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Original Communications.

"POPULAR" MEDICAL LITERATURE.

BY DR. J. MUIR, ANTWERP, N.Y.

Among the "Book Notices" appearing in the columns of a newspaper published in one of the inland cities of this State, the following criticism attracts attention:—

"TELL THE DOCTOR COMES, and how to help him. By George H. Hope, M.D., M.R.C.S.E. Revised, with additions by a New York Physician. New York: G. P. Putnam & Sons.

This is by no means such a manual as an intelligent American physician would have written for American readers; it is the stilted and condescending instruction of a pompous British doctor not over-cultured himself, designed for the ignorant, poor and dirty British work people.

Despite all drawbacks it has many helpful hints for those who have grace to be preached to and who are as yet very ignorant of the common facts of hygiene and anatomy. Now let some one who knows how, make us such a book as this ought to have been."

What the merits of the "Manual" so trenchantly handled may

be, I cannot say; but one might consider himself safe in presuming that the book really is a good one, when a respectable New York physician is found willing to take upon himself the editorship, and the eminent publishing firm of the Putnams assumes the responsibility of its reprint. Two such parties we should certainly deem better qualified to form a correct judgment in regard to the needs of the public, and the value of the production, than the very self-complacent personage who so summarily dismisses it with a flippant fling at the *British Workman*. But what good grounds exist for the assumption our critic so conceitedly enunciates? If his contemptuous expressions refer to the skilled artizans of Great Britain, I can assure him the individuals aspersed will generally be found to compare favorably with the same class in the United States in point of education and intelligence. National Schools of Design, local Atheneums and Mechanic's Institutes, have placed within their reach the means of intellectual elevation; nor have they been slow to turn to good account the educational facilities thereby afforded. As handicraftsmen, too, they are the better workmen, more thoroughly acquainted with their several trades,—the system of protracted apprenticeships, prevalent in Europe, tending to make them so. Too often the very self-satisfied spirit which causes impatience of being "preached at," (as exhibited in the article under notice)—a defiant self-sufficiency which resists submission to instruction, and is intolerant of restraint, subordination or control, for anything like a reasonable period of time, causes the American learner to start as a full-fledged mechanic before he has even fairly acquired the rudiments of his business. If, however, it is the unskilled laborer of the Old World who is intended to be characterized as "ignorant, poor and dirty," it cannot be denied that "work people" of this order, in all countries, to a greater or less extent, exhibit these unhappy features,—though it is not to be supposed that Dr. Hope, or any other professional man, could reasonably anticipate securing among such a very extensive audience.

Yet, a third aspect of the case suggests itself; and the probabilities would seem to be largely in its favor. The writer of the unpleasant language quoted, has an appearance of seeking to convey the idea that the mass of "American readers" are exceptionally well informed in regard to "hygiene and anatomy, as com-

pared with the less favorably circumstanced people of other and older countries. Let us examine for a moment this much vaunted superiority. In entering, too, on a consideration of the claim advanced, it may simplify matters and lead, perhaps, to a clearer elucidation of the facts of the case, if we take first a glance at the sources from which the parties lauded may be expected to have derived their information; and then advert to the many patent evidences of their having generally profited by their "hygienic and anatomical" investigations. The vast majority of the American people are indebted to that excellent national institution—the District School—for whatever educational attainments they may happen to possess. The schools bearing that name present a close resemblance to the Canadian Common Schools under the Old Act. "reading, writing and ciphering" constituting about all they aim at imparting,—the teachers, as a rule, being, in point of learning, but a step in advance of their pupils. They do a noble work, for all that, in placing within the grasp of the poorest the key of knowledge; though I cannot forbear availing myself of the opportunity of saying that the admirable parish school system of Scotland is far ahead of that which obtains in Canada or the United States. In neither of these latter do we find any attempt made to illuminate the youthful mind in relation to the matters treated of by our reviewer, and even if we pursue the enquiry a step further, the results are nearly as unsatisfactory, for in the "academies," "seminaries," and "select schools (so called), but little is attempted. Indeed, we might extend our examination to much more pretentious institutions, and still meet with very little to reward our labor. In a few of them, no doubt, a physiological text-book of some description, figures on their lists; but the study being wholly optional, and not apparently popular, comparatively few engage in it.

But after all, is it not fairly within the range of our question to consider the more advanced schools of a slender minority? What we are seeking to arrive at is, where do *the masses* obtain their information in relation to the subjects stated? Certainly not appreciably in any of the "halls of learning" to which reference has been made. To the popular literature of the day must we turn for an answer to our enquiry; and occupying the principal position (measuring importance by extent of diffusion),

stands the newspaper. Many a house throughout the United States is barren of books, but some "broad side" or other generally penetrates to even the remotest log-cabin. During the year an occasional extract, of unexceptionable character, from a medical journal, may be found in the paper taken,—glanced at, however, only to be forgotten; but week after week there are other things continually presented which bear much melancholy after-fruit, as we shall see before we close this article. Leaving out a few of the leading city journals (and only a very few), nearly the whole of the remainder of the public prints, more strictly meeting the designation of newspapers, are instruments aiding in the perpetuation of every conceivable practice antagonistic to true hygiene, and vehicles through which the already prevailing ignorance in regard to everything relating to the application of physiological laws, is intensified and rendered almost impenetrably dense. The very critique which serves us for a text is sandwiched between mendacious puffs of wandering mountebanks who, as Magnetic Healers, Indian Herb Doctors, Medical Clairvoyants, Analytical Physicians, and Healing Mediums devote their energies to fleecing the ignorant, and the loathsome announcements of abortionist ghouls, whose murderous preparations and appliances are openly hawked in the broad light of day, causing them to be so familiarly "common," as to lead to their acceptance as a matter of course portion of the family sheet! Less criminal only in degree are the thousand and one "patent" nostrum abominations which crowd the columns of almost every paper, with their lying certificates of cure—not seldom accompanied by the pressing recommendation of "the gentleman filling the editorial chair." Often, these vendors of so-called "proprietary remedies" contrive to augment their sales by appending to their advertisements extracts from the United States Dispensatory, or other legitimate authority, speaking favorably, in certain conditions, of the curative properties of one or other of the ingredients of their compounds, and the voucher of some Analytical Chemist attesting the harmlessness of their rubbish is sometimes also paraded to overcome the scruples of the more timid. And not much more than what we have indicated, do American readers obtain from the ordinary American newspaper—in the way of a knowledge of "the common facts," which a "British doctor" has had the hardihood to

lay before them. But, in addition to the sheets devoted almost altogether to current news, there is a "periodical," literature in many respects of a much less objectionable character. For the most part the better magazines of this class do not accept the diabolical notices of the vampires of whom we have been speaking, but light sketchy articles of an entertaining, more than an instructive nature, too often form their main attraction; while the less able, though much more numerous and more extensively read, depend on sensational stories of the trashiest kind for acceptance with their millions of patrons. And here I would say that I do not ignore the excellent publications of the Messrs. Harper, Putnam, Appleton, Lippincott, &c., though it is not to them, or their serials, that the people go for information in regard to the subjects under discussion. Were, however, every page they issue replete with just such matter, the general result would not be materially affected, as the more desirable periodicals would still bear a similar proportion to the comparatively valueless ones, as did Gratiano's reasons: being like "a grain of wheat to a bushel of chaff." As to books, one would fail to discover in many households, works resembling Inman's Preservation of Health, Parke's Practical-Hygiene, Chevasso's Counsel to Mother's, or Miss Nightingale's admirable pamphlets on Nurse Training. Productions of this kind do not appear to find much favor, but an enormous demand exists for catchpenny books of "Domestic Medicine, which profess to enable every man to "doctor" himself. We all know the slight esteem in which a person is held who acts in the capacity of his own legal adviser; but a greater folly is his who tampers with his own health, and officiously, with his ignorant prescriptions, endangers the lives of all whom he can influence. Many of the works alluded to are published, solely and only, for the glorification of their compilers—parties wholly unknown to fame; others again are issued in the interest of some obscure "Medical Institute" desirous of obtaining notoriety, while men of one idea, who have mounted a hobby and are bent on riding it to death, are the producers of quite a large percentage of the remainder. There is still yet another source from which the people derive their knowledge of things "hygienic and anatomical." The "patent" medicine men, "specialists" of every hue, and proprietors of private "curative" establishments, not content with monopolizing th

advertising columns of the newspapers, gratuitously circulate a vast amount of printed matter in pamphlet, handbill, and poster form. Almanacs, Receipt Books, Tales, Anecdotes, and even Primers for children, are the shapes seemingly deemed most effective—every alternate page or paragraph being devoted to matter calculated to advance the pecuniary interest of their publishers and augment the misery of their unhappy dupes. Millions of dollars are annually expended in scattering this pernicious stuff broadcast throughout the land, it penetrates to almost every house, the mails are laden with tons of it, and nearly every rock, and fence, and barn in the country, affords us woful evidence of the frightful persistence of these unscrupulous traffickers in human suffering and credulity. I have indicated the "popular" sources of information—to what extent have the mass of the people "bettered the instruction?" The teachings of their mentors of the newspaper press have certainly not gone unheeded. The startling narratives of marvelous results from the manipulations of itinerant vagabonds so prominently displayed, have induced a general belief that often great things can be accomplished by them, and plodding resident practitioners of course, as a consequence, are held in but little estimation, from their supposed ignorance of the more efficient means employed by these Bohemians. A public sentiment is the result which refuses to entrust the treatment of disease solely to men of scientific attainments, and the practice of medicine is thrown open to all who choose to dub themselves "doctors." An apt illustration of the state of things produced might be seen in this place, at the very moment I write these words. An Indian—a veritable aborigine—rejoicing in the name of "Dr. Maungwaudas," and arrayed in war paint and feathers, is holding at the principal hotel, a "levee for the reception of the health seekers." Nor is it the poor or grossly ignorant who crowd the "receptions" of pretenders like this fellow. Shrewd in money getting, close in bargain-making, and prudent generally in most matters, too many of what would be considered the better grade, appear to be the veriest babes in things medical, and fall an easy prey to knaves of every kind. Then, for almost "every ill that flesh is heir to," have the people been repeatedly assured that there are certain and almost instantaneous remedies, until an impatience of suffering has been engendered, which renders it impossible for

a practitioner to treat a chronic ailment for a long period, in a satisfactory manner. Hence, too the extensive demand for the multitude of Pain Killers, Destroyers, Annihilators, Paints and Panaceas, Soothing Compounds, Anodynes, Whiskey Bitters, Elixirs, and Syrups, which narcotize patients into a condition of false security, or temporarily exhilarate them by the production of semi-intoxication. The Hon. Horace Greeley understands the peculiarities of the people much better than does his inland contemporary. In a recent *Tribune* we find the following remarks—called forth by the certificate device already mentioned.—

"Of all methods of pushing quack medicines down the popular throat, there is none more frequently practiced efficaciously than that of obtaining a certificate from some "State Assayer," who declares (for a fee) that he has analyzed the remedy in question, and "finds it free from injurious substances." At the best, this is but a negative kind of recommendation. It assures the public that it will not be poisoned, but of course it gives no similar assurance that the "medicine" is good for anything. Here is a decoction called "Old Doctor——'s—— Bitters." The proprietor informs us that it contains, among other things, "Sarsaparilla, yellow dock, dandelion, gentian, wild cherry, anise, saffrafrs, wintergreen, and juniper berries." Well, suppose it does? Why should it be any more curative because it includes a dozen different kinds of roots and herbs? Why should not one root or one herb be just as effective? Yet this dose for a horse (though no horse would willingly take it) is recommended by S. Dana Hay, the Massachusetts State Assayer, whose certificate is on the bottle. People read, then admire, then believe, then buy, and then swallow it, because S. Dana Hay says it is "an official medicinal preparation." They guzzle it in the Spring for their blood, in the Summer for their stomachs, in the Autumn for their bowels, and in the Winter for their livers."

Were, however, a general consumption of such abominable mixtures the only consequences of the "popular" medical literature under consideration, we might be disposed, in some measure, to permit the mischief to antidote itself. But, passing by such minor results, and leaving also unnoticed the hideously disgusting details of the "sexual debility" charlatans, we come to one particular section of our subject of a graver and more sombre aspect,—one too which, from its eminently repulsive nature, can only be approached with feelings of the greatest reluctance.

For so long a time has the public mind been systematically debauched and demoralized by the prominently published notices, widely disseminated pamphlets, and universally circulated advertisements of criminal abortionists, that the frightful enormity of the offence inculcated has long since ceased to be fully realized. Nor can the Canadian and Briton rejoice in "the flattering unction" that things are much better with themselves. It is true, their stringent Medical Acts, to a certain extent, are preventive of a like amount of publicity in its practice, and a closer legal surveillance necessitates a greater degree of precaution to secure concealment and evade the penalty; but the columns of nine-tenths of the Canadian newspapers are polluted with announcements of the same description; and the published reports of the London and provincial police courts (with their recent revelations in relation to "baby-farming") show that while less obtrusive in its workings, the destruction of offspring, in various ways, is largely engaged in, and that, though quieter on the surface, there is similar rottenness beneath. Thoroughout this country a serious consideration of the loathsome subject has been shirked—the appalling frequency of the perpetration of the iniquity quietly ignored—until, at length, it has assumed proportions so formidable as to startle even the most heedless. To a great extent (notwithstanding its much greater enormity), the treatment it has received has been the same as that given to "the social evil"—a furtive covering up, or hurried pushing of it out of sight. There needs an earnest effort on the part of all good men to create a healthier public sentiment. The press, the pulpit, and the bench—all public teachers everywhere—should aid in doing away with this foul thing; and legislative enactments for its repression, of the most effective character, should not only be passed, but rigidly and righteously enforced. In conclusion, from what has already been said, it cannot but be apparent that the mass of American readers are not in a more enlightened condition relative to hygiene and anatomy than the mass of readers anywhere else, that there is an ample field for a popular medical literature of quite a different description from that which so extensively obtains throughout the length and breadth of the land; and that even humble and unpretending works like that of Dr. Hoop might fill an advantageous place in thousands of households where are now only to be found the mercenary fly-shoots, unclean pamphlets, and satanic hand books, to which we have adverted.

CASE OF EMPYEMA.

Under the care of J. H. Richardson, M.D., M.R.C.S., Lecturer on Anatomy, Toronto School of Medicine.

REPORTED BY MR. (NOW DR.) A. JOHNSON.

The patient, a commercial traveller, about 35 years of age, whose general health had usually been very good, was attacked, 18 months previously, by pneumonia, and subsequently by pleurisy.

He had been under Dr. Bovell's treatment, for hydrothorax, for some time without any improvement, and as it became evident that some other means would have to be resorted to for relief, Dr. Richardson was requested, by Dr. Bovell, to tap the chest.

The hydrothorax was on the left side, and to such an extent, that the heart's pulsation could be distinctly felt about one inch and a-half below and behind the right nipple. The patient was very emaciated and much distressed.

Jan. 16, 1869. The operation was this day performed, by means of a small trocar and canula, and five pints and a-half of serous fluid evacuated.

March 4. Had improved up to this date in general health, but the fluid is again rapidly accumulating.

March 12. The chest is now so distended that it is necessary to repeat the operation. This was done as before, and seven pints and a-half of fluid, still serous, were drawn off.

March 20. The fluid is again accumulating fast. His stomach has become very irritable, and remains so in spite of all treatment.

March 27. The operation was again performed, and five pints of fluid, now sero-purulent, evacuated.

March 31. As the fluid was accumulating rapidly, it was determined to insert a tube, which should be left in the chest. This was accomplished in the following manner:—

The chest was punctured by a trocar and canula of one-quarter of an inch in diameter. During the flow of the fluid, an india rubber tube, about two feet long, just large enough to loosely fill the canula, well oiled and full of water, was passed through the canula into the chest, and the canula was then with-

drawn over the tube. The free end was then placed in a basin of water, and about two pints of thick, yellowish white, inoffensive pus were discharged. When it ceased to flow, the end of the tube was securely tied while it was in the water; plasters were then applied to keep the tube in its place, and the whole secured by a broad flannel bandage.

April 1. The end of the tube was placed in a full basin of water and then untied; the overflow, as the fluid ran out of the chest, amounted to four pints of sero-purulent matter.

April 5. The secretion has been drawn off daily, and has gradually diminished to about one pint per day.

May 19. The secretion has averaged for some time half a pint daily. He has suffered for a week past from constant nausea and frequent vomiting. As the tube had not been graduated, nor its exact length ascertained, it was thought that it might have slipped into the chest, and by its pressure on the diaphragm be producing the vomiting. The tube was therefore carefully withdrawn until it was judged that it was nearly out, and it was found that nearly six inches had been lying in the pleural cavity. The vomiting persisted, however, and then it was noticed that some fetid air had escaped from the wound; then it became evident that some means would have to be employed to cleanse the cavity. This was accomplished in the following simple manner:—

After the fluid had been drawn off as usual, the end of the tube was pinched and transferred to a tumbler of clear water, of blood heat. Upon elevating the tumbler the water ran into the chest; upon depressing the tumbler, the water ran out, mixed with decomposed pus, and horribly offensive, shreddy fibrin. The water was changed and the process repeated until the water came out nearly as clear as it went in. A great deal of difficulty was experienced in completely cleansing the cavity, as the tube was often blocked up by the shreds of decayed fibrin, but when this occurred, the current was reversed for a time, and by perseverance the cavity was completely cleansed, but not until three hours had been occupied in the process.

The matter evacuated was most putrid. A mixture of half an ounce of carbolic acid, half an ounce of glycerine, and eight ounces of water, was then passed into the chest, allowed to remain a few minutes, and then run off. After this the constitutional disturbance gradually diminished.

For a week afterwards the daily discharge averaged half-a-pint of pus. The washing process and the use of the carbolic acid mixture afterwards were repeated daily. At the end of this week there was a return of the nausea, vomiting, and general constitutional disturbance: consequently extra care was used in the washing, and it was found that there had been a retention in some remote recess of the pleural cavity of a quantity of the decayed, shreddy fibrin. By changing the position of the patient, making him lie down while the water ran into the cavity, and rise up as the fluid ran out, and by succussion of the patient, this foul matter was entirely removed.

By a pursuance of this plan, no difficulty was afterwards experienced throughout the whole course of the protracted treatment in keeping the cavity perfectly clean, and the discharge, therefore, perfectly odorless.

May 30th. Is now able to rise, and move about the room. The daily discharge is about three ounces. The washing carefully repeated each day.

June 10th. Daily discharge about one ounce. Patient eats and sleeps well, is able to drive out, and to take moderate exercise.

For a few days the cavity was washed out first by equal parts of Tinct. Iodini Comp. and water and afterwards by the carbolic acid mixture, but as no benefit seemed to result the Iodine was discontinued.

On one occasion when Dr. Bethune was called in to advise whether it would not be well to try some means to diminish the amount of the secretion, equal parts of carbolic acid and glycerine, about four ounces, were injected, allowed to remain a few minutes and then withdrawn. This was at 12 o'clock noon. Half an hour after tingling of the fingers and toes set in followed by drowsiness. He slept all the afternoon, but on being roused, he took his tea and went out to walk on the street. Returning he slept all the evening. About 1 P. M. the fluid was drawn off the second time as it had been for some time previously—afterwards vomiting and severe palpitation set in which persisted all night. The next morning he had recovered very nearly from the bad symptoms but recollected nothing whatever of taking his tea, or walking out, or indeed of anything which had occurred. In September, 1869, the patient left Toronto.

He was then capable of undergoing considerable exertion, was eating and sleeping well, and daily gaining strength.

The secretion continues, on an average about one ounce daily.

The left side of the chest is much contracted from before backwards, but the heart is beating very nearly in its normal position. The lung is impervious to air.

May 19, 1870. The patient came to Toronto to report. He had been engaged all winter in buying grain, and has enjoyed a fair measure of health, and is capable of considerable exertion.

The tube has now been in fourteen months—the daily evacuation of the fluid, and the washing with water and then by the carbolic acid mixture has been continued ever since. The daily discharge is about half an ounce, sometimes only two drachms. The walls of the chest much more contracted.

As the tube had been broken off frequently so that it was too short to use satisfactorily, it was deemed advisable to change it for another. This was easily done by having the new tube (this time graduated in inches by nitrate of silver) filled with water and well oiled, and then after running as much water into the chest as would pass in, the old tube was quickly withdrawn and the new one inserted in its place.

In the fall of 1870 he returned to Toronto to report again. The discharge had continued for some time about two teaspoonfuls daily. His general health very good. A third tube was introduced as the second was getting worn and flabby.

The last account from the patient was about Christmas 1871. He then wrote that he was enjoying a fair measure of health, that the discharge had not entirely ceased, and that he wanted a fourth tube sent up, as he did not like the idea of doing without the tube altogether.

SULPHUR VERSUS SMALL-POX.—The chief physician of Iceland claims to have smoked out the small-pox, lately imported to that country from France, by means of sulphur, with the aid of sulphurous acid and water drunk by the patients. The disease disappeared, and no new cases had occurred for thirty days.

CASE OF EMPYEMA.

REMARKS BY DR. RICHARDSON.

Before commenting on the foregoing case of Empyema, I would take this opportunity of thanking Dr. Johnson, not only for his unromitting attention and assistance during its protracted treatment, but also for his detailed report, which, however, I have condensed, so as to present only those points of the treatment which are of special interest.

The case is, I think, deserving of attention for two reasons:—first, because of its favorable termination, as it is stated by Aitkin in his "Science and Practice of Medicine," (when referring to the experience of Dr. Bowditch, who had performed the operation of Paracentesis thoracis 150 times), that, "If the fluid afterwards" (i.e., after the first tapping) "becomes purulent an almost certain fatality attended such a change;" and secondly, because of the simple and, as far as I know, novel means which were employed in the surgical treatment.

When it became evident, after the third operation, that a constant, free evacuation of the sero-purulent matter was absolutely necessary, we debated whether or not we should introduce an ordinary drainage tube. To this I had a strong objection, for, notwithstanding the opinion expressed by Dr. Fuller, that when pus exists, "the admission of air is not of the slightest importance," I could not resist the conviction that such a result was very undesirable, and I felt satisfied that if the fluid was allowed to drain off through an ordinary drainage tube, the necessary consequence would be, that as the fluid ran out, air would freely pass into the pleural cavity, and not only would decomposition of the pus be hastened and the chances of pyæmia be fearfully increased thereby, but expansion of the lung, supposing that it retained any expansibility, would be effectually and absolutely prevented. On these grounds I chose such a contrivance as would allow the fluid to be evacuated without the admission of air. The india rubber tube, manipulated as described in Dr. Johnson's report, accomplished the end most satisfactorily, and for a long time I thought we were safe from any source of failure. When, however, the contents of the cavity became foul, as was evidenced by the escape of foetid gas from around the tube, I found I had a most formidable complica-

tion to combat, and it was then that the idea occurred to me that the tube could not only be used as a siphon to draw off the pus, but also to run fluid into the cavity. I immediately tried the experiment, as detailed in the report, and the result was most satisfactory, although appalling at first, for I found most unexpectedly that, during the six weeks which had elapsed since the tube had been inserted, decomposition had gone on to such an extent that three hours constant work were required to remove the horribly putrid matter, but when this was accomplished, I felt that I had the disease *completely under control*.

From that time I never despaired of ultimate success. My confidence continued unshaken, notwithstanding the discovery afterwards that some of the putrid fibrin had escaped the previous washings, for a change of position was all that was required to remove it completely, and I was never afterwards troubled with its recurrence.

I have already occupied so much of your valuable space, that I will briefly mention only some of the points which occur to me as important, and which are suggested by my experience. As regards the tube, it should be as large in diameter as the largest canula would permit, so that any fibrinous shreds can pass through it; of sufficient firmness that the pressure of the thoracic wall would not compress it, and so graduated that no doubt can be felt as to the extent of its entrance into the chest. Its free end should be secured by tying with whip-cord and doubling down and tying again; and this should always be done before removing it from the fluid. As regards the securing of the tube: we found that the best plan was to put four strips of adhesive plaster, about one inch wide, crossways on the margins of the chest, then to pass two narrow long strips around the tube immediately at its exit, and secure one above and the other below to the side; and finally to coil the tube up and bind it below the clavicle by plasters and the flannel roller.

Experience has proved that it is not safe to trust merely to the withdrawal of the pus. My patient was suffering from constitutional disturbance, caused by the decomposed matter, long before its existence was suspected. If the washing out had been resorted to at first, this would have been obviated.

With reference to the use of the carbolic acid, it should be borne in mind that all which is run into the chest does not run

out again, for it has been mixed with the fluid remaining in the chest. Of course, only the overflow runs out, for as the walls of the chest are unyielding and cannot collapse, it is impossible to withdraw fluid entirely out without at the same time letting air in. Forgetful of this principle, we used the carbolic acid on one occasion too strong, and produced symptoms of poisoning which were quite alarming.

I have had only one other opportunity of testing the siphon plan. The result of it was most satisfactory; but as Dr. Oldwright, whose patient it was, will no doubt present a history of the case, I will only remark that it was a good one by which to judge of the value of the treatment, as it presented features which were quite different from those of my case.

In conclusion, I would express my conviction that the process which I followed in this case is not only the simplest and most perfect in its operation, but also secures to the patient the greatest chances of recovery, so far as operative interference is concerned.

THE "GAZETTE HEBDOMADAIRE" AND THE FRENCH PHYSICIANS.—Most cordially do we greet the renewal of acquaintance with our old, familiar friend, the *Gazette Hebdomadaire*, after the interruption of its visits by the "two sieges of Paris"—an interruption due, not to want of industry or of devotion to duty on the part of the editor, Dr. Dechambre, but to the insurmountable cordons of war. We gather from its well stored pages that the medical scientists of Paris are labouring with increased assiduity in the service of the profession and of humanity, in their "con-cours," and clinics, and lectures, and in their numerous associations. The fidelity and zeal with which they adhered to their proper work during troubles and dangers never before surpassed, reflect unbounded honor both on themselves and on the profession at large. The only bright and stainless page in the history of the French metropolis for the year 1871, is that which records the deeds of the medical profession.—*Practic Med. and Surg. Journal.*

EPIDERMIC GRAFTING.

BY GEO. GROTE, M.B., (ONE OF THE SURGEONS TO THE GERMAN
ARMY IN THE LATE FRANCO-GERMAN WAR)
ST. CATHARINES, ONTARIO.

Having spent the greater part of last year in Europe I had frequent opportunities of witnessing surgical operations of a most interesting and instructive character, and not only did I witness various operations, but I became an active worker in hospitals on the Rhine during the late Franco-German war. There we did not try the advantages of skin grafting as there was more work than we could do, of a character which seemed of greater importance to the hundreds of poor sufferers around us. Skin grafting may have been performed in some of the hospitals during the war, but I do not remember having seen any notice of such practice. From a careful study, however, of a large number of cases where large patches of skin were removed by shot and shell, I became anxious to try the good effect of transplanting as soon as an opportunity presented itself. On my return to England I took charge of a large practice in order that I might have ample opportunities of treating cases, requiring surgical operations, and more particularly those cases where epidermic grafting would be of the greatest advantage to the patient. It was not long until a case suitable for the operation came under my notice. This was an ulcer of long standing and was still spreading. The ulcer was situated on the very common site, the anterior surface of the leg, and resulted from an abrasion of the skin two years previous. The ulcer was at the time of operating about two and a half inches in diameter, with elevated edges, discharging pus freely of a very foetid character and very painful, indeed so painful was it that the man could not get rest at night, and his health was fast failing.

I take the following from my case book. Benjamin Murrick, æt 45, residing near Smithwick, County of Staffordshire. The operation was performed on the 21st of December, 1870. From the unhealthy state of the ulcer it was necessary to improve its condition, as also the general health of the patient before operating. This I did in some by the steady use of Pot. Iodido in large doses *ter die*, and the constant employment of

lotions of Chloride of Zinc and Carbolic Acid alternated, and linseed meal poultices at night, together with a sedative draught to relieve pain. Gradually the ulcer began to take on a healthy character, healthy granulations began to appear, and the general health of the patient so far improved that I determined to operate at once. I operated as follows:—A small piece of skin was taken from the anterior surface of the arm, midway between the shoulder and elbow joints (this part being chosen as one not easily disturbed while healing), this I divided into four pieces, and after slightly scratching the surface in four places at equal distances from the centre of the ulcer the grafts were carefully applied and strapped in their places by two narrow strips of adhesive plaster. A piece of lint saturated in carbolic acid lotion, strength one in forty, was applied, and above this a pad of lint to maintain the equal temperature, a bandage was applied over all rather firmly in order that the grafts might be retained in their place. In two days after, I removed the dressing when the epidermis came away from the grafts, which remained firm in their places, but appeared raised from the surface of the ulcer and of a white, dead appearance. I continued the carbolic acid dressing and Pot. Iodide treatment. Seven days after, the grafts began to assume the appearance of the surrounding granulations, and in a few days lines of cicatrization were seen starting out in all directions from the grafts. The case went on successfully under the above treatment till gradually a good cicatrix covered the whole surface of the ulcer. The man is now perfectly well and able to go about his work, Jan. 30th, 1871.

As the transplanting of skin is now becoming a subject of such great importance, and is at the present moment exciting the deepest interest in the medical profession, not only in this country, but also in Europe, I beg to trespass on your space, and also on the patience of my readers, by giving a short history of epidemic grafting, as well as a more detailed account of the operation.

So interesting a subject is it, that in every day surgery it has only to be tried to be approved. It is also worthy of the highest congratulation to know that transplantation of skin in ulcers is a certain means of cure, which has hitherto in a great measure been unattainable. I must here mention, that the ulcer must be in a healthy condition with a fair granulating surface.

It is not necessary that a neck of the integument to be applied to the ulcer should be left attached to its former place as was originally supposed, and as many experiments have recently proved.

Dr. Frank Hamilton, of New York, suggested this plan as early as 1847, but put it into operation the first time in 1854, in the person of Horace Driscoll, who had lost a large portion of the integument of his leg by the fall of a heavy stone upon it. After the lapse of fifteen months it was apparent that the ordinary processes of nature were insufficient for repair. The integument was taken from the opposite calf, but did not cover the entire surface. In ninety days cicatrization was complete and has remained so.

It was proved by Dr. Hamilton that the piece engrafted need not cover the entire surface of the ulcer, but he did not, however, discover that the graft might be wholly separated before insertion. M. Reverdin, of Paris, recently demonstrated that portions of skin of various sizes might be removed from any part of the body and engrafted on a granulating surface, that they would live, act as centres of cicatrization, give new vigor to the healing part, materially hasten recovery, and even bring about restoration in some ulcers, which from their size, would otherwise never have been healed.

Two leading objects in applying the treatment to ulcers must be borne in mind, firstly, rapidity of cure, and secondly permanence of cicatrization. It is also important to consider at what time to operate.

The condition of the ulcer must be observed. It would be quite useless to operate unless there are healthy granulations, and the edges of the ulcer are disposed to approach the centre. We must also take into consideration the number of pieces to be grafted, how near they should be placed, and whether the whole or part of the cutis should be inserted. Mr. Pollock and many others have shown that a piece the size of a millet seed, whether including the whole or part of the *cutis vera* answers admirably, while by others the minutest subdivisions have succeeded equally as well. In the cases treated by myself the grafts employed were one-eighth of an inch in diameter, but pieces of entire skin a quarter of an inch in diameter would also answer well.

From the above it is seen that all that is essential is the papillary layer of the *cutis*, no matter how small, capable of developing cuticle and therefore cicatrization.

It is well to bear in mind the size of the cicatrix which will result, and the strain to which it will be subjected, therefore, if the ulcer be a large one it is all important that there should be several centres of cicatrization.

In operating, a portion of skin is pinched up in a forceps, or between the finger and thumb, and removed either in the entire thickness or in part, it is essential that no areolar tissue and fat be removed, and that the papillary layer of *cutis* be not removed from the graft.

The granulations, if quite healthy, need only be clean, if not quite bright and active should be slightly scratched, and when bleeding has stopped the graft is laid upon the surface. The portion of skin removed can easily be cut up if required and each portion applied on the point of the scalpel.

The graft or grafts are retained in their place by means of narrow strips of adhesive plaster, or isinglass plaster—over these, water dressing or any lotion suitable to the state of the granulations, then a compress of cotton wool retained by a bandage, rather firmly applied to insure close adaptation of the grafts to the granulations is applied. The wool also serves to keep the graft warm, ointments should be avoided at first, as particles might get under the graft and separate it. Unless there is copious suppuration it is well not to disturb the dressing till the second day; the appearance then present is the epidermis of the graft, lying free on the granulations, dressings, or on the graft. The graft will now appear contracted and pale.

During the next five days the graft becomes vascular, and looks very like the surrounding granulations, and is nearly lost to view unless it be of some size, when it appears as a raised mass. It is often difficult to distinguish the graft if small, for the first seven or twelve days. The first indication of activity is a faint blue cicatrizing aspect in the site of the graft. If the graft be near the circumference, a line of cicatrization will be seen running from it to the graft, in fact, these lines will shoot out in all directions, and in time cover the whole surface of the ulcer.

As soon as the grafts have established themselves cicatriza-

tion spreads very rapidly. The grafts seem to act as natural stimulants, and arouse new energy in the marginal cicatrizing edge.

In conclusion, by this process of grafting we shall be able to prevent those unsightly and distressing contractions of burns, hitherto so frequent, and to remedy them when they have occurred. Another field of usefulness is offered to skin grafting in cases of severe lacerated wounds, requiring partial amputation, or involving considerable sloughing. In retraction of stumps, leaving bones covered with granulations only, transplantation of skin will be of great service, and will doubtless save some secondary amputations. It is not necessary to take the graft from the person to be operated on, it can be taken from another healthy subject. The patient must be kept in his bed and well nourished with good nutritious food.

The operation does not always succeed, but it does so in a sufficient number of cases to warrant our trying the experiment.

I have much pleasure in contributing my testimony in favor of epidermic grafting, and shall be glad to see reported in the LANCET cases of other successful operations among my fellow surgeons. Should this simple operation prove after a few years experience among professional men to be successful in a majority of cases, the profession will be able to establish the reputation of an operation which must prove to be one of the most valuable discoveries of the 19th century.

ANEURISM OF THE THORACIC AORTA. RUPTURE INTO THE OESOPHAGUS.

BY ASSISTANT SURGEON F. W. HODDER, M.B., H.M.'s 45TH REGIMENT HERWOOD FORRESTERS.

Private J. McE—, aged 38 years, 21 years service, an invalid, arrived in Madras from Bumah on the 6th August, with valvular disease of the heart. A bruit was heard with the second sound of the heart, extending up the aorta. His principal symptoms were severe intermittent darting pain and numbness of the left side, extending from the dorsal region of the spine to the middle line in front, from about the fifth rib to the ninth

or tenth. There was distinct pulsation to be felt on pressing upwards at the epigastrium, he also was conscious of it himself. No bruit could be heard at this part. After a short time, he began to complain of difficulty in swallowing, which increased, the food either passing slowly or being returned by vomiting. Early on the 16th September he felt something give way, and immediately a large quantity of arterial blood was vomited; it stopped for a time, but again returned at night in a large quantity, and again stopped, it occurred for the third time early on the 18th, and he died.

At the post-mortem examination a large aneurism of the descending thoracic aorta was found pressing backwards and producing absorption of a large portion of the bodies of the 4th, 5th, 6th, 7th, and 8th dorsal vertebrae; its size was about $4 \times 4\frac{1}{2}$ inches, and it was lined by much rough loose fibrino and clotted blood. It had opened into the œsophagus by an aperture that would admit the top of the little finger, and which was plugged by a clot. The left lung was found small and hepatized, and had evidently done no work for some time from pressure of the aneurism.

Several interesting points are connected with the case, namely, that he lived for two days after the sac gave way, the bleeding having stopped twice for a considerable interval, either from failure of the circulation or from a loose clot being forced into the opening by the rush of blood, the loss of sensation in the side, and yet the great pain he suffered from pressure on the cord or roots of the nerves arising from it, and from his records it appears that during his service, he had done no less than 513 days pack drill, and had had 240 days imprisonment, and it is probable that this circumstance may have originated the disease. (*Madras Medical Journal.*)

TREATMENT OF DISEASE BY ALCOHOL.—A circular has been issued by Dr. Burrows, President of the Royal College of Physicians, to a number of the leading medical men, calling attention to the tendency to intemperance engendered by the use of alcohol in disease, and asking for their support in guarding against this danger. The object is one likely to gain the sympathy of thoughtful practitioners. It will in due course be published, with the signatures attached, in the medical journals. (*British Medical Journal.*)

ABSCESS OF THE APPENDIX VERMIFORMIS, FOLLOWED WITH
PHLEBITIS OF THE LEFT LEG.

BY CLARKSON FREEMAN, M. D. MILTON, ONT.

From memory, I will give a brief report of the following interesting case which occurred in January, 1870, to a very healthy young friend aged 19, who was residing in my family at the above date, and during his subsequent illness. After an active day's exertion, during which the operation of defecation had been deferred from his usual time in the morning until a very late hour at night, he had a very copious stool, accompanied with severe pain in the right iliac fossa, which continued paroxysmally during the night, with fever and nausea. The next morning slight induration at the seat of pain could be detected by pressure. He assumed the recumbent position on the right side with his right thigh flexed. The symptoms continued with severe constitutional disturbance for two weeks, when he passed *per rectum* about three ounces of pus, which was followed by a gradual subsidence of his febrile symptoms, and ability to lie on any side with ease for a few days. Then there was an exacerbation of the symptoms. The pulse was over 120, wiry, tongue dry and parched, great prostration and profuse perspiration in the mornings. Pain more or less over the abdomen, but more particularly in the right iliac region. He was unable to occupy any position but on the right side, with increased flexion of the right thigh. The hard tumor increased gradually, and its extension pressed so greatly against the bladder and rectum that it caused constant dribbling of urine and such loss of the peristaltic motion of the bowels that the operation of defecation required three hours, although laxatives were administered every other day. As soon as I could possibly detect the slightest deep-seated fluctuation, with the concurrence of Drs. Robinson, Street, and Dr. Wm. Freeman, while the patient was under the influence of chloroform I made a free opening with a curved bistoury about midway over Poupart's ligament, into the deep-seated abscess which presented a resemblance to an over distended bladder in the right iliac fossa. This gave exit to a quart or more of the most fetid pus. It continued to discharge freely until phlebitis commenced in the left leg about ten days after the opening of the abscess, when the patient suddenly felt a severe throbbing pain in the left femoral region, accompanied with rapid tumefaction of the entire limb. By constant fomentation with

hops, it subsided after a week or ten days, when the abscess again discharged freely, with a most abominable smell, which continued for months, with an occasional exit of small concretions.

By a generous course of the most nutritious diet with tonics, such as Syr. phosp. iron. quinine, and strychnine and wine *ad libitum*, after four months confinement to his bed by his protracted illness, there was, strange to say, an inch added to his height. He now enjoys excellent health, with only a slight enlargement of the left leg, necessitating the use of an elastic stocking. A weak solution of permanganate of potash was occasionally injected with beneficial effect

DIAGNOSIS OF URETHRAL AND VESICAL DISEASES.

A CLINIC, BY SIR HENRY THOMPSON.

I commence to-day my usual course of lectures, modified somewhat by circumstances. Thus I desire to condense a little my opening remarks on diagnosis to-day. I may premise that I give this course of lectures on the diseases of the urinary organs, because my wards offer you so large a field for their study, and also because there is no class of diseases in which you can afford so much relief to the patient as in this, or so certainly mitigate suffering. There are no diseases more painful, and none the relief of which will gain you more gratitude from your patients.

In the matter of diagnosis, however, it is of the greatest importance that it should be a correct one, and not only correct, but rapidly made. I have now to say what I have said to you before, that I interrogate all these patients on the same system, and I advise you to follow this plan. I employ only four questions for urinary patients, and I advise you to use these four questions also, and always in the same order. The first question is, is there any deviation in the frequency of passing urine? The second is, is there any pain in the act? The third, is there any blood in the urine? And the fourth is, are the characters of the urine altered [quality and quantity]?

We shall see that in all cases of urinary disease these four questions are sufficient, together with the supplementary inquiries which arise out of them, yet we know how often such cases are misunderstood—indeed, the simplest are often mistaken,

through not pursuing a systematic method in arriving at a diagnosis. First of all, let us look at the question of frequency. Almost every disease of the urinary organs produces some deviation in the natural frequency of passing urine. As a rule, let it be understood that a man in health does not generally rise at night to pass urine, and that he passes it during the day about five or six times; but when there is any degree of inflammatory action in the mucous membrane of the bladder, however slight, frequency of micturition is induced. Now, how does cystitis produce this increased frequency? When the mucous coat of the bladder is inflamed, it cannot bear to be much extended, and when the bladder contains five or six ounces of urine, or even less, the sensitive mucous membrane suggests that it should be emptied: instead of comfortably containing fifteen or sixteen ounces, it cannot endure the extension, and calls on the muscles to contract without delay. This is one, and one only, of those affections which does not necessarily produce, at first, frequent micturition. I speak of stricture: here it always occurs after a time; but a man may have a considerable amount of stricture for years before he is troubled in the way referred to. Calculous disease produces cystitis, and thus causes an increased frequency in passing urine. Now, as a supplementary question, you should next ask, is the frequency greater at night or in the day? If a man have calculus in the bladder, he is not so much disturbed at night, but in the day he is frequently micturating—all movements make him do so. Now, that extremely common complaint, *hypertrophy of the prostate*, is worse at night than by day, as far as frequency of passing urine is concerned. Hence, if a man of about sixty years of age says that he has but recently had urinary troubles, and these are greatest by night, the case is almost made out, you may be sure that a very little further inquiry will demonstrate the fact that he is the subject of hypertrophied prostate.

I come to the second question of *pain*. This question is of greater significance. Suppose the patient says he feels pain. Where do you feel pain—low down in the belly? Then there is almost certainly chronic cystitis. Suppose he says that his pain is in the penis or perinæum, you may ask if he feels the pain before, during, or after, passing urine. If the pain be before, that is because the mucous membrane is becoming uneasy in

consequence of distension. If he find it painful during or after passing urine, and in the end of the penis, he is likely to have stone; and especially, also, if the pain be increased by exercise. The pain is at the end of the penis in stone. It is almost pathognomonic of calculus to find the pain near to the end of the penis during and after micturition. In chronic prostatitis the pain is also at the end of the penis. This simulates calculus in the bladder more than any other disease.

The third question is, has *blood* passed? This brings us nearer still to the point. Blood may be seen in cystitis, but very rarely. The mode and the circumstances in which the blood has passed, however, determine the nature of the disease. An elderly man, who passes blood intimately mixed with the urine, dark in colour, and not altered much by circumstances, with frequent rather than painful micturition, has probably hypertrophy of the prostate. In calculus of the bladder you find blood: it is as common in calculus as hæmoptysis is in phthisis. Then a calculous patient will find blood in the urine after a drive or a ride, or after hunting, and none if he keep quiet; or he may pass a drop or two with the last expulsive effort at micturition, and with pain at the time. Such urine is usually rather florid in tint, while, generally speaking, blood passed from the kidney remains long in the bladder, and, from contact with the urine, becomes brown in colour—it is like porter. This, also, may happen when the bleeding is due to hypertrophy of the prostate.

Lastly, is the *character* of the urine perceptibly changed? A man will often tell you his urine is thick; but he does not discriminate between the thickness of pus or mucus, and that from deposited salts, as lithates. Patients are generally very much disturbed unnecessarily on account of thick urine. In this cold weather, the urine, on cooling, deposits its lithates readily, where none would be seen in summer; and you may tell him that, if he apply a little heat to it, he can see for himself that it will become quite clear again, which is never the case if the thickness be due to organic matters like pus or mucus; and if this be not an habitual appearance, you may make light of it. If, on the other hand, a heavy deposit of lithates be constant, you must look into his habits and correct his digestion—probably restrict some indulgence in diet. If, also, the urine do not become clear with heat, you have an organic compound to deal with, and you must find out carefully the source of it.

Let me advise you always to make your patient pass his urino into two vessels for examination. I should not thank you for an examination of urine passed into one vessel; for whatever a man may happen to have lying in the urothra—a passage which is by no means always clear and sound—passes with it. Let him pass an ounce or two into one vessel, and examine only what you find in the second vessel. If there be gleet discharge, if there be stricture of the urethra, you will find shreds of pus and mucus and blood-corpuscles in the first glass, but not in the second. In chronic prostatitis, always in hypertrophy of the prostate, sometimes there will be a deposit in the first vessel, which would much mislead you if you imagined it to come from the bladder or kidney. This specimen you must examine for albumen, for sugar, and you must inquire also the quantity passed *per diem*. Well, then, if a patient have told you that he has frequency of passing urine, increased by exercise; that he has pain at the end of the penis; that he passes blood; and that his urine is changed, you may arrive at a pretty good diagnosis of his case. But you would be very much to blame if you did not further examine the man: you must pass an instrument. It is best to be straightforward with patients and tell them so. People have too much common sense to be dealt with otherwise than plainly in these matters. You need not always sound a man with a stiff rigid metallic instrument at first, who has never had an instrument of any kind in his urethra. It is best to take a soft instrument, pass it gently into the bladder, which produces very little discomfort, and so diminish the patient's fear. You can then say, pass another instrument (which will give you a little more pain), and ascertain completely what is the matter.

[Sir Henry Thompson then exhibited the various instruments used in the diagnosis of diseases of the bladder and urethra, and explained their several uses—promising to continue the subject on the next occasion of his lecture.]—*British Medical Journal*.

GONORRHEA CURED IN TWO DAYS.—A writer in the *London Lancet* claims to cure gonorrhœa and gleet in from two to six days, by injecting a solution of per-manganate of potassa, five to ten or fifteen grains to an ounce of water. The injection is to be repeated at least four times a day. It causes no pain or inconvenience.—*Pacific Medical and Surgical Journal*.

BARBAROUS TREATMENT BY A MIDWIFE.

BY J. M. PEMWARDEN, M.D., FINGAL.

One very hot day, in the month of July, 1865, I was called to a case of accouchement, that the messenger stated, had been in progress for more than 48 hours. As the distance was some 10 or 11 miles, some considerable time elapsed before my arrival there. On being shown into the room, I was struck with the peculiar odor, apparently emanating from the patient. On examination, I found the pulse almost imperceptible, and the patient nearly unconscious. I attempted a vaginal examination, but found the parts so *hot, tender, and swollen*, that it was almost impossible. However, after exercising great care and gentleness, my finger at last penetrated the dilated os, and impinged on some small slender bones, with spaces between, which I at once recognised as the ribs of the child, with their corresponding intercostal spaces. Continuing the examination, my finger touched a small, pyriform, depressed portion of bone, which puzzled me very much, as I had expected to find in that position, the shoulder. After a little more search, and a good deal of hard thinking, I felt what I thought was torn muscular fibre; and I then made up my mind that the hand had presented, and that the midwife, by some means or other, had pulled off the arm from the shoulder, and that the bone I felt was the glenoid cavity. I then confronted the midwife, and asked her in no very gentle terms "What she had done to the woman." She answered, "nothing." But, on telling her I would immediately send for a constable and have her arrested, if she did not show me what she had taken from the woman, she produced the *two arms of the child, with the clavicle and scapula attached to one, and the clavicle to the other*; and confessed that by means of a noose, above the elbow of the child, connected to a towel around her shoulders, she had succeeded in extracting, first one arm without much trouble, and then the other after a great deal of difficulty. I then sent for chloroform and a consulting physician, and in the meantime began doing what I could towards allaying the inflammation of the external parts, and strengthening the patient. On the arrival of the physician, he very kindly administered the chloroform, and I succeeded in turning and delivering the

which was being decomposed very rapidly, thus accounting for the fetor.

The woman, although of course very weak, did remarkably well, till the second night after the delivery; when the husband, after a few hours' absence, came home drunk, and told her, he would kill her, if she did not get up and clean herself. Being very much frightened she got up on the floor, changed her clothes, and feeling faint, laid down and immediately expired. This was the unfortunate termination of the most extraordinary case of labor that I ever met with. Extraordinary on account of barbarous treatment, and instructive as it teaches us the absolute necessity of keeping our lying-in patients in the horizontal position, till all danger of fatal syncope or formation of clots in the heart, is passed.

January 17th, 1872.

NEW REMEDIES.

Those substances, medicines, or *agents* for the amelioration or cure of Disease, which have been brought before the medical profession and are designated as new remedies, are by no means few in number.

I do not intend to mention, and perhaps not even enumerate, one-half of them. In fact, some of the more recent I have never seen, and the only knowledge of their action is obtained by reports in the various medical journals of the day.

So far as my own experience goes, the therapeutical action and properties of a very few only have been observed.

The *Hydrate of Chloral* has now become so well known to the profession that it has taken rank, and is worthy to stand at the head as a hypnotic. In my hands, it has always produced sleep, when given in proper quantities. In one case it seemed to have lost this action, after having been taken for nearly eight weeks. The patient was an intelligent physician, aged seventy. The drug acted at first to produce refreshing sleep, with no unpleasant feeling that could be attributed to its use. It, however, after about eight weeks, lost its power as a sleep producer, and could not be taken in any form or quantity, as it produced nausea and excessive wakefulness.

In the case of an intelligent female, æt. fifty-two, with uterine disease of long standing, in which wakefulness was the most distressing symptom complained of, the Hydrate gave perfect relief when administered in eight grain doses at bedtime. This was increased to twelve grains and continued for fourteen weeks, when she abandoned it from fear of contracting a bad habit, and of its having some injurious effect on her constitution.

The *Ordeal Bean of Calabar* (*Physostigma Venenosum*) seems to be growing in favor with the profession. In my own hands, I have had but little experience with it. I have given it in one case of Traumatic Tetanus, in the form of Alcoholic Tincture by the mouth, with no decided benefit. Dr. Fraser recommends the subcutaneous injection with one-third of a gram of the alcoholic extract every two hours, until the system is decidedly affected, then to administer the remedy in three times this dose by the mouth.

I have used it with great satisfaction in long standing cases of *Chorea*. In one case of more than one year standing, a perfect cure was obtained.

Iodoform, (Triiodide of Formyl.) This drug I have administered mostly in combination with Iron in æmic females. Also, in one case of Gout, its action has been highly satisfactory. The principal diseases for which it has been tried are *Phthisis*, *Amenorrhœa*, *Syphilis*, *Glandular Tumors*, and *Cutaneous Eruptions*. In chronic enlargement of Prostate Gland, M. Moritan used Iodoform as a suppository, one scruple to one ounce of butter, with great benefit to the patient.

Besides the well known effects of Iodine, and its preparations, Iodoform has the advantage of the former preparations, in being stronger, more uniform in its action on the system, and does not act as a local irritant, and can be given uninterruptedly.

Apol.—The active principle of the seeds of *Petroselinum Sativum*, acts on the system very much the same as Quinine, producing in a dose of about fifteen grains, slight cerebral excitement, without unpleasant effects of any kind. In large doses it produces headache, giddiness, morbid sight and sounds, with all the characteristic effects of a large dose of Quinine. Administered for intermittents, in temperate latitudes, eighty-six per cent. of cures have been reported. It acts slightly as a diuretic, and is said to have a sedative action over the uterus.

Carbolic Acid, or *Phenol*, has gained a high position in the minds of medical men, as an antiseptic and disinfectant. Although its properties are so well known by its being now almost an indispensable article in the daily use of surgeons, it has but recently attracted the attention of the profession as a local anæsthetic, in a published article by J. H. Bill, in the *American Journal of Medical Science*. Also, in the *London Journal of Cutaneous Medicine*, by Erasmus Wilson. This property has been observed by myself, and reported some three years since in the county medical society of Winnobago county.

Nitrous Oxide, as an anæsthetic, is not properly a new remedy. Its application by Horace Wells, of Hartford, Conn., in December, 1844, was the commencement of anæsthesia. The deaths from administering chloroform in the United States, are reported as one in five thousand eight hundred and eighty-two. From ether, not more than one-eighth as great a number. From Nitrous Oxide the danger of death is almost nothing, if properly and judiciously administered. When we take into consideration that a large majority of the cases requiring any anæsthetic are momentary operations and do not require a long continuance of this condition, and the immunity from pain is nearly, if not quite, as certain as by chloroform or ether, and the danger to life very much less, the inconvenience to the physician becomes of a secondary importance, and is not to be weighed by the advantage accruing to his patient. (*Dr. T. P. Russell in the North-western Medical and Surgical Journal.*)

VENTILATION OF SEWERS.

In the statements which have been made regarding the drainage and water-supply at Scarborough, with reference to the illness of His Royal Highness the Prince of Wales, little or no notice has been taken of the *ventilation* of the sewers. This, however, is a matter of great importance; for it has been shown that hurtful results are liable to arise where sewers and drains and drains are trapped, on account of the extreme lightness of sewer-gas, if proper attention have not been paid to their frequent ventilation, especially at the highest outside points. In such cases, typhoid fever, when it occurs, as a rule does not attack

the houses in the low-lying parts, but those in the higher localities. At Croydon, for instance, five or six years ago typhoid fever broke out, but affected only the high and best parts of the town. The sewers and drains were found to be in good order and properly trapped; the water was pure; but there was no system of sewer-ventilation. Since then all the sewers and house-drains have been properly ventilated, and a case of typhoid has scarcely been known. Again, at the Orphan Asylum at Beddington, an outbreak of typhoid which occurred three or four years ago, was distinctly traced to the absence of outside ventilation for the house-drains, which discharged their gas into the various parts of the building. At Eastbourne, in 1868 and 1869, typhoid was prevalent, and in the high-lying parts of the town. Here there were ventilators, but they were blocked with charcoal, and, as the waste-pipes of the house-cisterns communicated directly with the sewers, they became, in fact, real sewer-ventilators inside the houses. A similar occurrence is mentioned by Dr. A. Carpenter, as having taken place at the Warehousemen and Clerks' Schools at Caterham in 1867. In this latter case, the disease occurred in the colder period of the year, when ventilation by means of open windows was not much resorted to, and, the rooms being heated by hot-water pipes, there were no open chimneys to act as ventilators. Nearly forty per cent. of the children who used the class-rooms in the morning suffered from the typhoid fever. These schools are situated on the summit of a high country hill of chalk.

A system of sewerage cannot be held to be complete, or even proper, when the ventilation is not perfect. Traps are quite useless when the gas has reached a certain pressure, for it will force them, but with proper outside ventilation of the sewers, the communicating house-drains cannot ever store in them so much sewer-gas as will be sufficient to force a properly made trap. We must urge our medical brethren to impress upon those who have to do with these matters, that drain-traps will not give security and ensure freedom from poisoning with sewage-gas unless the sewers with which the drains communicate are thoroughly well-ventilated.—*British Medical Journal*.

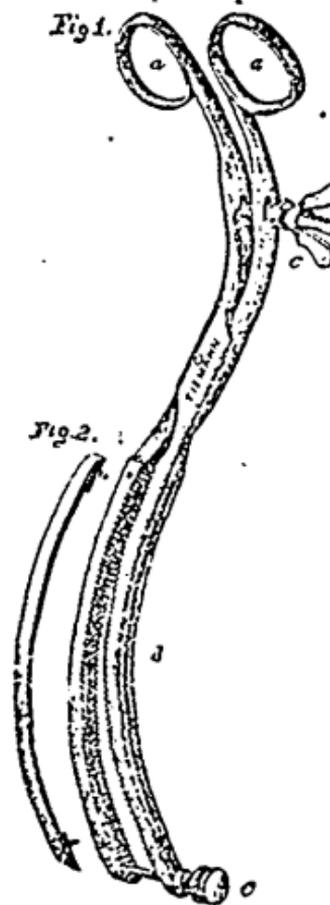
AMPUTATION OF REDUNDANT SCROTUM IN THE TREATMENT OF VARICOCELE.

In an able article upon this subject, in the July number of the *Journal of Syphilography and Dermatology*, Dr. M. H. Henry, Surgeon to the Department of Venereal and Skin Diseases, New York Dispensary, describes the instrument which he has devised for the double purpose of controlling the hæmorrhage and serving as a guide to the operator. The following extracts, with the accompanying illustration, will give an idea of the instrument, and the manner in which it is to be used:

"The instrument, which I have called **SCROTAL FORCEPS**, consists of two parts.

"The main part of the instrument, Fig. 1, has two double-curved blades, made of steel, ten inches long, sufficiently heavy to give strength and admit of pressure without injury when used. The handles, *a*, are large enough to admit finger or thumb without cramping.

"The lower half of the instrument below the joint, *b*, is fenestrated in both blades, the coapting surfaces are evenly notched, to prevent the tissues from slipping—affording, according to experience, a more secure hold on the soft parts, with less pressure and less injury than smooth surfaces. The fenestra afford the surgeon the facility of inserting all his ligatures before dividing the parts, should he elect this method of bringing the edges together; the thickness of the upper blade from the line of insertion of the ligatures leaving ample tissue to assist union, and, if the incision be a clean one, the equal pressure or tension will prevent, as far as any effort or care can control, ulceration through the stitches before union has taken place. The curve in the blades is made according to natural



lines, which it is desirable to follow in removal of the scrotum.

"The handles are curved so that, while they maintain a direct median line, they do not interfere or press on the genital parts, besides giving additional security and compactness to the whole. The screws in the handle and the end of the blades, *c*, give additional security during the operation, without the aid of an assistant.

"The extra blade, Fig. 2, is made of steel, nickel-plated, and is maintained in the right blade of the forceps by two small pins and the slight tension put on the spring of the metal. It is easily inserted with a little pressure, and removed as easily by inserting the nail or the handle of any instrument between the two blades and dislodging it.

"When the operator prefers the glover's or running stitch, the extra blade is used as a guide in the amputation of the parts. When this is accomplished, by displacing the blade, a free border is exposed—about the sixth of an inch in thickness—and in a minute or so the wound can be stitched perfectly without any inconvenience. The forceps are, of course, not removed until this is accomplished. . . .

"Before the operation, the patient should have free evacuation from the bowels, to avoid the necessity of getting up or being disturbed for twenty-four hours after the operation.

"Besides the forceps, which I have already described, the only instruments necessary are—a pair of large, strong scissors with flat blades, or blades curved flatwise, needles, with either silk or fine silver wire for sutures; a few acupuncture needles, a few *serres-fines*, and some adhesive plaster. Before any anæsthetic is administered, the patient should be carefully examined, and the forceps applied while in a standing position, this will enable the surgeon to lift up the testes, and afford him the best opportunity to decide the exact portion of scrotum to be removed. If this precaution be taken, there is no danger whatever of his removing too much tissue. I am satisfied there is much more danger of his not cutting off enough. The patient being placed in a recumbent position, his thighs well separated with folded towels, the forceps are applied by placing the blades in front and under the anterior portion of the scrotum, and held in a direct median line. The end of the forceps being close to the perineum, the scrotum is engaged between the blades of the forceps. Care must, of course, be exercised not to include anything more than

the scrotum. As soon as they are adjusted, and the proper amount of tissue to be removed engaged between the blades, the screws should be tightened and the part removed.

"Although I have described above a method of operating through the fenestra, I prefer the operation with the extra blade, with this exception, that instead of the running stitch I use the ordinary interrupted suture; while it is not so quickly performed, it offers great advantages, if it should subsequently be found necessary to divide one or two stitches in case of hæmorrhage or in case of severe œdema. If the running stitch be used, and either of these last-named features should present itself, if any division whatever be made in the course of the running stitch, there is danger of breaking up through the entire course of the wound, whatever union may have taken place. If the interrupted suture be used, however, each stitch, being independent of its neighbor, affords facilities, under these circumstances, which I think are of no small value."—*Medical World*.

MODIFICATION OF THE ÆSTHESIOMETER.

BY REUBEN A. YANOE, M.D.

Some months since, in an article treating of the early symptoms of cerebral disease, I made use of the following language:

"Casos occur continually in which it is necessary to push to the utmost all available means for acquiring a knowledge of the condition of the cerebro-spinal centres. When speaking of the symptoms due to altered conditions of the nervous filaments distributed to the integumentary structures of the body, the remark was made that many of the modifications wrought by cerebral disease were not declared in consciousness, and therefore formed no part of the history of the case. This is the fact save in those rare instances where by accident the patient discovers the peculiarity to be mentioned. The nerves of the integument may be modified in one of three ways: their functional activity may be increased—*hyperæsthesia*, diminished—*anæsthesia*; or altered so as to cause the peculiar conditions technically known as *analgesia* or *dyæsthesia*. The patient will not fail to become conscious sooner or later of the existence of

any one of these conditions, except *anæsthesia*. Tactile sensation may be abolished for long intervals without the individual being aware of the fact. In the early stages of cerebral disease, careful observation demonstrates the fact that this endowment of the skin may be implicated at a period prior to the appearance of any other pathological process which the physician can recognize. Such being the case, it is of the greatest moment that in any patient suspected of having brain disease the condition of the tactile sensibility be investigated, and any alteration from the natural standard carefully noted. This necessity has led to the invention of instruments for the determination of the cutaneous sensibility.*

The earliest attempt in this direction was made by Dr. Sievekink, of London, who, in 1858, described an instrument for this purpose which he called an *aesthesiometer*. This was simply a modification of the common beam-compass employed by carpenters, and is yet in common use among physicians interested in the pathology of the cerebro-spinal organs.

The class of cases in which it is useful were thus enumerated by Dr. Sievekink:

1. "In actual paralysis, to determine the amount and extent of sensorial impairment.
2. "As a means of diagnosis between actual paralysis of sensation and mere subjective *anæsthesia*, in which the tactile powers are unaltered.
3. "As a means for determining the progress of a given case of paralysis for better or for worse."†

The diagnostic value of an instrument of this nature in cases where sensibility is affected depends upon the fact that the capability of distinguishing two impressions made simultaneously varies in different regions of the body according to the distance they are apart.

"For instance, the two points of a pair of compasses can be distinguished at about the sixth of an inch apart when applied to the end of the finger, while on the back of the hand only one point is felt, though they are an inch apart. The compasses con-

* VANCE: "The Early Symptoms of Cerebral Disease," *Michigan University Medical Journal*, July, 1871.

† SIEVEKINK: *Brit. and Foreign Med.-Chirurgy Review*, January, 1858, p. 215.

tained in any draughting case answer admirably in any instance where it is necessary to employ an instrument for the purpose of measuring the sensibility. In practice, it is unnecessary to pay attention to the elaborate tables which record what purports to be the absolute sensibility of the different regions of the body, for each and every individual examined will be found to present variations from these standards. In investigating disease, the capital fact to be borne in mind is, that the comparative sensibility of corresponding situations on the two sides are almost alike as regards sensibility, the left side being a trifle the most sensitive, according to my observations. In cases of impending cerebral disease, while the sensibility on one side remains normal, there will be such marked anaesthesia of the opposite side that the points of the aesthesiometer will have to be separated four and five times as far as on the healthy side before the patient can distinguish the two points. It is unnecessary to dwell upon the diagnostic significance of so grave a fact as this.*

Although it is undoubtedly true, as above stated, that an ordinary pair of compasses can be made to furnish valuable information in cases where it is necessary to test the cutaneous sensibility, yet it is equally true that such clumsy instruments are rarely to be resorted to. They are certainly not implements for a physician to use, and their employment is not calculated to produce a favorable effect upon the patient in regard either to the physician or his investigations. For the purpose of noting the phenomenon presented by patients suffering from brain diseases, it is essential to have an aesthesiometer of a compact form and small size—but one that can be conveniently carried in the pocket of the physician. This want has led to the construction of a number of instruments, many of which possess peculiar merit.

In the last number of the *Medical Record*, Dr. Alfred L. Carroll described and illustrated an instrument constructed on the general plan of the two-legged compass, but with each free extremity divided into two points, one blunt and the other sharp. (Fig. 1.) This arrangement enables the observer to determine the comparative sensibility to contact and pain at different dis-

tances by simply substituting the one pair of points for the other. Dr. Clymer provides himself with two pieces of cork or two small shot, and accomplishes the same result by placing them upon the sharp points of the ordinary instrument when he desires to test the sense of contact without danger of exciting that of pain.

The accompanying illustration (Fig. 2.) exhibits an instrument that, so far as portability is concerned, leaves nothing to be

Fig. 1.

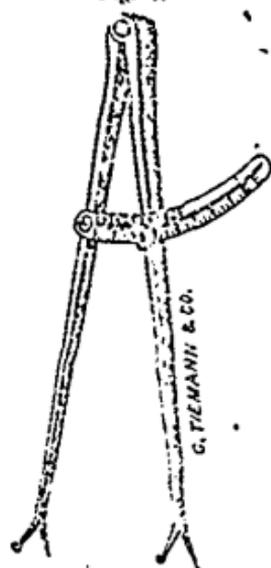
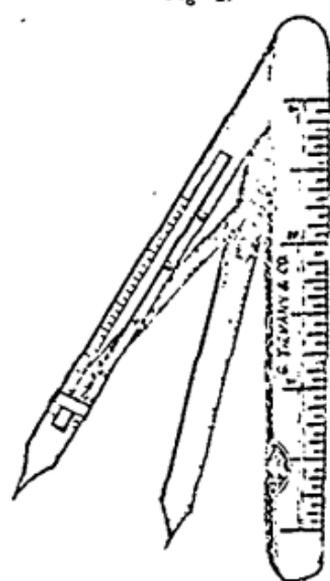


Fig. 2.



desired. When closed, the points are in coaptation, and are received in the case the same as the blades of a knife shut into its handle. When opened and the points separated, the distance between the points is denoted by the position of the slide, which is so arranged as to move over a scale engraved on one arm of the *althesimeter*. The scale is divided into inches and twelfths of an inch. The points can be separated to the extent of six inches. When closed, the instrument is four and one-fourth inches in length.

An instrument which, like this one, can be carried in the pocket habitually, will enable a physician to make observations which would otherwise be impossible. For instance, certain remedies have an important influence upon the cutaneous sensi-

bility—some depressing, others exalting it. A little careful observation would furnish very valuable information upon these points, and might extend our knowledge of the mode of action of such remedies in a very important manner.

In certain forms of nervous disease, the æsthesiometer furnishes important data for prognosis. In a case of hemiplegia recently under my care, treatment was prosecuted for several weeks without the slightest amendment being apparent to the patient or his friends, yet during the whole time improvement was going on, for the tactile sensibility in the paralyzed side, as indicated by the æsthesiometer, gradually became more acute, until, finally, the sensibility of the two sides became nearly alike. The subsequent recovery of this patient fully justified the prognosis given from the first, and which was based entirely upon the results obtained with the æsthesiometer.—*Medical World.*

TREATMENT OF SMALL-POX.—Dr. Boyer in the *Medical and Surgical Reporter, Phila.*, gives the following as his mode of the treatment of small-pox:—

“Considering *small-pox* purely a *blood poison*, and the eruption an effort of nature to throw off or eliminate that poison, I concluded to strike at the seat of the disease, and direct my treatment solely to the eradication of that poison. For which purpose I gave a solution of 2 grains of carbolic acid, and 15 or 20 grains of sulphite of soda every three hours, with no other treatment than an ordinary purge during initiative or forming fever. The result after several months' trial, with myself and son, has been that in every case of *variola*, and confluent small-pox, on the fourth day of the eruption, the swelling of the face abated, the pulse fell to a normal rate, and the tongue commenced cleaning. the eruption commenced to dry up, and the pustules withered and shrivelled. By the seventh and eighth day of the eruption the patient was convalescent, without a sign or mark of having *small-pox* after the slight desquamation of the light scales, or scabs fell off.

“In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally any soothing or cooling application for the first three days is all that is required, to allay the itching, etc.”

STRICTURE OF OESOPHAGUS RELIEVED BY IODOFORM.

The valuable remedial properties of Iodoform were seemingly well exhibited in a case of Stricture of the Oesophagus which recently came under our care. It had been coming on for about a month with soreness and pain on the passage of the food down the tube, until finally this became completely obstructed, everything, even liquids, being rejected immediately after swallowing. The cause was not very apparent, although there might have been some sympathetic disturbance, as the patient, a female, was troubled with leucorrhœa and pain in the small of the back, yet was not usually hysterical or nervous, but rather of a phlegmatic disposition. The general health was fair, the tone of the system being somewhat reduced by the deficiency of food and vaginal drain, the tongue was clean, appetite and digestion good, the soreness being more perceptible in the œsophageal tube, near the cardiac orifice. The stricture appeared to be of a mixed organic and spasmodic character, principally the latter, as it culminated somewhat suddenly without acute inflammatory symptoms. In accordance with the indications for an anæsthetic, anti-spasmodic and resolvent influence, six pills, each containing Iodoform gr. j. forrum \cdot ʒ. gr. $1\frac{1}{2}$, one t. d, were given, and with the happiest effect, the relief being prompt and decided. It is possible that this was but a mere coincidence, as spontaneous relaxation of spasm sometimes suddenly occurs in these disorders, yet such is rather improbable in the present instance from the history of the case and character of the remedy. Be that as it may, however, the ability to take nourishment was speedily restored, but as the soreness still remained to some extent, four additional pills of the same kind, one b. d, were ordered, with appropriate local treatment for the leucorrhœa, and as we have heard nothing further from the patient, though living near by, presume she is well —

Medical Cosmos.

COLORLESS "TINCTURE OF IODINE."—We have frequently been requested to publish a reliable formula for colorless tincture of iodine. Were we asked to cite an example of a white negro or a white blackbird, we should consider the task easier. The color of iodine we have always supposed to be an essential and unalterable property of that substance, but many of its compounds form

colorless solutions, which is all that ever was or ever can be attained in the way of colorless solutions of that agent. The so-called colorless tinctures of iodine are simply tinctures of iodides the usual one being iodide of ammonium. This is made by adding successive portions of aqua ammonia to the common tincture of iodine until the color disappears, or, in other words, until all the iodine has entered into combination with the ammonia. A much more elegant and accurate method would be to at once dissolve the desired quantity of iodide of ammonium in dilute alcohol. This method will not only give a tincture free from any excess of ammonia or iodides, but will be found decidedly economical.

The addition of iodine to aqua ammonia occasions the formation of a black compound of a very explosive character when dry. This compound, believed to be the quadr iodide of Nitrogen (NI_4) usually explodes, if perfectly dry, on the slightest touch or jar, with great violence, wherefore the makers of colorless tincture of iodine should be on their guard.—*Chicago Druggists' Price Current.*

GROWTH OF NAILS IN FRACTURES.—Dr. J. J. Nillion, of Effingham, Ill., in a report on surgery before the Æsculapian Society of the Wabash Valley, published in Cincinnati *Lancet and Observer*, reports some interesting facts in regard to the retardation of the growth of nails following the fracture of bones. His attention was first called to this in the case of a boy with a fractured humerus in 1866. The boy's finger nails were stained at the same time with dye. The nails of the sound arm continued growing, while those of the fractured limb were retarded until the fourteenth day. Since this time the doctor has continued his experiments as cases were offered, and consulting authors to find, if possible, anything on the subject; he found that Dr. Guenther, of Denmark, made mention of the nails as a sure means of recognizing the consolidation of fractured bones. The growth of a nail ceases as soon as a solution of continuity exists in the shafts of a bone, and in growing again after a time becomes a certain indication that the consolidation of the bone is taking place. The doctor considers that this sign is of great importance to all surgeons, especially in cases of psoudarthrosis, where direct and repeated examinations are often too prejudicial to the patient, also in cases of necrosis and in fractures of the neck of the femur. It would certainly be worth the while for physicians and surgeons to note this, to confirm, if possible, the doctor's statements, for, as he affirms, if true, it is a sign of great importance.—*Review of Medicine.*

The Canada Gazette,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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

TORONTO, FEBRUARY 1, 1872.

EPIDEMIC OF SMALL-POX.

The very general prevalence of small-pox at the present time not only on this continent; but also in Europe calls for more than a passing notice. We cannot close our eyes to the fact that this most loathsome and destructive disease is alarmingly on the increase. It has made its appearance in several of the cities and towns in this province and is rapidly spreading to more remote parts. It is also likely to become more severe as the warm weather approaches, if not energetically stamped out in the commencement. Several deaths have occurred from the disease in this city, from which it would appear that the type of the present epidemic is of a severe form and all necessary precautions should at once be taken to prevent its spread. One very important step has already been taken by the City Council of Toronto in establishing a temporary small-pox hospital, just outside the city limits, and we would like to see this movement followed up by the councils of the various towns and cities throughout the province.

Next in importance we would press upon the authorities the propriety of rigorously enforcing the act relating to vaccination, for there are many who from ignorance, whim, or prejudice refuse to be vaccinated themselves, or to have their children vaccinated; such persons can only be influenced by the fear of the law. That proper, careful and thorough vaccination is a great

preventive of the spread of small-pox is too well known to require argument, as the statistics of all small-pox hospitals undoubtedly testify. The plain duty of the authorities is to insist upon universal vaccination, among young and old no matter whether they have been previously vaccinated or not. Much of the vaccination of the present day is really valueless from the careless manner in which it has been done, very little effort having been made to have the matter renewed from time to time from the cow. The same virus has been transmitted from arm to arm until it has become completely worthless as a protection against the inception of this disease. It is this careless and inconsiderate vaccination which has done more than anything else to bring the operation into disrepute. Too much care cannot be exercised in the selection and preservation of vaccine virus. Where proper attention has been paid to these details and the operation carefully performed, the liability to the accession of small-pox has been reduced to the very small percentage of about one in two thousand. Vaccination should also be performed at least twice during the lifetime of the individual—in infancy and at full maturity. There should be no delay in carrying out in detail the matters here adverted to, as a little prompt and energetic action on the part of all concerned may be the means under a kind Providence of averting a fearful calamity and mitigating a loathsome and dangerous disease.

We would also desire in this connection to press upon the Government the propriety of appointing a general board of Health for the Dominion. We are constrained to do this the more urgently in view of the probable approach of cholera during the coming summer. The present filthy state of many of our cities and towns in Canada would very much favour the spread of this disease, and it is highly necessary that we should be in readiness to do everything in our power to avert so dreadful a calamity. During the year 1866 when this country was threatened by a similar epidemic much good was accomplished by the appointment of a Board of Health. Local health officers were also appointed in the cities and towns throughout the province. Stringent sanitary regulations were put in force, which had the effect not only of preventing the approach of the dreaded disease; but also of improving the sanitary condition of the whole country. In truth the authorities absolutely require a little waking up, by the threatened approach of some fearful epidemic in order to bring them to a sense of their duty in this respect.

MEDICAL COUNCIL ELECTIONS.

The election for members of the Medical Council of the College of Physicians and Surgeons of Ontario, will take place on the Second Wednesday in June of the present year. Our readers will bear in mind that only those who are duly registered are entitled to vote for members of Council to represent the territorial divisions.

The following are the names of the territorial divisions and the parties who represent them:—

Western and St. Clair.....	Dr. Edwards, Strathroy.
Malahide and Tecumseth.....	Dr. Hyde, Stratford.
Saugeon and Brock.....	Dr. Clarke, Guolph.
Gore and Thames.....	Dr. Covernton, Simcoe.
Erie and Niagara.....	Dr. Pyno, Hagersville.
Burlington and Home	Dr. Hamilton, Dundas.
Midland and York.....	Dr. Agnew, Toronto.
Kings and Queens.....	Dr. McGill, Oshawa.
Newcastle and Trent.....	Dr. Dowar, Port Hope.
Quinté and Cataraquo.....	Dr. Day, Trenton.
Bathurst and Rideau.....	Dr. Mostyn, Almonte.
St. Lawrence and Eastern.....	Dr. Brouse, Prescott.

It is not to be supposed that all these gentlemen will be again returned at the approaching election, nor is it desirable that they should be. There is not one of them who would wish to monopolize the honor thus conferred upon them, and therefore some, we have no doubt, will be likely to retire to give way to others, who are equally worthy the honorable position. It is chiefly among the representatives of the territorial divisions that the profession may look for the infusion of new blood into the council. It is therefore important that the names of the candidates should be before the members of the profession at as early a date as possible, so that there may be sufficient opportunity afforded for canvassing the respective merits of the candidates, and their fitness for the honor sought to be conferred upon them.

These elections are unlike political elections; there are no parties, and therefore fitness for the position is the chief element to be taken into consideration. Men of extreme views are not the most suitable as members of a council composed, as this

one is of heterogeneous elements; but men of calm deliberation, close reasoners, good business habits, and possessing some experience in educational matters, should be chosen; and for those reasons, we would like to see a majority of the present members again re-elected.

We would like if our friends in the territorial divisions would send us the names of those who are likely to be brought forward as candidates at the coming elections, in order that we may give them publicity in the columns of the *Lancet*.

COMPLIMENTARY.—Dr. David L. Philip, who is an occasional contributor to the *Lancet*, was presented a short time ago with a handsome surgical case, accompanied with an address, by his medical confrères, on the occasion of his removal from Platts-ville, Ont., to the town of Brantford. The address was expressive of the high esteem in which he was held by his fellow-practitioners, and regret at his departure from amongst them. The occasion was also rendered more auspicious by his entertainment at a public dinner given by his professional friends in the town hall, to which many of the leading men of the county were invited.

A LUCRATIVE APPOINTMENT.—We are glad to notice the appointment of our esteemed friend Dr. C. N. Trew, of Newcastle, to a lucrative position in New Westminster, British Columbia. He succeeds to an Hospital appointment worth £100 stg. a-year. Jail surgeoncy with an equal sum from the Government, and a private practice worth between six and eight hundred sterling a-year. On the evening of the 20th ult. a farewell supper was given him, and was attended by the leading professional and clerical residents of that town. We wish the Doctor success in his new sphere of labor.

HONORS.—R. C. Fair, Esq., M. D., of Seaforth, a graduate of Victoria University, has lately passed a most successful examination before both the Royal College of Physicians and Royal College of Surgeons, Edinburgh, and was admitted as a Licentiate. He also obtained the Diploma of Licentiate in Midwifery, R.C.P. and S., Edinburgh.

TO ADVERTISERS & OTHERS.

We beg leave to remind advertisers and others that our circulation is unquestionably larger than that of any Medical Journal in the Dominion. The regular monthly issue to subscribers is 1,500, and our list is rapidly increasing, especially in the maritime provinces. Advertisers should make a note of this. Every reading medical man who is at all anxious to keep pace with the current literature of the profession, new remedies, and new improvements in medical and surgical science, and surgical appliances, should become a subscriber to the *Lancet*. We have already on our list all the leading medical practitioners in Ontario, but there are some in the lower provinces that we would very much like to add to our already long and constantly increasing list of subscribers.

PERSONAL.—Dr. Burland, of Hatley, Quebec, has lately received a flattering testimonial in the form of an address from his numerous friends on the announcement of his contemplated removal from that village, owing to ill-health. The address, which was numerously signed, was expressive of the high esteem in which the doctor was held, and urged his continuance amongst them.

The doctor replied in feeling terms, and expressed his sincere thanks for the kindly expressed wishes for the future welfare of himself and family.

NOTES AND QUERIES.

Is the Committee appointed by the Medical Council to draft amendments to the Ontario Medical Act, expected to bring them before the Legislature during the present Sitting?—MEDICUS.

Does Vaccino Virus, which has been long humanized, not lose some of its properties by transmission? And may it not, in some instances, become the means in this way of communicating hereditary diseases?— —, M.D.

[We think it is of the utmost importance to have it occasionally renewed from the Cow. The exercise of great care and

circumspection in the selection of matter will prevent, in a great measure, the danger of communication in the manner referred to.]—ED.

How many patients can the Toronto General Hospital accommodate? and what is its condition as to efficiency?

[The Toronto General Hospital can accommodate from 150 to 200 patients comfortably. It has a good Medical Staff, and a very efficient board of Trustees, all that is needed to place it in a satisfactory condition is funds.]—ED.

Are the authorities of General Hospitals compelled to admit patients afflicted with infectious diseases?

[We think not. The City Council (Toronto) have settled this question in part, however, by the establishment of a small-pox hospital outside the City limits. We understand that a ward is also to be fitted up in the same building for fever patients.]—ED.

TÆNIA IN A NEW-BORN INFANT.—Dr. S. G. Armor, in the *N. Y. Med. Journal*, Dec., 1871, mentions a case of this kind as having occurred in an infant 5 days old, in the Long Island Hospital. The child was seized with trismus, and a dose of calomel and castor-oil having been given, it passed segments of tape-worm. *Ol. terobinth.* and *Ol. Filix Mas.* were then administered, and the child recovered after having passed numerous joints. Two months after confinement the mother was also treated for Tænia, and passed seventy segments. The question is, how did the Tænia find its way into the intestines of the fetus *in utero*?

Dr. Headland, the author of "Action of Medicines," has been appointed to the chair in Charing Cross Hospital, made vacant by the death of Dr. Hyde Salter.

OF "ERICHSEN'S SURGERY" 5,370 copies were purchased by Government during the war of the rebellion, and distributed to the medical staff. The author did not get a dollar of the money, the American edition having been 'pirated'

TETANUS has been cured in France, in a number of cases, by extremely hot air baths, followed by hypodermic injections of morphia.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

DEAR SIR,—On learning this evening of the sudden death of an acquaintance in Ottawa city, of small-pox, and of the increase of the disease in that place, I thought I would humbly suggest, through your valuable journal, the propriety of adopting, if possible, some means to stay its ravages. It is simply that of ordering the person or persons, suffering from that disease, to anoint their bodies and limbs throughout, with carbolized oil, daily, and also to daily wash their bodies thoroughly with soft water, slightly carbolized; the anointing to be performed after the whole person has been washed, and gently dried with some soft fabric. This process should be commenced before the patient or patients are allowed to leave their sick room, and continued until such time as all the diseased skin has been removed, and a new and healthy one formed. My object in this plan of treatment you will perceive, is to prevent the spread of this much dreaded malady, by keeping the particles of diseased and desquamated skin from being set free from persons who have recently suffered, and contaminating healthy persons, by being inhaled or deposited on their exposed skin, while slight or imperceptible perspiration may be on its surface, and (the floating and free particles) adhering, soften with perspiration, and the poisonous or contagious part absorbed. These floating particles may also get into the water drunk, or food eaten, and thus be a mode of contagion. I would like to impress on the minds of my medical brethren, that every effort should be brought to bear on the treatment and prevention of spreading of such a fell destroyer, and disfigurer of the human family. It is for this reason that I humbly offer these suggestions, trusting they may be of some service to the profession, as well as to the public; for as far as I can learn, it was through some persons who recently had the disease, visiting the office of my late acquaintance that he took the disease which so suddenly bereft his mourning family of one so dear. Some members of the profession I have no doubt will not believe in such modes of contagion, but, I assure you, I have some proofs of this theory in practice. A man, travelling up the river Ottawa, a few years ago, "put up" at a hotel,

where some short time before, a death had occurred from Small-Pox. He slept in the same bedroom, and, I believe, in the same bed in which the man died. On his return home, the premonitory symptoms began to be manifest, and soon a virulent case was before the eyes of my comfière, Dr. Cranston, under whose care he was placed. During his illness, he was attended by an old French woman, who paid occasional visits to the house of her son, and also her own home, where her daughter, who was *non. comp. ment.*, also resided. The old woman was not attacked, but she was the medium of contagion to her son's children and her daughter, who were seized with the disease, and all passed safely through its different stages, excepting the baby, who died of a complication of congestion of the lungs. It was during my attendance on those people, and noting the case of my friend, Dr. C., that I was first led to believe in this mode of contagion. I would ask you what was the mode of contagion in Small-Pox breaking out in Ottawa? I am led to believe, that it was through the medium (if I may be permitted to use the word in this way) of the Manitoba Commissioners or Representatives, during their visits to the capital. I believe, that another mode is, through the furs and buffaloes brought from Manitoba, where, you are well aware, that the disease has been so rife amongst the half-breeds, from whom those furs and buffaloes have been purchased, either directly or indirectly, and sent abroad throughout this and the old country; where, according to some of the old country journals, the disease is showing itself in some of its worst forms. This may appear hypothetical, but further and deeper investigation will reveal this to be a fact, when many a patient has been laid beneath the sod, and many others have been disfigured. Every effort of a sanitary nature should be put forth to save life, relieve suffering, and prevent disfigurement. I would also recommend those who have not taken the disease, to have their clothes, when taken off at night, sprinkled with carbolized or other disinfectant powder, folded up, and left until morning. Further, medical men or others in attendance, should wear an indian rubber coat and overalls, to be left in a convenient and suitable entrance, that they may change their every day garments for those less liable to retain the infection. That sir, was my plan while attending my cases, and I had the satisfaction of not seeing it spread.

Yours respectfully,

A. ARMSTRONG, M.D.

BOOK NOTICES.

THE PRINCIPLES AND PRACTICE OF SURGERY by JOHN ASHURST, Jr, M D, illustrated with 523 engravings on wood. Philadelphia H C Lea. Toronto. Adam Stevenson & Co., pp. 1010; price, \$7 50, cloth, \$6 50.

The general arrangement of this work is similar to Litchson's, of which Dr Ashurst was American Editor. The author has succeeded admirably in condensing into a volume of a thousand pages all the surgical information which the general practitioner requires. The work is fully abreast of the times and contains all the modern improvements in surgical science which have proved satisfactory in the author's hands. While in a great measure compiled from other works the author claims for it something more than a mere compilation. The illustrations are borrowed largely from previously published works, but include some that are entirely new from original drawings and Photographs. Considerable space is directed to the subject of Anæsthesia, the author's favorite anæsthetic being *Ether*. Diseases of the eye and ear, mouth and jaws, are also dwelt upon at considerable length. It is on the whole a very desirable work, and will be found especially useful to medical students and general practitioners.

The American Journal of Obstetrics and Diseases of Women and Children,—published Quarterly at \$5 per annum. Sample copies may be had from the publishers for 50 cents, one-third its cost. Wm. Baldwin & Co., 21 Park Row, New York

BOOKS AND PAMPHLETS RECEIVED.



The tenth volume of Wood's Household Magazine begins January, 1872. Among its regular contributors we find the names of Horace

Greoloy, Dr. Dio Lewis, Dr. W. W. Hall, Harriet Beecher Stowe, Gail Hamilton, and many others of equal celebrity. Terms, \$1 per annum. Liberal premiums are offered to those who got up clubs. We have just received a nice chromo of

the Niagara Falls, as a specimen. This chromo will be sent to any one who sends three subscribers, or for one subscription three years in advance. Address, S. S. Wood & Co., Newbury, N.Y.

L UNION MEDICALE DU CANADA.—A French medical journal published in Montreal. Edited by J. T. Rottot, M.D., assistant editors A. Dagonais, M.D., and L. J. P. Desrosiers, M.D. The first volume begins 1st January, 1872. Terms, \$3 per annum. We wish our French contemporary every success.

The Mutual Relations of the Medical Profession, its press and the community, by Dr. Storer, Jr., of Boston. James Campbell & Son, publishers.

Inaugural Address, including a paper on Infant Asylums, by A. Jacobi, M.D., President of the New York Medical Society. Reprinted from the *New York Medical Journal*, Jan., 1872. New York: D. Appleton & Co.

TO SUBSCRIBERS.

Having adopted the cash-in advance system in reference to the subscription of the *CANADA LANCET*, the immediate payment of all arrears is most respectfully urged upon subscribers. The experience of the past year renders the adoption of this plan absolutely necessary, as the outlay for printing, &c., is very heavy, and must be paid for as soon as the work is done, and in addition to this the postage must in all cases be prepaid.

While anxious and willing to promote the interests of the profession in this country in every possible way, it is not reasonable to expect any great financial sacrifice, nor is it reasonable for subscribers to expect a medical journal of 64 pages postage free, for a whole year or more, without any remuneration. It is to be hoped that subscribers in arrears will give the above their immediate attention.

J. FULTON, M.D., M.R.C.S., &c.,
Editor and Proprietor.