, the circular method is to be preferred. My modification of the ordinary circular operation consists in making a slip or an oval retiring angle in the posterior integumental covering, parallel to the axis of the leg. This gives the double advantage of allowing us to reverse the integument with more facility, in which there is often difficulty, especially if it be œdematous, and of leaving a dependent opening, posteriorly, through which serum, pus, and blood may readily escape, and the ligatures hang conveniently. For these reasons it is in general to be preferred to the ordinary circular operation.

The first incision is made through the integument, the blade entering the leg in front, and passing in a circular direction outwards, until within two inches of the middle of the leg posteriorly, the knife is then carried upwards in the line of a curve to the middle of the limb posteriorly, and to a point three or four inches higher up than the point of entrance in front. A similar incision is then made on the opposite side of the leg. Then the integument is dissected up, and the operation completed as in the ordinary circular operation. If we close the wound from before backward, the sharp edge of the tibia in front must be first removed, as otherwise the bone would sooner or later, in all probability, make its way through; but if closed from side to side, as must be done in the modified operation, this danger is avoided, and the resection of the bone is rendered unnecessary. Indeed, on bringing the two edges together from side to side, there is a slight excess and projection of the tissues in front, over that part of the tibia. The wound is closed by strips of adhesive plaster.

This is not a case for cold, but for warm applications, with moderate pressure. The object of the pressure is to prevent any further extravasation of the blood beneath the skin after the wound is closed; and to secure thorough completion of all the surfaces. The stump, after closure by the straps, is surrounded by a considerable quantity of cotton batting, and over that firm pressure is made by a bandage, which extends some distance up the limb; with a sufficient wad of cotton batting underneath the roller, all danger of strangulation is avoided.

In 24 hours I would have all the dressings moderately loosened, by cutting them up in front to within three or four inches of the wound, but they should not be detached. The blood which has escaped and dried somewhat, will generally be sufficient to retain the dressings in place;

but if not, enclose the stump with another light turn of the roller. The object of this loosening is to prevent all possible danger of ligation or strangulation of tissues, the leading idea of the pressure being attained when effusion of blood is prevented.

(This wound united almost wholly by first intention, and the patient is now up and on crutches.—*Weekly New York Medical Gazette.*

**HYPODERMIC INJECTION OF MORPHIA IN STRANGULATED HERNIA.**  
 BY DR. RAYOTI.—In several cases which this gentleman reports, the reduction of the hernia was greatly facilitated by the subcutaneous injection of morphia before attempting reduction. He thinks it should be tried in all cases before having recourse to the knife.—*Berliner Klinik. Wochenschrift.*

#### CLINICAL LECTURE ON UMBILICAL AND OMENTAL HERNIA.

BY JOHN ADAMS, F.R.C.S.

Members of the Court of Examiners Royal College Surgeons of England, and Consulting Surgeon to the London Hospital.

A case of umbilical hernia having been very recently under my inspection, I avail myself of the opportunity to make a few remarks upon the subject. The case is one of an ordinary character, and illustrates the inefficacy of the common umbilical truss in the treatment of such cases. Since this case was under treatment another patient, a woman, has been admitted under my care with a small umbilical hernia, which had escaped beneath a truss, and had become strangulated; the strangulation was scarcely complete, as the patient suffered only from severe nausea without actual vomiting, and the hernia was reduced without much difficulty; this is the sixth time that such an accident has occurred to the woman, and it shows that the ordinary truss is not only useless, but that it is really worse than useless, as it begets a false security.\*

Let me show you an umbilical truss: it consists of a large elastic steel hoop, with a circular *concave* plate of brass, covered with thick leather, or linen, or some other soft material. The effect of this is not to prevent the escape of the intestine through the umbilical opening, but to hold it after it has escaped, and this but very imperfectly. Such a contrivance can only be of use in enormously large herniæ, in preventing mischief to

\* Since this Lecture was delivered the hernia again protruded, and becoming strangulated it became necessary to operate for its relief.

the part already protruded from blows or other violence. These instruments are occasionally worn with some benefit after the protrusion has attained an enormous size, but cannot be of the slightest use in preventing the escape of the gut. They cannot, however, be altogether discarded from practice, as it often happens that the surgeon is consulted when the hernia is of large size and cannot be reduced, and when some defence must be employed. If, instead of being concave, trusses were made convex, by stuffing the circular plate with some elastic material, as moc-main cotton, they might prevent the protrusion altogether, even in the early stage of the disease.

Before, however, I give you my observations on the strangulated umbilical hernia, I will illustrate my position by a case now under my observation. A gentleman called on me three weeks since, and told me that he was suffering great pain about the region of the navel, and on one side of the front of the abdomen as low as the right groin. I examined him, and found an umbilical hernia, which was just beginning to present itself above the level of the abdominal walls, the integuments were loaded with fat. I reduced the hernia with ease, and felt at the bottom of a cup-shaped depression, a round tendinous hole, through which the gut had escaped. I sent him to an experienced truss maker, with directions to get a truss of the newest character, and told him to call with the instrument maker when the truss was ready to be put on. In a few days they both called, and to my annoyance brought an instrument such as is usually made. I explained to them that I feared the instrument was useless. I reduced the hernia, and strapped it up, and told the patient to try the instrument, and see whether he felt any relief from it. In a few days he called, and said he could not wear the machine at all as it gave him so much pain, and that it did not retain the hernia. I ordered him, therefore, a small elastic cushion containing water to be placed over the opening, and to be retained by a piece of strapping, and directed a large abdominal elastic belt to be made, and he called to report himself quite comfortable. I ordered him to renew the strapping occasionally himself. This gentleman has continued quite comfortable, and manages his own case with great ease, substituting a small conical pledget of cotton wool for the water pad. The hernia is always carefully pressed back, and the wool is pressed into the ring before the strapping is applied.

In infants you employ a somewhat similar contrivance; you insert a convex ivory ball or a piece of cork cut with convexity, and tell the nurse to apply it and retain it with strapping and a belt, and at this early age the hernia is often cured altogether after a few months' treatment.

When umbilical hernia becomes incarcerated or strangulated you must



apply the taxis, for there is more difficulty in this than in inguinal, or femoral hernia, in consequence of the yielding of the abdominal walls when pressure is applied. Some manipulation is therefore requisite, more especially as there is often great irregularity in the course and direction of the hernia. No doubt a great number of cases of umbilical hernia are incarcerated rather than strangulated: that is, they are irreducible and constricted, but the constriction is not so great as wholly to cut off at once the supply of blood to the hernial contents. What are termed the symptoms of hernia are seldom so acute in umbilical as in ordinary hernia, and there is sufficient about them often to puzzle the surgeon to such an extent as to induce some to discard altogether an operation in any case of umbilical hernia, whether small or large. I have often witnessed this, and I never saw any but the most unfortunate results from it. It is obviously wrong to leave an umbilical hernia unrelieved, if an operation is practicable; whatever the difficulty may be, it must be encountered. Size should be no bar to the operation. Ordinary means, as ice, opium, and the taxis under chloroform having failed, an attempt must be made to divide the stricture without opening the sac: it may be divided above or below, or even laterally if requisite, or the sac must be opened, however voluminous its contents, if the stricture cannot be relieved without it. If the hernia is large you will often find a considerable mass of intestine and omentum to deal with—both must be carefully returned if in a fit state. But what can you do if the intestines are excessively distended, and you cannot return them? This unfortunate condition I have seen myself more than once; all the efforts of the surgeon most carefully employed were unavailing to effect a reduction. You must not leave the gut uncovered, and you cannot re-cover it in its present distended state with its former coverings; you had better do this: make small punctures with a needle and let out the air, and you may possibly succeed in returning the gut now diminished materially in volume, and rendered flaccid by the escape of air. Under the influence of opium, small openings in the intestines will heal up entirely, and the patient's life may thus be saved; or you may empty the intestine of air by a trochar, and place a ligature round the opening thus made and return the intestine, and treat the case as one of wounded gut, by opium, &c. I have no hesitation in stating my firm belief that umbilical hernia is incarcerated rather than strangulated; thus, the symptoms are, at first, by no means urgent, and the tension is not great. The difference between incarceration and strangulation is, in my opinion, often very definite; but no doubt one condition runs into the other imperceptibly and gradually, and thus, cases which, at first, are comparatively free from severity of symptoms, are, if

allowed to remain unrelieved, very apt to become more urgent in their character.

Strangulation of an omental hernia, where no intestine has descended, does not commonly lead to the necessity of operation, but it may do so, as in the case now in the hospital, which was operated on the other day. I have myself often been called on to operate for omental hernia, and I have never regretted having operated in such cases. The symptoms of strangulated omental hernia are not precisely similar to those where the intestine is implicated; thus, vomiting is common, but constipation is frequently absent. All this is intelligible enough, for the omentum has a connexion with the stomach, but not attached in any way to the small intestine. You cannot tell what the contents of the hernial sac may be before you have laid it open, and this usually requires to be done where the omentum alone has descended. After dividing the stricture you must determine what to do with the omentum; my advice is this, if the omentum is healthy replace it; but if it is adherent I recommend its removal, as it favours the descent of a piece of intestine; if it is much bruised I advise you to remove it; you direct an assistant to lay hold of the constricted portion, or neck, to prevent it from retracting into the abdomen, and you cut it off, you then search for the arteries between the layers of peritoneum forming the omentum, and place a delicate ligature on each artery separately, and cut off one end of the ligature; do not include any of the peritoneum in your ligature, or you will run the risk of inducing fatal peritonitis. Formerly, it was the custom, and I am told that now it is not unusual, to place a strong ligature on the omentum, before removing it, to prevent hæmorrhage. I don't advise this practice, and for this reason: you have just performed an operation to relieve one stricture, and you immediately put another ten times as tight on the omentum; it is true you may do this with impunity in many cases, but I would recommend you not to complicate your case by such an unnecessary procedure. If the omentum sloughs, as it does sometimes, adhesion always occurs at the neck of the sac, between this and the omentum, and no doubt this tends to block up the opening, and thus to prevent any further protrusion. Do not, however, trust to this, but let a truss be applied as if the opening of the ring were entirely unclosed. In many cases large abscesses form, and it becomes requisite to remove the sloughs of omentum as they become gradually detached.—*Dublin Medical Press.*

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#### THE TREATMENT OF SCIATICA.

My object is not to enter upon the pathology of sciatica, nor enlarge upon the various treatments recommended for its cure, but to briefly

record the measures I have myself adopted and found successful, in dealing with one of the most troublesome and persistent complaints which comes within the province of the physician to treat.

Acute sciatica is very rare; I have only seen two well-marked cases of it, which were truly authentic of the disease. One of them yielded to antiphlogistic measures, whilst the other, apparently combated at first, terminated in chronic sciatica eventually.

In my student days the over-estimated iron of Sir Dominic Corrigan was in constant requisition by the Dublin Hospital surgeons. In practice, I have obtained nothing but vexatious disappointment in its use, as a counter irritant in the treatment of sciatica. The numerous cases recorded by the Dublin men, wherein Corrigan's iron was employed with so much benefit, were cases wherein change of diet, rest and warmth, and a suitable internal treatment contributed as much to benefit the patient as the counter-irritants. Blistering along the course of the nerve is very uncertain. The hypodermic injection of morphine lulls the pain for a time which only begins with unusual severity, and the strong liniments of aconite and belladonna, when applied to the surface, I have ever found inert. Accordingly, I have adopted the following treatment: I have employed it now for some years, and can confidently recommend it as being safer, surer, and more satisfactory than any treatment, or method of treatment, I have anywhere observed, or that I have myself ever employed.

In a small porcelain vessel I mix one grain of morphine and three grains of extract of belladonna with six drops of creosote. I get my patient out of bed, standing as erect as the nature of his disease will permit him, and begin making small incisions, half-an-inch long, with an intervening space of three inches between each incision, cutting only through the skin and subcutaneous cellular tissues. I make the incisions alternate on each side of the nerve, beginning underneath the fold of the *gluteus maximus*. Having wiped off the effused blood, I quickly rub in the composition. The morphine and belladonna allay the pain, and the creosote sets up, if properly applied, a certain amount of local irritation, which is very desirable. M. du Chaillu, in his exhaustive and popular work on the gorilla, records a somewhat similar procedure existing amongst the Celond races. If my memory serves me, caustic lime is the agent he records as being employed.

To every patient suffering from sciatica I exhibit iodide of ammonium, and I have remarked, as I hope soon to show, that its therapeutic power is superior to the iodide of potassium, but in no complaint will this be appreciated more than in the *eruptive* stages of syphilis and in diseases

of the glandular system. The patient bent double with acute pain, will be found, after the incisions are made and the morphine composition rubbed in, able to move his leg freely in any direction. There is, of course, a numb feeling experienced, but the liberation from acute suffering provokes an expression of gratitude, which is conclusive evidence of the value of the plan of treatment advocated.—*Dublin Medical Press.*

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#### CHLORAL IN TETANUS.

M. Liebrich has reported a case of recovery from tetanus under the use of chloral. M. Verneuil also has had a case of tetanus in the Hospital Lariboisière, when after a severe injury, tetanus supervened on the eighth day, and extended to the muscles of the face, jaws, neck, spine, abdomen, and bowels. The action of chloral administered internally was marked and rapid; the contraction of the muscles disappeared, and the pain became allayed immediately. A month elapsed before recovery took place. The daily dose was from a drachm to three drachms dissolved in water.—*Dublin Medical Press.*

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### Medicine.

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#### HYDROPHOBIA.

The *Academie des Sciences*, Paris, has recently received a valuable contribution from M. H. Bouley on the subject of the causes and treatment of this formidable malady.

The author, in his paper, expressed his opinion that it was possible to obviate the effects of the inoculation of virus of rabies by an energetic and prompt cauterisation of the bites. He believed that, by exercising an attentive supervision in the country districts and in towns at certain periods of the year, the development of the disease might be checked. He recommended the immediate and merciless destruction of all suspected animals.

Some interesting statistics were given in the paper. It would appear that within a period of six years, from 1863 to 1868 inclusive, in 49 departments, 320 persons were bitten by rabid animals. Of these, 129 individuals died—a number which affords a percentage of 40.31. About 43 per cent. of the cases escaped ulterior bad consequences from the injuries.

The proportion of men bitten exceeded that of women.

In 274 cases the age of the patients was indicated; 97 times it was

that of children from five to fifteen, and, among this number, the bites were followed by the hydrophobic symptoms in only 27 instances. From this, an important conclusion may be drawn, namely, that if children are more exposed to the infliction of bites by rabid animals, they are, on the other hand, less predisposed to contract hydrophobia.

Of 310 cases of bites, 284 were inflicted by male dogs, 26 by bitches, 5 by cats, and 5 by wolves.

No great difference as to season was observed in relation to the number of the cases of the disease. Winter, in this respect, corresponded, almost to a unit, with the hottest period of the year.

Out of 129 cases where the bits proved mortal, the duration of incubation was determined 106 times; in 73 instances the symptoms of hydrophobia declared themselves within 16 days. After the hundredth day, in only two cases did a fatal result occur; and one case terminated in death after the laps of six months.

The duration of the disease was established in 90 cases. Seventy-four times death eventuated within the first four days from the appearance of the symptoms. In only six instances was life prolonged beyond the fourth day.

M. Bouley dismissed the subject of treatment in a very few words—it must be palliative, and consist in the continued employment of anæsthetics of every form, and in every way.

In the course of the discussion which ensued, M. Lawry suggested the importance of compiling statistics as to the kind of dogs most liable to be afflicted with rabies. It was said that domestic animals were particularly subject to the disease. To determine the matter would be curious from an etiological point of view, especially as the privation of sexual enjoyment had been assigned as one of the chief causes of rabies.

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#### ANOINTING IN INFANTILE DISORDERS.

BY H. GUARD KNAGGS, M.D., F.L.S.

During the past eleven months I have been testing, with uniformly successful results, the value of a very simple method of treating such infantile complaints as atrophy, bronchitis, convulsions, diarrhœa, febrile disturbance generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin.

The treatment simply consists in smearing with salad oil the whole surface of the body, from the crown of the head to the tips of the fingers and toes, the process being repeated every twelve, six, or even four hours,

according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the fluid should be slightly warmed.

The application of oil possesses the following immense advantages over the ordinary warm bath:—

1. Skin-action is more completely and permanently restored.
2. The danger of reaction is avoided, for there is no sudden change of temperature; and, moreover, the sheet of oil protects the surface from atmospheric changes.
3. It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient.
4. It does not depress, but, on the contrary, appears to exhilarate.

It will scarcely be credited by many that the formidable affections above mentioned will frequently yield to this treatment, or at any rate show signs of abatement in from twenty minutes to four-and-twenty hours; but such is the case; though sometimes forty-eight or even seventy-two hours will elapse before any decided signs of improvement occur. By way of illustration, here are a few examples out of many, and I shall be happy to satisfy any gentleman as to their genuineness:—

*Atrophy.*—My cousin, Mr. S. H. Knaggs, was called to see an infant, whom he found apparently *in articulo mortis*. The mother informed him that she had sent for him “for satisfaction only.” The child was oiled, and in twenty minutes began to look about it and took its food: In the course of a fortnight it recovered its ordinary health and strength.

*Bronchitis.*—Last January a desperate case came under my care, which in spite of active treatment became rapidly worse. As a last resource I smeared it all over with salad oil, and to my utter astonishment, there was a marked improvement in the breathing in less than twenty minutes. In a few hours the bronchitis entirely subsided.

Another case—double capillary bronchitis, neglected for several days—came under my relative’s notice. He considered it too far gone for medicinal measures, and therefore ordered it to be oiled every four hours. The next day the symptoms had diminished in severity, and on the morning of the third day the child was sitting up in bed taking food, and to all appearance convalescent.

*Convulsions.*—In these cases the effect of oiling is sometimes truly surprising, the fit ceasing before the completion of the operation, and not subsequently returning. A patient informs me that whenever she observes the symptoms which used to precede convulsions in her boy, she at once oils him, when a calm sleep follows, from which the child wakes up refreshed.

*Diarrhæa.*—Some time since my cousin had an uncontrollable case of

diarrhoea under his care in a child of seventeen months. I advised him to give oil a trial; but he said it was too far gone for anything to be done. I saw the little sufferer myself a day or two afterwards, and ordered it to be oiled every six hours. There was a marked improvement immediately after the first application. By the next day the prostration was gone. Previous to this attack the child was "a puny little thing;" but now (oiling three times a week having been persisted in up to the present time) it is "a splendid boy."

*Enlarged liver in a rickety child, with bronchitis supervening.*—This case had been under the care of a well-known hospital physician, who gave it up, saying that nothing could be done for it. I ordered it to be oiled every six hours. After each application a calm sleep followed. In about seventy-two hours the bronchitis began to give way; and a few days afterwards the liver was observed to have diminished in size. The child has not since ailed.

Such is a sample of a few of the cases which have come under my notice. Did I not confine these notes to infantile disorders, a long string of other complaints, which are to be benefited or cured by oiling, might be added. It seems as though the good old Greek and Roman practice will have to come up again. Such is progress.—*Medical Times.*

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## Midwifery and Diseases of Women and Children.

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### RETRACTED NIPPLE.

At a meeting of the Boston Obstetrical Society in October (reported in the *Boston Medical and Surgical Journal*). In answer to a question he thought the best way of "drawing the breast was to use Thier's pump; called the "téterelle Thier."

Dr. Abbot thought that a most important point in such procedures was to fit the nipple.

Dr. Putnam said that an instrument which alternately produced a vacuum and relaxed the nipple.

Dr. Lyman described the manner in which the child's tongue "strips" the nipple between its tongue and upper jaw, as a milker strips the cow's udder with his fingers. He had observed the operation in the mouth of an infant with hare-lip. He also related the case of a woman whose nipple was so poorly developed as to be apparently on a level with the breast. After confinement the breast could not be evacuated; the consequence of which was an excessively troublesome abscess. In her next pregnancy the

plan was adopted of breaking off the neck of an ordinary wine-bottle (with smooth lips), and binding it on to the breast in such a manner that the circular rim of glass pressed upon the areola around the base of the nipple. This was done for ten days preceeding confinement, and the result was most satisfactory. Not only was a deep circular depression made around the nipple, but the latter became more elevated; and the success of the experiment was established by the ease with which the child when born accomplished the act of sucking.

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#### DR. BARNES ON UTERINE HÆMORRHAGE.

When compression, cold, and ergot of rye fail to produce stoppage of the post-partum uterine hæmorrhage, owing to loss of nerve power, Dr. Barnes recommends the injection of the perchloride of iron before collapse sets in. Dr. Tyler Smith recommends a full dose of ergot of rye, immediately after the birth of the child, to prevent hæmorrhage.

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#### OBSTETRICAL SOCIETY OF LONDON.

Dr. Routh read a paper on a case of Absence of Vagina. He first saw the case with Miss Garrett. There was a dilated urethra; only the vestibule of the vagina existed, and the uterus could be felt per rectum, distended with fluid, about two inches above the anus. The bag felt per anum very thin, as if it would soon burst. Dr. Routh wished to open first per rectum, and, at a later period, proceed to the formation of a new vagina. After a consultation with Drs. Greenhalgh and Rogers and Mr. Spencer Wells, it was decided to make a new vagina at once, and to open the uterus through it. This was easily effected, and the case at first did pretty well. The fluid was helped in its exit by the injection of a weak solution of iodine, and the new vagina kept clean by a weak solution of carbolic acid. On the seventh day a sudden shock seemed to occur, and she died in a few hours with all the symptoms of internal hæmorrhage. A post-mortem examination showed the cause of death to have been a rupture of the right Fallopian tube. The tube did not communicate with the uterus, nor did the left, which was also a little dilated. It was interesting to consider how far it would have been wise to have punctured first through the rectum, and so to have relieved the tubal dilatation. This might have saved life. There was no inflammation in the neighbourhood of the operation, which, as far as could be judged by the post-mortem, was, as an operation, entirely successful. Dr. Routh passed in



review several analogous published cases in which death had likewise occurred after operation from rupture of the Fallopian tube, which was the principal evil to be feared.

Dr. Playfair described a case of Imperforate Vagina which had come under his notice. The patient was a healthy-looking and well-developed young woman, aged 23, who had never menstruated. She had, however, a regular monthly nismus. On careful examination per rectum, no distended uterus could be made out, and the vagina was entirely absent. He therefore came to the conclusion that it was a case of congenital absence of the uterus, but that, judging from the menstrual nismus, the ovaries were present. On this account he did not advise any operation. A successful attempt to form a vagina was afterwards made, and no uterus was found. This was more than a year ago, and it had been necessary to keep the vagina distended with a porcelain plug all the time. If this was removed even for a single night, it showed a remarkable tendency to contract and close; and on two occasions it had to be reopened with sponge tents. This curious case raised the question as to whether a vagina, artificially made in the cellular tissue between the bladder and the rectum, would of itself always remain patent.

Mr. Spencer Wells thought Dr. Routh's practice the best that could have been adopted. Supposing the distended state of the Fallopian tube discovered after death had been accurately recognised during life, and the sac had been punctured through the rectum, the distended, uterine cavity would not have been emptied, and the cavity of the Fallopian tube would have been left open into that of the peritoneum as soon as the canula was withdrawn. Puncture of a distended Fallopian tube or a distended uterus through the rectum could only afford temporary relief, and it exposed the patient to the danger of faecal gas entering the peritoneum as the fluid escaped. But opening the vagina gave the same temporary relief with less risk, and became a permanent relief to the patient. Further observation is required to tell us whether, in cases of retained menstrual fluid, it is better simply to remove the obstruction and leave the fluid to escape gradually, or to press it all away and wash out the cavity by iodine injections. In either case dangerous symptoms are apt to follow—elevation of temperature, rapid pulse and respiration, scanty or albuminous urine, sickness and pain. But he (Mr. Wells) had seen several cases where no ill effects whatever had followed the opening, and he had not yet learned why in some cases the operation simply afforded relief, and in others led to imminent peril or death.

Dr. Wynn Williams remarked that it appeared to him from the history that two operations were required, one to empty the dilated Fallopian

tube, the other the uterus. If it were the fact, as stated by Dr. Routh, that the different parts in the pelvis and their relation to each other can be distinctly made out by inserting the hand into the rectum, he could see no objection to first puncturing the dilated Fallopian tube, and then proceeding with the second operation. Had this plan been pursued, he did not think that the accident which proved fatal could have occurred.

Dr. Phillips called attention to the contracted state of the uterus in Dr. Routh's case, and to the apparent development which its tissue had undergone. It had been stated that in such cases the uterus became simply dilated and did not contract on the withdrawal of the fluid. He inclined to think, however, that the cause of the dangerous symptoms so frequently following operative interference was the escape of some of the retained menses along the Fallopian tubes into the peritoneal cavity, caused by the uterine contractions excited by the operation. This appeared to be the explanation in the only fatal case he had seen. The Fallopian tubes were generally distended in long-standing cases of menstrual retention.—*Medical Times Gazette*.

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#### SUCCESSFUL CASE OF TRANSFUSION IN DUBLIN.

Dr. Beatty brought before the Obstetrical Society of Ireland, at its March meeting, the case of a young lady pregnant for the third time, who was prematurely delivered of a six months child. Such a deluge of blood followed that she was cold and pulseless before he reached her house, although not more than half-an-hour had elapsed. The placenta was confined within the uterus, the os being contracted round the cord. On consulting with Dr. Denham it was decided to remove the placenta, which was done by Dr. Denham, he having the smallest hand. The patient continued to sink, no pulse was to be found, and deadly-coldness of the entire surface resisted all external warmth. Large quantities of beef tea and brandy were given by mouth and rectum, and after several hours, finding the patient dying, Dr. Beatty determined on having recourse to transfusion, which operation was performed by Dr. R. MacDonnell assisted by Mr. Collis and Dr. Beatty. Ten ounces of blood were drawn from the arm of the lady's husband and deprived of its fibrin by brisk agitation with a glass rod. About eight ounces were introduced into the vein of the patient. To find a vein was very difficult, so empty of blood was the vascular system of the patient, but by great patience and dexterity Dr. MacDonnell succeeded in opening the median basilic at the bend of the arm. Before the whole quantity was thrown in she began to improve, and restlessness continuing three doses of Batley's Solution of thirty drops each were given soon after one another,

when she fell off into sound sleep and awoke in six hours, warm, with distinct pulse, breathing quite natural, countenance good, and saying she felt quite well. In the course of the following day she complained of soreness of her hips, on examining which a very extensive burn eight-and-a-half inches long by five-and-a-quarter broad was found on the right hip, and one quarter the size was on the left. These were caused by two of the quart bottles which were filled with hot water and being rolled up in woollen were applied all along the sides and legs during the previous day. Two of these had escaped from their coverings while she was tossing from side to side, and lying in contact with the skin had burned her most deeply. The sloughs which separated embraced the whole thickness of the cutis vera, and left deep ulcers which took many weeks to heal. The patient recovered perfectly, and on the 6th of April left town for the country.—*Medical Press.*

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### Materia Medica and Chemistry.

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#### STRYCHNINE AS AN ANTIDOTE IN CASES OF POISONING BY HYDRATE OF CHLORAL.

Mr. O. Liebreich happened to observe the disappearance of tetanus after the use of hydrate of chloral. As the effects of strychnine in men and animals go also towards producing tetanus and trismus, he tried to neutralize the latter poison by a dose of the chloral, and found it to answer admirably. Even doses of strychnine large enough to produce death can be made ineffectual in this way. It is only necessary in such cases to administer the hydrate of chloral directly after the strychnine has been given, as its action does not commence immediately.

Very favourable are the results of strychnine in cases of poisoning with hydrate of chloral; and though, fortunately, no death has been known to occur from its employment, this property of the strychnine, namely, to shorten the effects of hydrate of chloral, or render an excess of it absolutely harmless, is very valuable.

Two rabbits of equal weight had administered to them fatal doses of hydrate of chloral. When the heart was only beating feebly, a maximum dose of strychnine was given to one of them. The animal recovered in a comparatively short time, without appearing to suffer any ill effects of either poison, while the other one died. On the second day following the same dose of strychnine was given alone, and produced death after ten minutes. A more detailed investigation is promised by Mr. Liebreich.—*Drug. Circular & Chemical Gazette.*

# Canada Medical Journal.

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MONTREAL, JUNE, 1870.

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SIR JAMES YOUNG SIMPSON, BART.

The death of this distinguished Physician is announced as having occurred on the 6th May, 1870, at the age of 59 years. We lay before our readers a short sketch of his life, taken principally from the British Medical Periodicals, which we receive in exchange.

James Young Simpson was born at Bathgate, in West Lothian, on 7th June, 1811, and was the youngest of three sons. His father was a baker, and apprenticed his son James, when very young, to follow his trade in Deane Street, Stockbridge, Edinburgh. From the outset of his career, James Simpson exhibited studious habits, and the urchins in the neighbourhood used to amuse themselves in endeavouring to disturb the baker's lad at his Latin. He was aided by his elder brother, and sent to the Edinburgh University, where he soon gained the Macpherson Bursary, which enabled him to pass from the literary to the medical classes. This was in 1827, and in 1830 he became licentiate of the Royal College of Surgeons of Edinburgh, after which he applied for, but failed in obtaining, the parochial surgency of Inverkip on the Clyde. This was considered by him at the time as a great disappointment.

He continued his studies at the University, and graduated as a doctor of medicine in 1832. On the occasion of his graduation his inaugural thesis attracted the attention of Dr. John Thomson, then Professor of Pathology in the University, and he afterwards became class assistant to Professor Thomson.

At the subsequent meeting of the Royal Medical Society, Dr. Simpson was elected President, no mean honour, as that society has been for more than a century composed of the *elite* of the medical students attending the University of Edinburgh. He continued to struggle on as an extra-academical lecturer on midwifery, and from his earnestness of manner and clearness of definition gained the respect and admiration of all who heard him. He continued his connection with the school for three years, when in 1840, on the death of Dr. Hamilton, Simpson was appointed to the vacant chair of midwifery in the University, after a severe and hotly contested

election. By this success Simpson at the age of 29 was in a position to give full play to his genius. The class of midwifery in the University became, under his care, most attractive, his lectures were clear and thoroughly practical, while the attention of the students was always enlivened by appropriate anecdotes.

As a practitioner Professor Simpson was a general favourite, his services were in greater demand than his time would permit, and so benevolent was his nature that he could never deny those services even to the poorest class, which occasionally led to his apparent neglect of others. This was followed by disappointment, and he incurred much censure from the inevitable breach of punctuality. On such occasions "he had but to pay the long looked-for visit, when the domestic cloud would vanish before the sunshine of his presence."

The discovery by Morton, a dentist of Boston, of the anæsthetic properties of sulphuric ether, led Professor Simpson to search for a more appropriate anæsthetic. Acting on the suggestion of Mr. Waldie, a chemist of Liverpool, Simpson instituted a series of experiments with chloroform, and after patient and careful investigation, he did not hesitate to proclaim this agent as open to no serious objection in competent hands. This discovery was regarded as of inestimable benefit to suffering humanity, and since that day led to a revulsion in surgical and obstetric practice greater than any previous announcement; and here we need but cursorily allude to the absurd claims of Professor Bigelow of Boston, and the persistent opposition of the Boston School to the use of chloroform in surgical practice. Professor Simpson never denied to Morton the credit of the discovery of the anæsthetic properties of sulphuric ether, but the baneful effects of that anæsthetic in surgery have been fully recognized by all who have ever employed it: furthermore, for surgical use in the field it has been totally ignored by English, Continental and American surgeons. We may state that in our own hospital we could record many thousand cases where chloroform has been employed, without injurious results, since its discovery in 1847. If we look at the dark side of the picture, in honesty we must admit two deaths, but such is our confidence in the use of chloroform that we always use it in preference to sulphuric ether, and shall continue to do so.

Professor Simpson did not confine himself to medical studies, although he has enriched our literature by numerous contributions on subjects chiefly connected with his specialty, and proposed modes of treatment in certain conditions, which are recognised and followed out by the profession generally, yet he dipped into other scientific investigation, and so great was his industry that even in the intervals, while in attendance on

a tedious obstetric case, he would either at the bed side, or in an adjoining room, prepare contributions to the medical or scientific journals. He never seemed to spare himself, for if through fatigue or failing health he sought repose by absenting himself for a day from the worry of practice, every moment of time was devoted to the composition of some professional or antiquarian paper.

In 1860, Prof. Simpson proposed the use of the needle, under the name of acupressure, as a substitute for the ligature in amputations. The method first proposed by him has received various modifications by Pirrie and Keith and others, and is still before the profession and favourably regarded by many. This may be looked upon as his greatest invention, as we believe it is destined to supersede the use of the ligature, and will do more than the discovery of chloroform to perpetuate the name and fame of Simpson.

In January, 1866, he received, in consideration of his services to science, the honour of a baronetcy, of the United Kingdom of Great Britain and Ireland, which was speedily followed by the bestowal of the degree of D.C.L. by the University of Oxford. In 1869 the post of Principal of the University of Edinburgh, vacated by the death of Sir David Brewster, had to be filled up: Sir James Simpson's claims as a discoverer were canvassed with considerable rancour, and although the majority of the curators had decided on awarding to him that post of honor, it was withheld from his grasp by the intervention of some of his colleagues. In October of that year, he was presented with the freedom of the city of Edinburgh by Lord Provost Chambers. The speech he delivered on that occasion was full of honest pride in his personal history.

Sir James Simpson used to suffer occasional attacks of angina pectoris. In February last he made two trips to London, to give evidence at the Mordaunt trial. He complained greatly of the cold on his return home, and had to confine himself to bed, as he was attacked with shivering fits and muscular pains. On the Monday following he delivered his last lecture at the University, after which he reached home with difficulty, and never again left his house in life. He complained of pain in his chest and arms, which occasioned much suffering. They yielded to treatment at first, but the symptoms returned with greater severity, being complicated with fits of dyspnœa and intermission of the heart's action. The heart's action evinced increasing weakness, and dropsical effusion of the lower extremities followed. At first diuretics and stimulants acted beneficially, but on the Saturday previous to his death, symptoms of utter prostration ensued. These gradually and steadily went on. On Wednesday his intellect began to be clouded, the heart not sending sufficient

blood to the brain, and from this time he gradually sank, losing all consciousness until he expired on Friday the 6th May, at ten minutes to eight o'clock, p.m.

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The subjoined notes of the autopsy are from the pen of Dr. John Chiene :

“SECTIO CADAVERIS of the late Sir J. Y. Simpson, Bart., at 52 Queen Street, Edinburgh, on Sunday, May 8th, 1870, at 2.30 p.m., forty-three hours after death. The *post mortem* examination was made by Dr. J. Bell Pettigrew and myself, in the presence of Drs. Andrew Wood, Warburton Begbie, and Moir, and Dr. Munro, Sir James Simpson's assistant. The following facts were ascertained. The body was well nourished. Decomposition was commencing in the neck and upper part of the chest. The dura mater was adherent to the skull-cap. There was subarachnoid effusion. After reflecting the scalp, the following measurements of the skull were taken. Circumference round by occipital protuberance and below frontal eminences,  $22\frac{1}{2}$  inches; from ear to ear 13 inches; from occipital protuberance to point between superciliary ridges, 13 inches. The weight of the entire brain (cerebrum and cerebellum) was 54 ounces; the weight of the cerebellum, the pons, and medulla oblongata, was  $5\frac{1}{2}$  ounces. The convolutions of the cerebrum were remarkable for their number, depth, and intricate foldings. This was noticed more particularly in the anterior lobes and the islands of Reil. The brain-substance was congested, otherwise healthy. There were atheromatous deposits in the arteries at the base. The pericardium and anterior mediastinum were loaded with fat. The heart weighed  $18\frac{1}{2}$  ounces; it contained no clot; it was enlarged, flaccid, and pale. Both ventricular cavities were enlarged. The muscular walls of the right ventricle in some places were almost entirely replaced by fat. The tricuspid and pulmonary valves were healthy. There was atheromatous deposit in the septal segment of the mitral valve. The aortic valve was competent; there was atheromatous deposit in one of the cusps and in the aorta, which was somewhat enlarged. In the ventricular septum, close to the apex, there was an aneurismal sac, of the size of a pigeon's egg, communicating by a large opening with the cavity of the left ventricle; it was filled with firm fibrinous coagulum, which projected into the ventricular cavity through the opening. The lungs, liver, kidneys, and spleen, were deeply congested, with indications in all of extravasation of blood (apoplexy).”—*British Medical Journal*.

HAMILTON (ONT.) MEDICAL AND SURGICAL SOCIETY, May 4th 1870.

The regular meeting of this society was held this date, the President, Dr. Rosebrugh, in the chair. There being a pretty full attendance, the business, of which notice had been given, was laid aside and notices of motion, given at a previous meeting, taken up, it being necessary to give at least one month's notice of motion and a certain number of members to be present before voting on any change in the constitution of the society.

It was moved by Dr. Mackintosh, seconded by Dr. Macdonald, (notice having been given previously) that the clause in the Constitution which reads "All medical men, licentiates of the Province of Canada, shall be eligible as members of this Society," be amended by adding the words "except Homœopaths and Eclectics. Dr. Strange, Registrar and Secretary to that (incongruous) body, the Council of the College of Physicians and Surgeons of Ontario, opposed this motion. "It was uncalled for, silly, and childish." It was, however, carried by an almost unanimous vote. The next motion was that "all members be required to sign the constitution of the Society," thus indicating their adherence to its rules. This was also carried after an attempt at opposition from Dr. Strange.

The next motion, "That no member of this Society shall meet in consultation with Homœopaths or Eclectics, or any whose practice is founded on any particular dogma," which was seconded by Dr. Strange, although he stated that he intended both to speak and vote against it, led to a good deal of discussion as to what a consultation really was. Dr. Strange mentioned that it would be actually inhumane and cruel for any medical man to refuse to go to a case of great emergency because some man whose views of the treatment of disease did not coincide with ours happened to be in attendance on the case.

Dr. Geo. Mackelcan here remarked that it was a curious coincidence that the Registrar of the Medical Council of Ontario was almost alone in the Society in refusing to draw the line between Homœopaths, Eclectics, and the regular profession; and that it looked as if, in his compulsory contact with these men, he had become inoculated with their doctrines.

Dr. Macdonald thought that if we gave any decision in the matter at all we should state that it was because such consultation could result in no good to our patients.

Dr. Laing and others thought that it should be defined what a consultation really meant before voting on the resolution.

Dr. Mackintosh, the mover, stated that so far as *humanity* and the relief



of sufferers was concerned he would not yield one iota before Dr. Strange or any other medical man, and that in a case of actual necessity he would certainly proceed at once to the relief of the patient, but that should a Homœopath or Eclectic be in attendance he should not consult with him, but treat him, if he persisted in remaining, as he would any neighbour who happened to drop in, or as a nurse.

The President stated that it was his lot to have a great many friends whom he met in a social way, who employed Homœopaths, and that he expected every day that he might be sent for by one or other of them to assist or consult in a case where one of those gentlemen was in attendance: In such a case he certainly would not consult with him, but do all he could for the patient.

After some more conversation on the matter the resolution was withdrawn, and the following, by Dr. Mullin, substituted: "That with respect to consulting with Homœopaths and Eclectics, this Society agree to be regulated by the Code of Ethics of the Canadian Medical Association."

Dr. Mackintosh remarked that he had copied the words of his resolution from the rules of the Canada Medical Association, and that the motion would suit him as well as his own.

The next motion to the effect "That no member of this Society shall, in future, make known to the public, by advertisement or otherwise, that he is in the habit of using special remedies in diseases," was moved by Dr. Strange, seconded by Dr. Mackintosh, and carried unanimously.

It is to be hoped that at the next meeting the proceedings will be of more general interest, these *questiones vexatæ* having now been settled, especially as Dr. MacDonald has promised to read his remarks on cases of puerperal fever.

Hamilton, May, 1870.

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#### THE LATE DR. KEAGEY OF HAMILTON, ONTARIO.

We have to record the death of a young member of the profession, whose life was short but full of honour. Dr. David Keagey was born in Flamboro, Ontario, in 1845; his early education was acquired in the Dundas Grammar School; subsequently he spent two years in the Arts department of Victoria College. After obtaining a good preparatory education, he studied medicine in the Medical department of Victoria College, and Bellevue Hospital Medical College (N. Y.); from each of these institutions he received the degree of Doctor of medicine in 1867. In May, 1867, he proceeded to London, and after prosecuting medical studies for a short period, received the license of the Royal College of Surgeons, and of the Royal College of Physicians, in the autumn of the same year. At

first it was his intention to stay in England for only a short time, but finding excellent opportunities to advance himself in medical knowledge, he remained about two years, during part of which time he held the position of resident accoucheur in St. Thomas' Hospital. He returned to Canada early in 1869, and selected Hamilton as the sphere of future labour.

Early in the present year his health failed, and after a short illness he sank under acute pulmonary tuberculosis. He died on the 5th of April. Dr. Keagey was a man of "excellent mind and excellent heart," and all who knew him will long regret the loss which society and the profession have sustained by his death. He resorted to none of the means which are too often used to sound abroad honours acquired in the mother country; without ostentation he quietly took up his residence in Hamilton, and modestly waited for the work of life; a diligent worker in the study of medicine, he would gladly have continued to work in the career which he had chosen. But it was willed otherwise; to him was given but a brief journey through life, and as we turn away from his new made grave and think of what he was, and what he might yet have been, of the past, spent in unwearied work preparing for life, of the future full of promise, we mourn over his too early death, and sigh "for the touch of a vanished hand and the sound of a voice that is still."

The evening after his death the Hamilton Medical and Surgical Society held a meeting and the following resolutions were adopted:—

Dr. Macdonald moved, seconded by Dr. Mackintosh—"That the members of the Hamilton Medical and Surgical Society have heard with deep sorrow the announcement of the death of our esteemed member, the late Dr. Keagey.

"That while we bow submissively to the will of Divine Providence in thus removing from amongst us our late member, we sincerely regret the loss of one who had spent his early years as a diligent student of medicine, and who gave hope of much future usefulness.

"That we offer our sincere sympathy to the relatives of the deceased in their great bereavement; and that as a mark of respect to his memory the members of this Society attend the funeral of our late member.

"That a copy of these resolutions be sent to the relatives of the deceased."

Moved by Dr. Geo. Mackelcan, and seconded by Dr. Isaac Ryall—"That in respect to the memory of the late Dr. Keagey the Society do now adjourn."

## FEMALE PHYSICIANS.

Dr. Ackland, well known in this country as having been in attendance upon the Prince of Wales, during his Canadian tour in 1860, and who is Regius Professor of Medicine, Oxford, has written a letter to the *London Times* upon the much vexed question of Female Physicians. He suggests that special diplomas be established for such women who desire to have public recognition that they are fit to practice on the diseases of women and children, or that they have been trained as nurses or superintendents of nurses, hospitals, and public institutions of all kinds for their sex. Miss Garrett, who at home is *the* representative female physician, has refused the Olive Branch thus offered her sex through her, and will have none of it. We think that in writing as he did Dr. Ackland did not thoroughly appreciate or understand the desire of those strong-minded members of the female sex, who are clamoring for recognition as physicians, not only on the other side of the Atlantic but also on this. Miss Garrett stoutly objects to anything like a separate diploma, as it would be entirely destitute of *prestige* either amongst the profession or the public. We much doubt the correctness of this remark, especially as regards the public—the source of a physician's diploma not being known to one in a hundred who employ him. Our views are decidedly opposed to the attempted introduction of females to the profession. Miss Garrett might be reminded that the noblest quality a woman can possess is modesty, and that the mingling of the sexes in the study of Medicine is not calculated to preserve that female grace in its integrity.

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COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

We give below the written questions of the examination of the College of Physicians and Surgeons of Ontario, which was held at Kingston in April last. We also append the names of those who successfully passed their examinations. We have written so much with reference and in opposition to the Medical Act of Ontario, that we feel loth to re-open the subject. In the interest of students, however, we feel we should fail in our duty if we did not protest, and that most strongly, against the questions under the head of Medical Diagnosis, and which are included in the Primary examination. Why it has been so placed we are at a loss to conjecture, we certainly, however, consider it misplaced, and that the questions upon Medical Diagnosis are equal to those upon Practice of Medicine, and so thoroughly practical, as to be only applicable for students going up for their final examination. We are totally opposed to the multiplicity of subjects, into which medical examinations are now being divided by some, and fail to see why

Diagnosis should not be included under the general heading of practice. If, however, it is to be a separate part of the examination, in common justice to those who present themselves let it take its position among the final branches.

Examinations of the Board of Examiners, of the Ontario Medical Council, held at Kingston, on the 5th, 6th, 7th, 8th and 9th instant.

#### NAMES OF SUCCESSFUL CANDIDATES.

*Primary Examination.*—James Lafferty, S. M. Wells, Henry Moorehouse, David Young, F. C. Cluxton, Wm. Higinbotham, Chas. J. Rattray, Thomas Geo. Johnston, Robt. A. Alexander, C. F. A. Locke.

*Primary and Final Examination.*—B. T. Gahan, W. S. Griffin, T. N. Reynolds, P. W. M. Mehay, L. Bridgeland, George E. Richardson, Jas. E. Scott, A. W. Soverren, A. Crawford, A. Decow, Hugh Robertson, J. Wilkinson, Jas. McDermitt, Wm. Worsfold, Geo. A. Williams, P. J. Rowan, John Standish, Robt. C. Ogilvie, F. F. Bell, D. F. Stone, M. McTucker, Wm. E. Trumbry.

*Final Examination.*—Wm. J. Wagner, Henry Arnott, A. Greenlees, Jas. Rutherford, Wm. C. Dumble, Jas. H. Thornton, Wm. Burt, Geo. Hodge, Geo. A. Pettigrew, T. J. W. Burgess, A. D. Williams, V. H. Moore, J. M. Dunsmore, Wm. Youker, Wm. Lovett, James A. Sivewright, W. H. Case, Stephen Lett, Jno. B. Backhouse, C. M. Smith, Jno. E. White.

It will be observed that of those who obtained a license to practice, twenty-two had to pass both primary and final, while twenty-one had only the final to undergo. The advantage of the latter is now obvious. We understand that all of those from Victoria University passed both the primary and final. We also learn that Mr. Griffin and Mr. Robertson (Victoria College) were specially complimented by the Board for their creditable examination. Mr. Tucker was also honourably mentioned. Another gentleman was also honourably mentioned whose name we did not learn.

#### MIDWIFERY OTHER THAN OPERATIVE.

- I. Give some of the Signs of Pregnancy in the order in which they occur.
- II. Give the Diameters of the Pelvis at the Superior Strait.
- III. Give the principal measurements of the Fœtal Cranium.
- IV. State the several presentations.
- V. Describe a case of Natural Labour.
- VI. When the woman is delivered what should be done?
- VII. State the character of after pains and to what they are attributed. Give the treatment.

#### SURGERY OTHER THAN OPERATIVE.

- I. Name the different kinds of ulcers, and give the treatment of one of them.
- II. Name the different kinds of Aneurism.
- III. Name the varieties of cancer and the means of diagnosing between it and non-malignant growths.
- IV. What is Phlegmonous Erysipelas? and what are the dangers likely to occur from an attack of it in the Fore Arm.
- V. Name the different kinds of hernia at the groin, and the diseases, &c., with which it may be confounded.

## MATERIA MEDICA.

- I. Explain what influences modify the ordinary action of medicines.
- II. Yellow Bark, where obtained, and from what species; the use and dose of Quin Sulph, and how can its purity and freedom from Cinchonine be ascertained?
- III. Describe the actions, uses, doses, and modes of Administration of Hg. Hey. St. and Mo.
- IV. Chloroform, its Sp. gr., tests for purity, therapeutics, and modes of administration.

## SURGICAL ANATOMY.

1. Give the boundaries and contents of the superior carotid triangle.
2. At what point would you ligate the femoral artery, and why; what dangers are to be avoided; give the course and relations of the vessel in its entire extent, naming its branches.
3. Name the parts successively divided in the lateral operation of lithotomy, and what structures to be avoided.

## OPERATIVE SURGERY.

1. State the causes, evils to be apprehended, and treatment of fractures of the patella.
2. Diagnose and treat hydrocele of the tunica vaginalis testis in the male adult.
3. Diagnose and treat a case of dislocation of the radius and ulna backwards at the elbow joint.
4. Give the diagnosis of stone in the bladder, and describe the present methods of treatment for removal of the same.
5. Describe the various dislocations of the head of the humerus, and modes of reduction.
6. Describe the operation for resection of the elbow joint.

## SURGICAL PATHOLOGY.

1. Describe the changes which take place in the formation of a well-marked sinus.
2. Describe the changes which must take place in the formation of the various forms of fistula in ano.
3. What are the differences between Caries and Necrosis, and describe the process adopted by nature in removing a necrosed bone.

## PRACTICE OF MEDICINE.

1. State the principles of treatment in inflammations of serous membranes, and point out the course to be pursued in order to remove entirely the products of that inflammation.
2. Give directions for the treatment of Typhoid Fever (Hygienic and Therapeutic) pointing out any indications requiring special remedies.
3. Give the symptoms of Sporadic and Epidemic Dysentery, with definitions of the terms and treatment.
4. What are the symptoms of Acute Bronchitis, give the physical signs of the disease, the causes of these signs, the duration of the disease, prognosis as it occurs in the infant, adult and aged, and general directions.

## MIDWIFERY.

1. Give the symptoms and treatment of abortion through its several stages.
2. Describe symptoms and treatment of apoplectic puerperal convulsions.
3. State symptoms and treatment of unavoidable hemorrhage.
4. Describe a case where the use of the forceps is indicated.
5. What should be especially guarded against in applying the forceps?

## CHEMISTRY.

1. Give the symbols, combining numbers, and properties, of the Halogens, and describe generally the mode of separating them from the corresponding Haloid salts.
2. Describe the preparation and properties of Caustic Soda, Phosphorous, Sulphurous acid, and Phosphoric acid.
3. Give the general formula for alcohols, and briefly describe the composition and preparation of the principal acids derived from them.
4. What are compound ammonias, give the names and composition of three or four.
5. Give composition properties, and general modes of preparation of the principal vegetable acids.
6. Describe briefly the preparation and composition of Ether, Hydrocyanic acid, absolute Alcohol, and Bisulphide of Carbon.
7. How many grains of Bicarbonate of Potash are required to saturate 200 grains respectively of Tartaric and Citric acid?

## PHYSIOLOGY.

1. Enumerate the different digestive fluids food in its passages from above downwards meets with, and describe their action on alimentary substances in the different regions of the digestive apparatus.
2. In what manner is the absorption of digestive fluids accomplished, and by what different routes do the fatty acid and albuminous matters enter the circulation?
3. Give the constituents of urine, also the different views of Physiologists on urino toxæmia and the usual effects of the blood poison on the great nervous centres.
4. Describe the anatomical peculiarities of the liver, and give the changes effected on the blood supplied by the Portal system.

5. By what mechanism does the ovum find its way into and through the Fallopian tube to the uterus, what changes occur in transitu, and previous to its descent into the cavity, what preparation for its reception has been made?

## ANATOMY.

1. Describe the ligaments, cartilages and motions of the hip joint; name the muscles immediately investing it, and their actions.
2. Having divided the Pectoralis major and Gluteus maximus, how would you remove them, and name the structures that would be successively exposed?
3. What is the lesser omentum? Give the origin and termination of the parts contained therein.
4. Describe the exact position of the Heart. How would you dissect it?
5. Give the course and relations of the axillary and anterior tibial arteries, and name their branches.
6. Beginning at the external surface of the Foramen Lacerum Posterius, trace the course of the Pneumogastric nerve, name its branches and the parts supplied by it.

## TOXICOLOGY.

1. What salt in common use is Oxalic acid liable to be mistaken for?
2. What are the proper antidotes for Oxalic acid, and why are they antidotes?
3. What are its tests?
4. By what symptoms can you distinguish between poisoning by Belladonna and Opium?
5. What are the best emetics to be given in a case of poisoning by Opium?
6. Are there any means of distinguishing between Tetanus produced by Strychnine, and that caused by disease. If so, what are they?
7. What are the tests for Strychnine?

## BOTANY.

1. Define the following terms: Papilionaceous, Liguliflorous, Perianthium, Pericarp, Piatycarpous.
2. The subdivisions of the Pheuganna; by what differences in mode of growth are they distinguished?
3. Stem and root; how do you distinguish as to the mode of growth?
4. Order Solanaceae, give their names and properties peculiar to this order, and the names of all that are included in the Materia Medica.

## MEDICAL DIAGNOSIS.

1. What is Medical Diagnosis?
2. Give the diagnosis of cerebral apoplexy, and mention the parts in which fluid is most frequently extravasated in their relative order of frequency.
3. Give the diagnosis of Scarlet Fever during the periods of invasion and eruption. State the varieties or grades of severity and characteristic phenomena of each, and the phenomena that are diagnostic of the eruption.
4. Give the diagnosis of serous inflammation (generally) and that of physical signs and general symptoms (especially).
5. Give the diagnosis of Albuminuria, acute and chronic. The tests for albumen and the fallacies, and by what means would you estimate the dangers of the case.
6. Give the phenomena and diagnosis of the various kinds of colic.
7. Give the ranges of temperature in Typhoid, Ephemeral and Intermittent fevers, and the advantages to be derived from the use of the Thermometer.

## PATHOLOGY.

1. Define Pathology.
2. What is the significance of Sodium Chloride in the urine in Pneumonia. Where else is it to be found and how detected?
3. Definition and Pathology of Hæmorrhage.
4. What is a flux, and what a dropsy? Give the Pathology of each; wherein do they resemble each other, and wherein differ?
5. Describe appearances in severe inflammations; enumerate the products and tell us how they are got rid of.

The American Medical Association met at Washington, on the 7th of May, and continued in Session four days. Professor Stille, of Philadelphia, was elected President, and San Francisco, California, selected as the next place of meeting. We regret to notice that not one of the gentlemen who were appointed to represent the Canadian Medical Association were present. This is not as it should be—medical men unable to attend should not be appointed.

Dr. Liebreich, the discoverer of chloral, says that chloral and strychnia are mutually opposed in therapeutic action, so that each neutralizes the poison of the other. Doses of chloral sufficient to kill a rabbit were opposed by deadly doses of strychnia.

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#### VACCINATION.

Dr. Snow says in his last monthly report as City Registrar of Providence :

The experience of the past winter has only been a repetition of the old, well-established story in this city—the absolute protection from small-pox afforded by vaccination, and the importance of re-vaccination. The small pox has been brought into Providence no less than five times since last November, from other places. The first time the disease was extensively spread before it was recognized; but was arrested completely after about thirty cases, mostly modified, had occurred. In the other four instances, the disease was confined to the parties who brought it from other places. Vaccination has been quite general in the city during the past winter, and we may say confidently that there are few, if any, places in the country where the population is so well protected against small-pox as in Providence.

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#### Medical News.

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The June number of the Gynæcological Society of Boston appears in mourning for Sir James Y. Simpson, Bart. During the Session of the American Medical Association at Washington, the news of Sir James Simpson's death was received. A meeting was called, and attended by Dr. Barnes, Surgeon General U. S. Army, Dr. Wood, Chief of the Medical Department of U. S. Navy, and in fact all the eminent men of Washington, and in Washington at the time. Eloquent eulogiums on the lamented deceased were delivered.

A marble bust of the late Maurice H. Collis, M.D., has been placed in the Meath Hospital, Dublin, of which institution he was one of the Surgeons.

The *Dublin Medical Press* says that a minute quantity of carbolic acid may be detected in solution by adding a drop of tinct. ferri chloridi, when a purple coloration will ensue.

Another death from chloroform recently occurred at University College Hospital, London. The patient was a man, aged 42, who had stricture and stone in the bladder. In four or six seconds he began to breathe stertorously, soon became livid, with extinction of the pulse. Glover's method of administration was employed, which gives thirty minims of chloroform in each thousand cubic inches of air. The heart was loaded with fat, and under the microscope a large amount of interstitial fat was seen.

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It is announced by telegraph that Professor Syme died in Edinburgh on the 27th instant; this event was fully looked for, as from the reports more recently received it appears that he had again suffered from an apoplectic seizure, and that serious apprehensions were entertained by his medical attendants, inasmuch as the muscles of deglutition had become paralyzed, and life was being sustained by enemata.

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#### SIMPLE METHOD OF EXAMINING THE BACK OF THE THROAT.

In the *Revue Medicale* for March 19th we find a suggestion by Dr. Guillaumot (of Poligny), which, from its simplicity, deserves notice. Instead of having recourse to lowering the tongue with spoon or paper-knife, he makes the patient *yawn slowly* and deeply, while facing a natural or artificial light. After one or two minutes instruction, the tongue is seen to subside and sink into the cavity of the floor of the mouth, the uvula is carried up in raising the tonsils, and the pillar of the velum palati, and the examination of all these parts is thus facilitated. The method has the advantage of being a natural one, and is peculiarly applicable in the case of children.

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#### HÆMATEMESIS.

Dr. George Johnston says that in treating hæmorrhage from the stomach rest is essential. No food should be introduced into the stomach whilst the tendency to bleeding keeps up. The patient, therefore, should be in bed, sip iced water, and be fed by the rectum. The most useful styptics in such cases are ten-grain doses of tannic acid, or twenty minim doses of the tincture of the perchloride of iron. The exclusion of food is, however, of more consequence than any medicine. In perforation, which is generally fatal, perhaps some cases of cure take place if food be withheld. Acting on this view Dr. Johnson administered in one case every two hours an enema of half a pint of beef tea, half an ounce of brandy, and fifteen minims of laudanum, and the case did well, although he believed perforation had taken place.



## TREATMENT OF GONORRHŒA.

A very eminent surgeon, writing in the *British Medical Journal*, says the directions now given as to injections by many is, "let it go as far as you can, and remain as long as you will." Orchitis and stricture are the results, not of injections but neglected claps. Great reliance is to be placed in injections of chloride of zinc—two grains to the ounce, aided by purges. Copaiba is of no great value; and injections will generally cure in a week or 14 days. Injections in claps, like lotions in ophthalmia, should be stronger, just in proportion as the inflammation runs high, and we need not wait till the inflammatory stage is subdued, but use them at once and very frequently.

## CATHETER FOR RETAINING IN THE BLADDER.

Mr. Barnard Holt has devised a catheter with wings, made of vulcanised India-rubber, which prevents its slipping out of the bladder, and thus dispenses with the use of tapes, &c.

The nitrite of amyl is advocated by Drs. Anstie and Brunton as a remedy for the paroxysm of angina pectoris, and probably for all symptoms dependent upon arterial spasm. It is administered by inhalation, either of a few drops on a handkerchief, or from the vial itself. Its physiological action is speedily produced, and is manifested by flushing of the face and amplification of the pulse. The sphygmograph shows that it diminishes arterial tension by direct relaxation of the muscular coats of the vessels. Dr. Anstie has suggested its probable efficacy in all spasm of involuntary fibre, especially in colicky affections, adding, however, a caution against its use in cases where, from incipient degeneration of the minute cerebral arteries, a tendency to apoplexy may exist.

Doubtful as are all "cures" of tetanus, and cautious as we should be of building hope upon a single case, we may add that a recovery from traumatic tetanus under this remedy is reported in the *Lancet*, by Mr. Foster. The patient was made to inhale five drops on each occurrence of a spasm; and whether a lasting and curative effect be ascribed to it or not, there seems no doubt of its immediate palliative action.

Sir Dominic Corrigan recommends, in incontinence of urine in little boys, smearing the cup of the prepuce, slightly retracted, with collodion at bed-time. A fortnight's use of this means is generally effectual.

A correspondence of the *Lancet* writes in praise of hydrate of chloral given at Dr. Aitken's suggestion, to allay the itchiness attendant on the eruption of scarlatina.