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CANADA

MEDICAL & SURGICAL JOURNAL

NOVEMBER, 1879.

Original Communications.

INTRODUCTORY LECTURE

Delivered at the Opening of McGill University, 1st October, 1879,

[ABSTRACT OF]

BY WILLIAM GARDNER, M.D.,

Professor of Medical Jurisprudence and Hygiene.

After having extended a hearty welcome both to those whose faces were already familiar and to those who were now seen for the first time, and having premised that the lecture would be chiefly addressed to new-comers, the Doctor spoke as follows:—

“ I have first, however, gentlemen, to allude to certain changes in the teaching body of this school. The words I use most imperfectly express our feelings when I say that as a Faculty we have sustained a grievous loss by the resignation of the Chair of Chemistry so long and worthily held by Prof. Craik, and as an old student, as well as sometime colleague, of Dr. Craik, I claim the right to add my word of tribute to his merit. To those of you who have come personally in contact with him, I need not speak of the magic effect of his cheery voice, genial manners, and kindness of heart. All of you who have listened to his lectures can bear witness to his wonderful mental grasp, and to his marvellous capacity for clear and forcible presentation of his subject.

“ The duties of the Chair of Chemistry will, during this session, be performed by Dr. Girdwood, and doubtless to your entire satisfaction.

“ Professor Godfrey, too, has resigned the Chair of Hygiene, a step he has been compelled to take by a painful and distressing affection of the eyes, from which we all hope he may ultimately recover. The lectures on Hygiene will be given during the latter half of the session after the completion of the course in medical jurisprudence. I shall there venture to claim from you the same kind indulgence hitherto extended to me by McGill medical students.

“ And now, gentlemen, I have to announce to you what this Faculty congratulate themselves is a most important step they have taken in providing the means for the practical teaching of an all-important subject. For some years the Faculty have contemplated establishing a Physiological Laboratory. To-day I am proud to announce to you that that Laboratory is an accomplished fact, and that in a very short time we hope to see it provided with all the most recent necessary apparatus. Under the able direction of my friend Professor Osler, we expect that we will profit largely by the new facilities thus afforded for the study of physiology. Moreover, we confidently hope that this very laboratory shall be the scene of many original researches by present and future students of McGill in the unexplored fields of physiology.

“ The Faculty has also established a Dispensary for the Diseases of Women in connection with the Lying-in-Hospital. This institution has been in existence since last May, and the measure of success already enjoyed warrants the confident expectation that it will prove a most valuable and much-needed field for acquiring a practical knowledge of Gynæcology.

“ In addressing you, gentlemen of the Freshman Class, let me say that we are by no means ignorant of the feelings which animate your breasts on this occasion. We know something of your hopes and fears, your wants and perplexities. Have we not all occupied similar positions? and I know that some of us are not yet too old to remember something of how we felt when we came as freshmen to hear the Introductory. If to any of you, then, feeling bewildered and oppressed, as may be the novice and utter stranger among you (as was, indeed, my own

case seventeen years ago when I first sat on the benches of the old Medical School in Coté Street), speaking for this Faculty, I can offer any guidance or clue, I shall reap keen satisfaction from the effort."

The Professor then continued, congratulating the matriculants upon their choice of a profession, and explaining to them what they must expect, with words of warning against too sanguine expectations if they desired to avoid disappointment. It was clearly shown that a student's first year almost invariably influenced him permanently for good, for evil, or for nonentity, and, therefore, all were urged to form at once habits of diligence and industry. The grave responsibilities of a physician's life were feelingly alluded to, and to be able to bear these, no preparation could be better than conscientious zeal in availing of all opportunities of acquiring needed knowledge during studentship.

"Enter, then, gentlemen, upon the threshold of your calling with an inward resolution to act honestly in your studies, and boldly and manfully to overcome idleness and indolence. There is only one way to attain to the necessary knowledge, and that is by steady, honest, daily, persevering work, according to the curriculum, following the guidance of your teachers. Let me caution you. Beware of allowing your tastes to lead you away, as some men are apt, through by-paths from the direct road to essential necessary knowledge. If you are ever in doubt as to the wisdom of the curriculum of this University, and sometimes students have doubts on this point, which they sometimes also express, let it suffice to reassure you when you know that it is the result of long experience, of anxious consideration, of comparison with that of other institutions, and of no little discussion on the part of this Faculty. Attend faithfully, then, all the lectures laid down for you, never, if possible, missing a single one, even if you do not understand the subject of it. You cannot, gentlemen, be too firmly impressed with the fact that punctual attendance in the lecture-room is a fundamental requisite to success. The loss of a lecture breaks the connection of the subject in your mind, your interest in it then is apt to become

impaired, and next time the temptation to miss another lecture is less easily resisted. The habit of unpunctuality, like all other bad habits, grows rapidly with indulgence, but is not easily checked: and to a medical man, a character for punctuality is all but essential to his success in life.

“I take it, gentlemen, that you all wish to distinguish yourselves as students; in order to do this you must set apart, methodically, certain portions of the day for study. Four or five hours spent daily in real study (I mean close concentration of the mind on what is before you), in addition to the time occupied in the classroom, in dissecting, and at the hospital, will be as much as is profitable to most men. Mental food, like bodily food, must be digested and assimilated; otherwise it will not become part of the mind, nor will it be available for use.”

The value of a good memory was then insisted on, and this is not so much a natural gift to a few, but can be secured by most if the necessary attention be habitually given to the subject in hand, and if the memory be systematically trained and exercised. The importance of regular note-taking was alluded to as follows:

“I have spoken of attendance upon lectures; you must not only attend, but assiduously take notes. It may not be unnecessary to remind freshmen that the ledges in front of you are for the purpose of resting your note-books. If not informed of this fact, their appearance might lead you to suppose that they were intended to serve as a place whereon gentlemen might exercise their artistic faculties by carving various diverting objects and allusions with their pen-knives. We advise you assiduously to take notes of lectures, but we warn you against depending entirely on your notes in “getting up” a subject. Possess yourselves of at least one text-book on each subject, and follow in it as much as possible the lectures.”

The first year student was advised, if possible, to attend the out-patient department of the Hospital, and familiarize himself with many of the slighter forms of disease there treated. The more advanced students were earnestly exhorted to give all possible time to their practical studies in the Hospital wards,

losing no opportunity for taking personal part in the examination of patients, diagnosing their complaints, dressing their wounds, &c. Whilst here engaged, kind consideration and forbearance towards the sick poor were specially desirable.

“Gentlemen, from the wards you must go to the *post-mortem* room and there see for yourselves the changes produced by disease in those cases which terminate fatally; and I congratulate you on the opportunities you will there enjoy, on the good use made of the material available. I do not think you will find there is a hospital on this continent where more is made of the available material than that in the Montreal General Hospital, in charge of my excellent friend and colleague, Prof. Osler. It is here, then, that you must correct or confirm the diagnosis made during life; familiarize yourselves with appearances and conditions of organs and tissues due to disease; learn to distinguish between appearances and conditions which are truly morbid and those which are the result simply of *post-mortem* changes. I am reminded of the importance of the latter by its relation to my own subject of forensic medicine.

“Now, gentlemen, you are to learn by personal acquaintance with morbid tissues and organs, taking every opportunity to make an autopsy yourself, and in examining, handling and feeling these objects. Do not be afraid to soil your fingers. Do not be content with looking over the shoulders of your classmates.”

The value of bi-manual dexterity was pointed out, and the following plan suggested as helping in this direction:

“Those of you who do not choose to be hirsute had better shave yourselves rather than submit to the operations of the barber. There was a certain amount of sound sense in the ancient association of professions in the barber surgeon. Learn to shave with both hands equally well, an important step to being *ambi-dexter*. A capacity of delicate manipulation, combined with delicacy of touch, may make your fortune; the opposite may mar it. You are not likely to retain a patient on whom you pass the catheter with rough and heavy hand, if he has suffered the same operation at more delicate hands.”

All were specially urged to join the Student's Medical Society. "We, as a profession, are the worst of public speakers. Avail, then, of every opportunity of getting on your feet. Say something,—sense if you can, but if not,—well, something. In most cases, if you begin by speaking nonsense, you will end by saying something worth listening to. There is no doubt that if we, as a profession, were capable of appearing to better advantage on the platform, our influence would be vastly increased. Then, again, with special reference to the advantages of belonging to such a society, you will never be so familiar with a disease as when you have reported a case and made yourself sufficiently familiar with the literature of the subject to withstand the criticism or take part in the discussion on it afterwards."

The institution of annual examinations was alluded to, and the hope expressed that it would be found conducive to the best interests of the student. "Examinations are the best means at our command now at college to practise the habit of thinking calmly during difficulties; and let me tell you, when you have learned to think and speak calmly in difficulties, in the midst of external pressure, you are far on your way to success in life." Some excellent advice followed with reference to the care a studious man must take of his own health, lest it desert him when most he needs it. Considering, also, the arduous character both of the study and of the practice of medicine, no one who is positively weakly or delicate should think of undertaking it, but should rather withdraw before injuring his health perhaps permanently. The address concluded with the following eloquent quotation from Sir James Paget: "Competence of living, the society of educated men, blessings from the poor, recompense with gratitude from the rich, boundless fields of intellectual exercise, access to the richest stores of knowledge to the glory of the Creator, the relief of man's estate, and daily inducements to the exercise of Christian virtues, I could wish you no greater happiness than the loving and peaceful homes you will find in these things. Let me wish them to you all. The pleasures of intellectual pursuits, I know, can hardly be attained by many of us, while the practical business of life must be laboriously

pursued by night and day, almost alone, under circumstances most discouraging ; but the pleasures of virtue are within the reach of us all. And herein is, indeed, the unmatched excellence of our profession, that in its daily duties it offers to us the opportunities of the highest Christian virtues. Not one of us need go out of his daily path to find these occasions about him. Without preaching, he may teach lessons of highest wisdom. Without wealth, he may be a great alms-giver. Daily he may say with all reverence, ‘ Silver and gold have I none, but such as I have give I unto thee,’ and what he has to give may be more than the acceptance from him of silver and gold might purchase. Thus he may live every season of his life, promoting his growth in virtue, and when he dies, his last memories may be memories of duty done—the surest way to honor among Englishmen, and, through God merciful, the surest way to heaven.”

PNEUMONIA OF RIGHT LUNG, FOLLOWED BY EMBOLISM OF THE RIGHT FEMORAL ARTERY, AND GANGRENE — AMPUTATION OF THE THIGH—RECOVERY.

BY JOHN REDDY, M.D., L.R.C.S.I., ETC., ETC.

Physician to the Montreal General Hospital, &c.

[Read before the Medico-Chirurgical Society, Montreal, 19th September, 1879.]

Mr. President and Gentlemen,—I beg leave to bring before you this evening the following interesting case of Embolism following Pneumonia, reported by Mr. R. S. Ward, clerk.

History—Thomas Stirling, laborer, aged 27 ; Canadian by birth ; unmarried ; of medium size, but a well-built man.

His father died of phthisis. Remaining family history unimportant. No history of any constitutional or nervous diseases. He has never had any previous illness, excepting malarial fever, 10 years ago, while living in Arkansas. Says he has never had syphilis. His habits have been comparatively regular.

Was admitted into the Montreal General Hospital, under Dr. Reddy’s care, April 4th, 1878, suffering from cough, fever, pain in the right side, and rusty expectoration.

On the 1st of April he fell asleep in the open air, and awoke shivering with cold. He slept that night in the police station, and during the night had a rigor; he also began to cough, and felt a severe stitch in the right side; was flushed and feverish next day, and expectorated rusty and viscid sputa for the first time on Wednesday morning (3rd day). He also began to suffer from dyspnoea. Pulse was 132; respiration 36; pulse R. ratio, $1-3\frac{1}{2}$; temperature 104°F .

Physical Examination—A limited area of dulness (comparative only) is found at the base of the right lung. Fine crepitations are also heard over this area. Lungs otherwise appear normal. Urine, sp. gravity, 1022—high colored and acid in reaction; no albumen and no sugar. Treatment: linseed meal poultices to affected side; quinine, grs. xx.; milk diet.

April 5th.—All the symptoms continue. A small area of comparative dulness is found just beneath the scapula; fine crepitation heard here also; respiratory murmur is weak over the whole of right lung: behind, breathing is exaggerated in the left lung. Diet, milk and beef tea. Ordered

R.	Liq. ammon. acet.,	℥iii
	Tinct. aconite, B.P., gtt.,	xx
	Syrup, - - - - -	℥iiss
	Aquæ ad, - - - - -	℥vi

℥iiss every third hour. Continue linseed meal poultices over affected region.

April 6th.—Dulness is now observed over the whole upper lobe of the right lung, both before and behind, also bronchovesicular breathing and fine crepitation.

April 7th.—All previous symptoms continue. Temperature $104^{\circ} 1.5 \text{ F}$. Dulness is now more intense, and breathing more distinctly blowing in upper lobe of right lung. There is dulness and some fine crepitation in lower lobe. Patient is delirious and sleepless at night, but delirium is not violent. Ammon. carb., ℥ss, was added to the patient's mixture; also 30 grs. quinine ordered.

April 8th.—Complete consolidation of the whole lung; breathing less blowing above. Ordered 4 ozs. of port wine.

April 9th.—Symptoms are somewhat abated. Temperature now normal. Reduc crepitation is heard nearly all over the lung; dulness is not so marked. A small amount of albumen was discovered in the urine. Patient felt better all the morning. About 2 p.m. he complained of cramp in the calf of the right leg, accompanied with severe pain. When examined at 3 p.m., muscles of leg seemed rigid and in a condition of tonic spasm. Feeble pulsation in femoral artery at Poupart's ligament. Leg is cold and painful to touch; great tenderness in popliteal space. The leg was ordered to be wrapped in cotton wool and heat applied, and raised on an inclined plane. Wine increased to 6 ozs.; ordered egg-nog and 2 pints of milk additional.

April 10th.—On examination this morning leg was found cold and purple up to the middle third of the thigh, the discoloration existing to within about 4 inches of Poupart's ligament, ending abruptly, and the difference of temperature above and below the line being equally well marked. Pneumonic symptoms are rapidly subsiding, and signs of resolution are most marked. Patient was delirious during the night. A hard cord can be felt just below Poupart's ligament in the line of the femoral vessels. The external iliac artery can also be felt one inch above Poupart's ligament, but no pulsation in the femoral, or pulsation in the popliteal or tibial arteries.

Mensuration—Affected leg: calf, $12\frac{1}{4}$ inch; thigh, $17\frac{1}{2}$ inch.
Normal leg: calf, $11\frac{3}{4}$ inch; thigh, $16\frac{3}{4}$ inch.

April 11th.—The color of leg is deepened; desiccation of foot becoming marked. The leg is painful when moved, and common sensation is destroyed. Temperature (as shown by an ordinary clinical thermometer which would not register lower than $93^{\circ}\text{F}.$) at popliteal space of affected leg, $95^{\circ}\text{F}.$; above purple area, $97^{\circ}\text{F}.$

April 12th.—The lung is gradually becoming normal, and heart perfectly normal. Patient sleepless and quiet delirium at night. A trace of albumen found in urine to-day. Temperature

93°F. and 96°F. below and above the line of demarcation respectively. Ordered 4 ozs. of brandy instead of port.

April 13th.—Same symptoms prevail; all more marked, but color has varied, being much deepened in foot and less so in calf. Temperature of both legs by surface thermometer on anterior surface of thighs—Affected leg, 81 1-5°F.; normal leg, 96°F. Ordered 6 ozs. of brandy, 2 eggs, beef tea.

April 14th.—General symptoms have improved. The upper edge of the discoloration is very dark and tender to touch. The thigh above is much swollen. About 8 inches below the anterior superior spinous process of the ilium (3 inches above line), affected leg measures 19 inches; sound leg in similar position, 17 inches. Temperature by surface thermometer:

Calf of affected leg, 79½°F.; above patella, affected side, 83°F.

“ normal “ 92°F.; “ “ normal “ 94°F.

Foot continues to desiccate; is now hard, dry and shrivelled.

April 15th.—Patient's general health improved. Leg in same condition as yesterday, except that desiccation is on the increase.

April 16th.—Condition same as yesterday. Affected leg, below inner ankle, 80°F.; popliteal space, 80 4-5°F.; at line of demarcation, and over the line of the femoral artery, 86°F.; 3 inches above line of demarcation, and over the artery, 96°F. Normal leg in same situation, 97°F. Affected leg measures 17¾ inches three inches above line.

April 17th.—Patient continues in about the same condition; desiccation of the foot is increasing, and becoming darker in color.

April 18th.—Patient continues comparatively well. Temperature of affected leg—Inner malleolus, 84 4-5°F.; popliteal space, 84½°F.; at demarcation, 87 2-5°F.; 3 inches above line, 95°F.

April 19th.—General health has improved. Temperature of affected leg—Inner malleolus, 83°F.; popliteal space, 86°F.; line of demarcation, 87 2-5°F.; 3 inches above line, 95 2-5°F. The calf of the leg has a boggy feel to the touch, and is becom-

ing darker in color; skin dry and shrunken; heart is normal. Complained of weakness to-day; ordered

R.	Quin. sulph.,	grs. xii
	Acid. sulph. dil.	℥i
	Tinct. nucis. vom.,	ʒi
	Tinct. card. co.,	ʒss
	Syrup, - - -	ʒi
	Aq. ad. - - -	ʒvi
		ʒss ter in die.

April 20th.—The leg appears darker and muscles softer; desiccation of foot now extends one inch above the malleoli. Portions of foot are almost black. Temperature—Inner ankle, 82°F.; popliteal space, 87°F.; line of demarcation, 88°F.; three inches above line, 96½°F. Measurement, 17 inches; at line, 17½ inches.

April 22nd.—Temperature and pulse normal. Leg is much darker, and desiccation extends to the knee. Temperature—Ankle, 79 3-5°F.; popliteal space, 84 3-5°F.; demarcation, 86½°F.; 3 inches above line, 96 2-5°F.

April 23rd.—Patient's general health good.

April 24th.—Leg was bathed to-day in a solution of carbolic acid and then wrapped in carbolized cotton wool and covered over with antiseptic bandage, under the antiseptic method.

April 27th.—Antiseptic bandage became displaced during the night, having slipped down as low as the line of demarcation. It was rewrapped as before.

April 29th, 9 a.m.—Lungs and heart were examined this morning. Respiratory movements are still less marked in the right lung. Slight dulness in the clavicular and infra-clavicular regions. Respiration is also a little weaker in this lung. Heart normal. Abdominal aorta and general vascular system examined to-day. There exists no suspicion of aneurism. Urine, sp. gr. 1020; acid reaction; no albumen.

1 p.m.—The attending physician, Dr. Reddy, assisted by Dr. Roddick, amputated the thigh under Lister's antiseptic method by the circular operation, at the junction of the middle with the

upper third of the thigh. The femoral artery was found plugged above the line of demarcation. Signs of fatty degeneration were apparent in the anterior muscles of the thigh. Very few collateral vessels found, and those of small size. Chloroform was used for the operation; hemorrhage almost nil.

7 p.m.—Patient was given a hypodermic injection of morphia. He is doing well.

April 30th.—Patient had rather a restless night. At noon to-day he was slightly delirious. Leg was dressed antiseptically and is looking well; ordered

R. Bot. Bromid., - - ʒiii
Syrup, - - - - ʒi
Aq. ad. - - - - ʒvi

ʒss 4, q, h.

May 1st.—Patient continued delirious till midnight; was then given a hypodermic of $\frac{1}{2}$ gr. of morphia, and then slept till morning. Leg dressed antiseptically, and is doing well. Occasional intermissions in the heart's action were noticed by Dr. Bell, House Surgeon.

May 2nd.—Patient given a hypodermic of morphia last night, and slept well. Heart's action normal to-day; no intermissions noticed since.

May 4th.—Leg was dressed to-day and looks well. Patient complains of piles; suppository ordered.

R. Pulv. opii, gr. $\frac{1}{2}$
Ext. Bellad. gr. $\frac{1}{4}$ —in each suppository.

Ordered Pulv. Glycyrrhizæ co. ʒi statim.

May 5th.—Patient having been given an enema, the bowels operated this morning, not having operated since April 27th.

May 6th.—The leg was dressed to-day and looks well.

May 7th.—The patient was ordered the following ointment, as his hemorrhoids were troublesome:

R. Pulv. opii, - - - gr. xx
Liq. plumb. acet. - ʒii
Vaseline, - - - ʒi

May 8th.—On opening antiseptic bandage, signs of putre-

faction were evident. Pus of a putrescent character escaped, and a small slough was removed from the inner angle of the flap. The incision where slough existed was injected with a xx gr. solution of chloride of zinc, and was afterwards washed with the carbolic solution. The end of the bone protruded to almost a level with the flaps in consequence of the muscles retracting to an unusual extent. In consequence, some of the catgut ligatures burst away. The flaps were brought together with adhesive plaster, and the wound dressed with salicylic cream; and the dressing was done under the antiseptic method.

May 10th.—Stump dressed as yesterday, and doing well. Ordered a dose of *Ol. Ricini*, as bowels had not acted for five days; also

R	Quin. sulph.,	- -	grs. xxiv
	Acid. sulph. dil.,	-	ʒii
	Tinct. calumb.,	-	ʒiiss
	Aq. ad.	- - -	ʒvi ʒss ter in die.

Heart's action excited to-day.

May 11th.—Stump dressed; granulations are forming from the bottom of the wound.

May 12th.—Stump dressed; small slough was removed from the inner angle of the flap. Patient ordered a chop.

May 14th.—The wound was injected with a $7\frac{1}{2}$ gr. solution of chloride of zinc, and treated as usual. Granulations continue to spring from the bottom. Was ordered 1 pint of porter instead of the 6 ozs. of brandy.

May 16th.—Stump dressed as usual; very marked improvement in the appearance of the wound; granulations fast filling up the wound. A small portion of bone, however, seems to be exfoliating.

May 20th.—Stump dressed to-day for the first time without the carbolic spray. The wound was injected with a weak solution of chloride of zinc and then washed with the carbolic solution, wrapped in boracic lint, and covered with oiled silk.

May 23rd.—Patient feels well. Thigh dressed as usual with the boracic lint, etc.

June 3rd.—Stump has been dressed daily since last report. Edges of the wound have almost united, and the bone which appeared to be exfoliating is covered with newly-formed healthy granulations. Patient was dressed to-day and sat up for half-an-hour in an invalid chair. Ordered 4 ozs. of port wine instead of the porter.

June 8th.—Stump has been dressed daily since last report. Patient is much stronger; sits up from two to three hours every day, and wheels himself around the wards in his chair. Stump almost healed.

June 30th.—For the last fortnight patient has been walking around the ward on crutches. Stump perfectly healed and looking well.

PULSE.

During the course of the attack the pulse varied as follows :

I. *Pneumonia.*—From 132 beats at the commencement of the attack to 80 at the close.

II. *Embolism.*—On the day the embolism set in the pulse was 86 per minute; second day, 92; third day, 102; fourth day, 112. From this date the pulse became gradually normal.

III. *Operation.*—On the day of the operation the pulse was 80; on the following day, 120; third day, 116; and from this date gradually became normal.

TEMPERATURE.

The temperature varied as follows :

I. *Pneumonia.*—The maximum temperature reached was 104°F.; this gradually became normal.

II. *Embolism.*—On the day the embolism occurred the temperature was 101°F., but on no subsequent occasion did it register more than 100½°F.

III. *Operation.*—On the morning of the operation the temperature was 98½°F.; the following morning it reached 100¼°F. From the third day it rapidly became normal.

April, 1879.—A year having elapsed since the operation, an opportunity presented itself for examining the patient again.

Lungs and heart normal, and he is in robust health. Stump is perfectly healthy.

The possible source of the embolism in the foregoing case may have been—

Firstly, Thrombosis having occurred in a pulmonary vein in the inflamed area of lung, detachment of a portion of the thrombus passing into left auricle, thence into ventricle, and carried down into right femoral.

Secondly, General weakening of the circulation and formation of a small clot in left auricular appendix, detachment of a portion of the thrombus, and its being carried to right femoral. The suddenness of the seizure would, in my opinion, be against the thrombosis having occurred in the artery itself, leading to the conclusion that the first cause stated may have been the most probable. The occurrence of embolism is most frequently associated with disease of the heart and blood vessels, often, however, following operations, and occasionally after child-birth. It generally interferes with the great nerve centres, and produces the usual symptoms of such interference—hemiplegia and aphasia, etc. The above case is one, I think, of more than usual interest, inasmuch as I am unable to find a similar one on record. The interesting facts connected with the case were the age of the patient and the entire absence of disease of the heart or blood vessels. Professor Chiarry, Pathologist to the General Hospital, Vienna, kindly made a diligent search for me in the pathological records of the Hospital from 1877 to this date, and could find no similar case; and out of an experience extending over many years, averaging 30 *post-mortems* a day, cannot recollect a similar case. I have also to thank my friends, Drs. Howard and Fenwick, for their kind assistance in searching up the matter, but with no better results.

Reviews and Notices of Books.

The Summer and its Diseases.—By JAMES C. WILSON, M.D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, and Lecturer on Physical Diagnosis in the Jefferson Medical College. 12mo., pp. 160. Philadelphia: Lindsay & Blakiston.

Eyesight and how to Care for it.—By GEO. C. HARLAN, M.D., Surgeon to the Wills' Eye Hospital, &c. 12mo., pp. 134. Philadelphia: Lindsay & Blakiston.

The above are two more of the series of American Health Primers. The first deals with the very important matter, in this country at any rate, of the diseases which prevail during the hot months, and are more or less dependent upon continued elevation of the general temperature. It contains some explanations of the manner in which prolonged or excessive heat acts upon the human organism, and what diseases result therefrom, together with practical directions for avoiding these deleterious effects as much as possible. The headings of its chapters from which its scope may be judged of are as follows: The Summer—Summer and Heat Fever—Summer Diarrhoea and Dysentery—Cholera-Infantum—Summer and Autumnal Fevers—Summer Colds and Hay Asthma—the Skin in Summer and its Diseases. Containing much that is purely medical, it is still written in a pleasant, untechnical style, which commends it to all readers, lay or professional.

The little book on preservation of the Eyesight is also composed in much the same manner. It first gives an outline of the anatomy of the eye and the physiology of vision, touches on the ophthalmoscope, describes shortly the principal injuries and diseases of the eye, and concludes with chapters on optical defects and spectacles, including practical suggestions for the care of the eyes. It goes upon the principle that prevention is far preferable to cure, and, therefore, dwells more particularly upon the means that can be taken to prevent the occurrence of

eye troubles, although the causing of them, if unhappily present, is by no means neglected. No doubt, with the eyes, as with all one's organs, a little knowledge, instead of being "a dangerous thing," is often the means of putting a person on his guard, causing him either to seek good advice in proper season, or himself to take measures for arresting the threatened mischief. This work is a safe guide to recommend for general use.

The Student's Guide to the Diseases of Women.—By ALFRED LEWIS GALABIN, M.A., M.D., F.R.C.P., Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital; Examiner in Physiology and in Obstetric Medicine to the University of Cambridge, &c. With sixty-three illustrations. Svo., pp. 370. Philadelphia: Lindsay & Blakiston.

This is a volume of handy dimensions, intended principally for the use of Gynæcological students. It contains short and clear descriptions of all the diseases of the female generative organs—their etiology, pathology, diagnosis and treatment. Such an extensive branch of medicine has this department now become that it is by no means an easy task to condense even its outlines into the modest dimensions of such a work; but by judicious management, and especially the exclusion of a good deal that is found in most of the larger treatises on surgery, this has been very successfully accomplished. Nothing of real importance is omitted, and by careful condensation of the matter in hand, the student is here put in possession of all the main facts and features of the various disorders treated of. Without particularizing further, we might say that the section on displacements of the uterus seems to us specially good. The student is not puzzled by finding a multiplicity of different ways described for treating each displacement, but the mechanism of each having been pointed out, a few only of the best forms of support, &c., are indicated. Here, also, there is a good deal that is original, containing some peculiar forms of pessary, which the author considers to present special advantages. Although mainly meant for students' use, yet the directions for treatment are

throughout sufficiently full to be of service to the practitioner. The illustrations are tolerably numerous, are clear, and constitute not the least valuable portion of the work. The typographical part is excellent, quite up to the standard of the well-known publishers who have brought it from the press.

A Clinical Treatise on the Diseases of the Nervous System.—

By M. ROSENTHAL, Professor of Diseases of the Nervous System at Vienna. With a preface by Professor Charcot. Translated and revised from the author's revised and enlarged edition. By L. Putzel, M.D., Physician to the class for Nervous Diseases, Bellevue Hospital out-door department, and Pathologist to the Lunatic Asylum, B.I. 2 vols. 8vo. New York: Wm. Wood & Co.

In these two volumes, which are a continuation of Wood & Co.'s Library of Standard Medical Authors, the subscribers are presented with the complete work of Prof. Rosenthal on Nervous Diseases. The short preface by Prof. Charcot, which is published with it, is valuable as showing the high opinion entertained by that eminent neuropathist of the usefulness and importance of the present treatise. He says: "The subject could hardly have been arranged more harmoniously, nor could the pathological descriptions appear in more vivid and striking colors; and it would be difficult to push further than has been done in this work, the constant habit of examining questions from all points of view. This is not done by departing from the clinical spirit, but by appealing to information furnished by experiments upon animals, when they are legitimately applicable to man: or, still further, by invoking at each step the revelations of pathological anatomy."

We are accustomed to look in these German books for a maximum of pathology and a minimum of symptomatology and treatment, but the latter here receive their full share of attention, making the chapters by so much the more useful and interesting to the general medical reader and practitioner. Prof. Rosenthal is one of those who has given much study to the treatment of nervous disease by electricity and by hydro-therapeutics. It is

now so fully admitted by the most competent specialists that we have probably in these two agencies the most powerful known means of influencing organic and functional changes in the nervous system, that it is very necessary to have a knowledge of the results obtained by them where the experiments have been extensive.

In the two volumes will be found the entire range of nervous disorders, both organic and functional, systematically arranged. No better selection could have been made by the publishers, and it will no doubt be received as a welcome addition by those who are taking the Medical Library.

Analysis of the Urine, with special reference to the Diseases of the Genito-Urinary Organs.—By K. B. HOFMANN, Professor in the University of Grätz, and R. ULTMANN, Docent in the University of Vienna. Translated by T. Barton Brune, A.M., M.D., Resident Physician Maryland University Hospital, and H. Holbrook Curtis, Ph.B. 8vo., pp. 270. New York: D. Appleton & Co.

After all the manuals of urinary analysis that are to be had, there still seems room enough for others dealing more or less with the same subject. We have looked carefully through this book, and are prepared to say that it will be found a work of real, practical, live interest and value to general practitioners of medicine. From its title some might be led to conclude that it was concerned only with the chemistry of the urinary secretion and the methods of chemical analysis, and would thus, perhaps, feel inclined to relegate it to the domain of the chemist as a specialist. But this is by no means the case. It treats fully of the means to be taken for ascertaining the important ingredients of any urine, organic and inorganic, but does not go into the refinement of the more difficult and less generally useful chemical manipulations. The directions here given, and the explanations offered, are remarkably clear, concise and readily followed. And in all cases those tests are preferred and illustrated which are the quickest, performed with least apparatus, and therefore most valuable to the actual practitioner. The first

two chapters contain a brief, plain summary of our present knowledge of the histology of the renal organs and the physiology of their excretion. The third is a complete description of the chemical composition of healthy and diseased urine. The next is on re-agents and apparatus. The fifth gives the means for the quantitative determination of a few of the constituents of urine, comprising, of course, the most important ones from the standpoint of practical medicine—Urea, Uric Acid, Albumen, Sugar, &c. The last three chapters then deal with the determination of the nature of the disease any patient may be suffering from, as far as that can be done by a critical examination of the urine. These chapters are headed respectively—Key to the approximative Analysis of the Urine—General Diagnosis—and Diagnosis of the Diseases of the Urinary Apparatus. In these the bearings of all the characteristics of different specimens of urine are brought together—chemical, physical and microscopical—and made to constitute a series of “symptom-pictures,” well drawn and admirably calculated to impress the memory of the reader with the salient features of the chief urinary diseases. These chapters are highly instructive if only read, and at the same time are specially constructed to be useful for reference. It is certainly one of the best and most satisfactorily arranged works of the kind with which we are acquainted.

Laboratory Teaching: or, Progressive Exercises in Practical Chemistry.—By CHARLES LOUDON BLOXAM, Professor of Chemistry in King's College, London, in the department of Artillery Studies, Woolwich, and in the Royal Military Academy, Woolwich. Fourth edition, with eighty-nine illustrations. Philadelphia: Lindsay & Blakiston.

The study of practical chemistry is now very properly made a compulsory subject at all our most advanced medical schools. Small and convenient hand-books for the laboratory such as this will always be in request. To the beginner even, it is sufficient, for it contains directions applicable to the very first attempts at chemical manipulation. From this beginning the student is

gradually led forward up to the performance of analysis of very complicated substances. It dispenses with the use of all costly apparatus and chemicals, and is divided into separate exercises or lessons, with examples for practice, to facilitate the instruction of large classes. Along with these are useful tables for the analysis of unknown substances of all kinds which are known to be single substances, and also for the detection of unknown substances with the aid of the blow-pipe. The book appears to have been most carefully prepared, and is carried out upon the system which the author has found most effective after many years teaching of Practical Chemistry. We highly recommend it to students and those engaged in teaching chemical manipulation and analysis.

The Mulum in Parvo Reference and Dose Book.—By C. HENRI LEONARD, M.A., M.D. Detroit.

A small, handy, pocket-companion, containing a great multitude of things which every physician often wants to refer to and cannot be quite sure of always keeping in his head. It contains alphabetical lists of all the more recent drugs and their preparations, together with the doses in which they may be used. Short rules are given for the conversion of the common weights and measures into their metric equivalents. By frequent reference to the tables here given, familiarity with the metric system could soon be gained. Here will also be found lists of poisons and antidotes, urinary tests, obstetric memoranda, and a number of small items of practical hints.

Memoranda of Poisons.—By THOS. HAWKES TANNER, M.D., F.L.S. Fourth American from the last London enlarged and revised edition. Philadelphia: Lindsay & Blakiston.

It is only necessary to say that this popular little *vade mecum* of poisoning emergencies has required another edition. It contains all the facts about poisons and poisoning that it is necessary to have in one's mind, or to get hold of as rapidly as possible, compressed into as small a space as is compatible with completeness for such a large subject. The appendix contains an article

on bites of venomous reptiles and rabid animals, and on bee-stings; also a useful list of the important powerful pharmacopœial drugs, with the amount of each that is contained in the officinal preparations. Tanner's memoranda continues to be the best book of the kind, and by undergoing occasional revision, is always found up to the requirements of the day.

Books and Pamphlets Received.

Student's Pocket Medical Lexicon, with an Appendix. By Elias Longley. Philadelphia: Lindsay & Blakiston.

Real-Encyclopädie der Gesammten Heilkunde, Medicinisch-Chirurgisches Handwörterbuch für praktische Aerzte. Herausgegeben von Dr. Albert Eulenberg, Ord. Professor an der Universität Griefswald. Wien: Urban & Schwarzenberg.

Photographic Illustrations of Skin Disease. By George Henry Fox, M.A. Parts III. and IV. New York: E. B. Treat, 805 Broadway.

The National Dispensatory, containing the Natural History, Chemistry, Pharmacy, Action and Uses of Medicines. By Alfred Stillé, M.D., LL.D., and John M. Maisch, Phar.D. Second edition. Philadelphia: Henry C. Lea.

Diseases of Women. By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women, &c. Second edition; thoroughly revised and enlarged, specially prepared for "Wood's Library." New York: William Wood & Co.

Yellow Fever: a Nautical Disease. Its Origin and Prevention. By John Gamgee. New York: D. Appleton & Co.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The annual meeting of this Society was held on 3rd October. There was a large attendance of members, and the proceedings were of considerable interest.

Dr. Major presented the report of a case of malignant disease of the upper part of the larynx. Some difficulty had arisen in the way of diagnosing this from syphilitic disease. There was dysphagia, and a tumor with unhealthy surface could be seen

and felt at the level of the epiglottis. The patient died of exhaustion and starvation. The parts removed had been photographed, and were exhibited at the meeting.

Dr. Osler showed the organs of a boy who had died of poisoning by corrosive sublimate. There had been symptoms of irritant poisoning, followed by diphtheritic exudation in the throat, suppression of urine, and great prostration, the lad dying insensible after 10 days.

The *President* (Dr. Henry Howard) then read a short address on his retirement from office. He congratulated the Society upon the good work which had been done during the past year. The following is a list of the papers read and subjects discussed: Dr. Hingston, "Inflamed Joints"; Dr. Roddick, "Cases treated by the Thermo-cautère"; Dr. Ross, "Acute Spinal Paralysis"; Dr. Trenholme, "On the Hodge Pessary in Retroflected Uterus"; Dr. Hingston, "Excision of the Shoulder"; Dr. Kennedy, "Extra-Uterine Gestation"; Dr. Bessey, "Animal Vaccination"; Dr. Buller, "Eserine"; Dr. McConnell, "Ichthyosis Hystrix"; Dr. Henry Howard, "Responsibility and Irresponsibility in Crime and Insanity"; Dr. Osler, "Two Cases of Rare Kidney Tumor"; Dr. Alloway, "Trachæotomy in Laryngeal Diphtheria"; Dr. Oakley, "Pneumonia"; Dr. F. W. Campbell, "Whooping Cough treated by Quinine"; Dr. Henry Howard, "Some Practical Remarks on the General Treatment of the Insane"; Dr. A. L. Smith, "Chorea"; Dr. Rodger, "Softening of the Brain"; Dr. R. L. Macdonnell, "Three Cases of Malignant Disease"; Dr. Hingston, "Sewer Poisoning"; Dr. Osler, "Demonstrations of the Medical Anatomy of the Brain"; Dr. Finnie, "Chronic Ulcer of the Stomach"; Dr. Reddy, "Pneumonia, followed by Embolism of the Right Femoral."

The election of officers was then proceeded with for the ensuing year, with the results already announced in the last number of the *Journal*.

The regular meeting of this Society was held on October 17th. The President, Dr. R. P. Howard, in the chair.

Dr. Osler exhibited as pathological specimens:—

1st. Striated Myo Sarcoma of a kidney in a child of $3\frac{1}{4}$ years of age, in the practice of Dr. Finnie. It had been considered a case of abscess. Death took place suddenly from cardiac embolism. Malignant growths in the kidney are comparatively rare, but in children occur with comparative frequency. The tumors are usually soft, and, rapidly growing, present a greyish-white pulpy tissue, like softened brain matter. They sometimes form large abdominal tumors, and with cancer of the retro-peritoneal glands, constitute the great majority of abdominal new growths in children. Tumors containing striped muscular fibre are a curiosity, only some 20 cases being on record.

2nd case was one of cirrhosis of the liver, with thrombosis of the portal vein, in a man aged 62, an old soldier; history of drinking habits. Illness began in June with dropsical symptoms. He took a voyage from Newfoundland (his home) to Montreal, and died two days after admission to the Hospital here. The liver was remarkably cirrhotic; the portal vein had thick walls, which being slit up, showed a soft brown thrombus occupying the upper part.

3rd. Perforation of the intestine in typhoid fever. Patient died on the 50th day of the disease. The patient, aged 19, admitted on 2nd of September and ninth day of fever; temperature 104° . Until 16th day moderate fever; constitutional symptoms slight. From the 18th to the 27th day temperature was normal. A relapse occurred on the 31st day, and temperature reached 104° ; no diarrhoea. On the 42nd day there was hæmorrhage from the bowels, tenderness of the abdomen, tympanitis, and great exhaustion. Another slight hæmorrhage on the 48th day; vomiting the last few days, and death on the 50th. The lower part of the ilium had three ulcers, one about the size of a sixpence.

Dr. Shepherd presented a skull having only one parietal bone. The skull was much longer and narrower than usual. He also showed ossified pubic bones from another subject.

Dr. Roddick presented a highly interesting case of favus to the Society. The patient was under his care in the Montreal

General Hospital—a female child, aged 10, who had resided in a low, unhealthy, secluded part of the city, and was badly nourished. The disease was well marked on the head, and distributed generally over the entire body. The father had been deaf and dumb from birth; the mother had had pneumonia five times, had given birth to ten children, the entire family being unhealthy, and all of them had had head eruptions. A remarkably fine painting of this case was also shown to the Society.

Dr. Roddick also presented a drawing of a case of Meningocele which had been off and on under his treatment in the Hospital. It was diminished from its original size of a small lemon to the size of a walnut. The child subsequently died, not being properly nourished at home, its mother being ill.

Dr. Ross then read a paper on “A case of deep-rooted Thoracic Aneurism,” where the diagnosis had been much assisted by the pulsation felt upon traction on the trachea.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Present State of Therapeutics.—The following extract from an address on this subject by Dr. Roberts Bartholow at the recent opening at Jefferson Medical School is deserving of attention:—

“It is a mere pseudo-science which is misleading so many that it has become commonplace to know something about drugs and to prescribe them; the new school of pathologists and physiologists look upon the whole business of medicine giving as unscientific, and therefore unworthy of the attention of the higher order of medical thinkers. It is a very fascinating doctrine, that to be ignorant of drugs is to be regarded as superior to the commonplace—as being in the higher walks of medical life—and hence many make haste to adopt it, relying for the hereafter on mint-water in the treatment of rheumatism,

and similar nihilistic absurdities. The great question of the time is, does it pay? Applying this utilitarian method to the subject, I answer, it does not pay to be ignorant of therapeutics, and I prove my position by some illustrative examples selected from those recently deceased, so as not to be accused of making invidious comparison. The most successful physicians Paris, Vienna, Berlin, London, Edinburgh have had for a generation, were Trousseau, Oppolzer, Traube, Todd, Begbie—all of whom wore most careful students of therapeutics, have contributed to our knowledge of the subject, and were diligent prescribers of remedies. These great men were not only successful teachers and clinicians, but had great local renown as practitioners, and each had a large *clientèle*. I beg you will not, therefore, be misled by the depreciation of therapeutics by presumed medical scientists, who are not sufficiently scientific to feel their position assured, but must manifest their superiority by speaking contemptuously of the so-called practical branches. *Sum* is sometimes taken for *habeo*, is an eccentric rule of Latin grammar which is very applicable to the affairs of modern life, and may have been and doubtless was, strongly felt by the old Romans. To have is to be. Applying this rule to the utilitarian side of the question you may be well assured that *to have* a competent knowledge of therapeutics is *to be* a successful practitioner.

“Many who have started out on a medical career with a competent knowledge of therapeutics have been disheartened by a failure to obtain the expected results. Failures of this kind arise from two causes: first, from an incorrect appreciation of what nature and art respectively accomplish; and second, from an inability to make a correct therapeutical diagnosis. The rage in our time is to make an accurate diagnosis of disease, and it is an enthusiasm to be encouraged, but there ought to be a corresponding desire to make an accurate therapeutical diagnosis—that is, to ascertain the remedy adapted to the form and character of the disease and the condition of the patient. Into this problem many complex questions enter, and he only can solve it correctly who has an intimate acquaintance with the

phenomena of disease, and with the whole range of rational and scientific therapeutics.

“What art, what nature can accomplish, is a wide subject which I must merely mention. It is a singular fact that but few young physicians, comparatively, recognize the limits of remedial power. The result is that they may begin with a blind, unquestioning faith, but they end with an unreasoning scepticism.”—*New York Medical Record*.

A simple method of Delivery in difficult Breech Cases.—By DR. CHAS. E. UNDERHILL, Edinburgh:—Obstetricians not unfrequently meet with cases where the presenting breech is fixed either at the brim or low down in the pelvis, and where the natural forces are unable to finish the labour. Almost all writers on the subject recommend either to bring down one foot, or, failing that, to insert one or more fingers in the groin and employ traction. Should this not succeed, the use of the blunt hook, or of a handkerchief passed over the fold of the groin, or some such device, is resorted to before delivery can be effected. These manœuvres are generally difficult, and sometimes dangerous to the child.

In the following case I adopted a method which is very simple, and proved easy of application and rapidly successful. It consisted essentially in making traction with the fingers fixed upon the child's pelvis *from behind*, instead of hooking them in the fold of the groin; additional purchase is obtained by placing the thumb and fourth finger in the groin:

On the 25th of February last I was called by a friend to assist him in delivering a case in which the breech presented and had stuck at the outlet of the pelvis. He had tried with much perseverance, but without success, to pull down the breech by the use of his fingers in the groins, and pressure upon the uterus from above, etc. On reaching the house, I found the patient, a vigorous healthy woman, in labour with her second child; labour had made good progress until the breech reached the outlet of the pelvis, where it had remained without advance for three or four hours, in spite of the attempts to deliver spoken

of above. Protruding from the vagina was the scrotum of the child, greatly swollen and nearly black. The vagina was large, and the pelvis apparently of full size. The child's sacrum was opposite to the right sacro-iliac synchondrosis of the mother, the child's legs being bent upon the belly opposite the mother's left groin. After chloroform had been given, I passed my left hand up behind the child's sacrum until I was able to hook the index and second fingers over the crests of the ilium from behind, one on each side of the lumbar vertebræ; this gave me a strong and firm hold, and enabled me to use a little steady traction and to deliver in a few minutes. The child was alive and survived, the swelling of the scrotum subsiding in a few days. The mother made a good recovery.

I believe this method of delivery will be found applicable to many cases of impacted breech; and it has the advantages of being easy to execute, rapidly accomplished, and free from danger. I do not know whether this mode of delivery has been practised before; but it is certainly worth a trial in such cases as the foregoing, before recourse is had to instruments or other more serious procedures.—*Brit. Med. Journal*, Oct. 11, 1879.

The use of Hot Water in Hemorrhage

FOLLOWING THE EMPLOYMENT OF ESMARCH'S BANDAGE.—Dr. Paul Brown, in the August number of the *Philadelphia Medical Times*, reports a case of capillary hemorrhage following the use of Esmarch's bandage for an amputation of the forearm, which bleeding was stopped instantaneously by syringing the parts with hot water (160° Fahr.) His attention was called to the hot water treatment by Dr. Fordyce Barker's article on the treatment of uterine hemorrhage in that way. The patient had three months previously had his carpus resected by Lister's operation on account of necrosis, and after the operation a very troublesome parenchymatous hemorrhage occurred, which lasted for nearly two hours. It is of interest to know that the patient had a marked hemorrhagic diathesis. That the hot water did no injury to the parts, and did not retard the cure, is demonstrated by the fact that in twelve days from the time of operation, the

parts had completely united, and a cicatrix had formed. Dr. Brown thinks that the hemorrhage following the use of Esmarch's bandage probably results from paralysis of the vasomotor nerves, produced by the pressure of the tense rubber, and that the hot water acts as a powerful stimulant to these nerves, so that they produce a contraction of the arterioles, thus stopping the hemorrhage. Water of a temperature less than 150° Fahr. should never be used. Warm water is worse than useless.—*Buffalo Med. & Surg. Journal.*

The Mutual Autopsy Society of Paris.

—Henry M. Lyman, M.D., of Chicago, writes to the *Medical Journal and Examiner* of that city:—

“ Considerable amusement was excited, a few years ago, by the announcement that a society for mutual autopsy had been formed among the savants of Paris, with a view to advancing knowledge of the structure and physiology of the brain by a correlation of intellectual characteristics with *post mortem* appearances. The whole thing was generally regarded as a scientific joke of more than ordinary magnitude. But the society appears to have been a genuine fact, and one of its members, M. Asseline, having recently deceased, his brain was carefully examined by his surviving associates, who made a full report of the result to the Anthropological Society of Paris. The following account of the matter is found in *Nature*, Aug. 14, 1879, p. 377: ‘ M. Asseline died in 1878, at the age of 49. He was a republican and a materialist; was possessed of enormous capacity for work, great faculty of mental assimilation, and an extraordinarily retentive memory; and had a gentle, benevolent disposition, keen susceptibilities, refined taste, and subtle wit. As a writer he had always displayed great learning, unusual force of style and elegance of diction, and in his intercourse with others he had been unassuming, sensitive, and even timid. Yet the autopsy showed such coarseness and thickness of the convolutions that M. Broca pronounced them to be characteristic of an inferior brain. The fossa or depressions, regarded by Gratiolet as a simian character, and as a sign of cerebral in-

feriority, which are often found in women and in some men of undoubted intellectual inferiority, were very much marked, especially on the left parieto-occipital. But the cranial bones were at some points so thin as to be translucent; the cerebral depressions were deeply marked, the frontal suture was not wholly ossified, a decided degree of asymmetry was manifested in the greater prominence of the right frontal, while, moreover, the brain weighed 1,468 grammes—*i.e.*, about 60 grains above the average given by M. Broca for M. Asseline's age. The apparent contradictions between the weight of the brain and the marked character of the parieto-occipital depressions attracted much attention, and the members of the Société d'Anthropologie have been earnestly invited by M. Hovelacque, in furtherance of science, to join the Société d'Autopsie, to which anthropology is already indebted for many highly important observations. This society is forming a collection of photographs of its members, which are taken in accordance with certain fixed rules.' ”
—*Michigan Medical News.*

Pulmonary Tubercle.—Professor Pétér thus concludes a long series of papers (*Bull. Générale de Therap.*) on pulmonary tuberculosis:

1. The *chronic* is much the most common form of the affection.

2. Of the chronic forms the most common, fortunately, is the *apyretic*.

3. Some chronic cases are at times distinctly *febrile*, with more or less prolonged periods of remission.

4. In another variety of tubercular disease of the lung the fever is *continuous*, presenting no period of remission.

5. The pyretic form of the affection may be *primary* or may *succeed* the apyretic variety; in the latter case the disease is decidedly less dangerous than when it is febrile from the outset.

6. Galloping phthisis and acute phthisis are perfectly uncontrollable by any of the therapeutical measures at our command.

7. Of the four chief varieties mentioned, the first two are more common in private practice than in hospital. In these,

which are to some extent amenable to treatment, the double aim which must always be kept before our minds is to *attend carefully to the digestive organs* and to *combat the febrile symptoms*.

8. Tubercle, indeed, and this is no paradox, shows a natural tendency to cure—(1) by softening and expulsion, a process which does some damage to the lung by producing excavation, but which may safely end in cicatrization; (2) by fibroid degeneration of the affected part; (3) by calcification.

9. It is stated above that tubercle may be cured; it would be nearer the truth to say that its evolution is arrested, that it ceases to exist, that it *dies*.

10. The grand problem, therefore, in the treatment of the tuberculous, is to *enable the patient to outlive his tubercles*, a problem which, in a great many cases, is certainly not insoluble.—*Glasgow Medical Journal*, September, 1879.

On the Indications and Counterindications for Operations IN INDIVIDUALS SUFFERING FROM CONSTITUTIONAL DISEASES.—At the fourth general meeting of the Congress, Professor Verneuil spoke at length on the pathological importance of this question. His communication may be shortly summarised as follows:

1. Surgical operations are not formally counterindicated in individuals who are affected with constitutional diseases. They may be performed under such circumstances, are often useful, and in some cases even very necessary.

2. Their prognosis is much more serious than in healthy individuals. It is less certain, and more difficult to make: for we have no clue whatever as to the favorable or deleterious effect that the traumatic lesion may have on the general health of the patient; neither can we judge in what way the disease will affect the local process of healing.

3. The prognosis varies according to the different constitutional diseases, and for each of them considered individually. It varies also according to the degree of the alterations that have taken place in the different parts of the body.

4. The danger attached to the diathesis is not great as long

as it is still confined within the boundaries of dyscrasia. It increases considerably with the manifestation of chemical and histological lesions. It becomes alarming when the principal viscera—such as the liver, kidneys, spleen, heart, lungs—are extensively affected by sclerosis, steatosis, amyloid degeneration, phlogosis; or when they present pathological products that belong specially to certain diathetic conditions—*e.g.*, tubercles, gummata, carcinomata, and various neoplasms.

5. We are not justified in depriving diathetic individuals of the benefit of surgical intervention, even in cases where it might be dangerous. It must be the aim of the practitioner to render the prognosis less serious, and to assure the success of the operation. He will succeed in doing this if he be very careful about choosing the most favorable moment for the operation, adopting the best method for performing it, and applying the most efficient dressing. He will also do well in putting the patient under a hygienic, dietetic, pharmaceutic treatment—in a word, under a medical treatment which is adapted to the constitutional disease.

6. The practitioner must be thoroughly well acquainted with the etiology, pathology, development, the end, and the medical treatment of constitutional diseases, in order to make sure of the indications or counterindications for the operation. In this way he will be better able to judge whether he had better perform the operation or not, and to calculate with more or less precision what the chances may be. A knowledge of these conditions, which perhaps all surgeons do not possess to a sufficient degree, would tend rather to prevent surgical operations than to encourage them, and would inspire the operator with a higher degree of confidence in the efforts of nature supported by a comparatively mild therapeutic treatment.

7. A conscientious examination of the immediate or future effect of operations performed on individuals under some constitutional diathesis will tend to destroy many of our illusions respecting the power of surgical art. It is sad to say, though we must say the truth, that complete and lasting favorable results are very rare. No doubt there may be many successful operations; but the therapeutic results may be far from successful. A mani-

festation of the diathesis or some intercurrent affection may be suppressed; but frequently the constitutional disease increases in force and rapidity. Many patients suffering from cancer and scrofula would live longer if they had remained under medical treatment, instead of passing through the hands of surgeons.

8. It is only just to add that, although the aforesaid operations are more frequently attended by palliative than by curative results, nevertheless they are sometimes extremely useful. In extreme cases they may prolong life, render it less hard to bear, and give the patient at least a gleam of hope. In less serious cases, and where the constitutional disease may be successfully treated, the operation has a good effect upon the treatment, by allowing the medical man to gain time, suppressing an immediate cause of danger, and giving the therapeutic treatment greater scope.—*Brit. Med. Journal.*

A rare form of Diphtheritic Paralysis.

—Dr. Dahlerup describes (*Ugeskrift for Læger*, 3rd series, vol. xxvi) the case of a boy aged 12, who, ten or twelve days after recovering from an attack of diphtheritic angina, was seized with difficulty of breathing, which increased to severe dyspnoea at the end of fourteen days. On examination, there was found to be orthopnoea, cyanosis, œdema of the feet, and moderate œdema of the lungs. The heart-beat was somewhat quickened, irregular, and very weak; the area of cardiac dulness was not increased. The heart-sounds were distinct. The pulse was rather feeble. The urine contained a large quantity of albumen. Under the use of digitalis and stimulants, there was slight improvement at the end of a week; the dyspnoea then increased, as did also the œdema of the extremities and lungs; and the patient became collapsed, and died. The temperature at no time of this illness rose above 98.6° Fahr. Dr. Dahlerup believes the case to have been one of progressive diphtheritic paralysis of the heart.—*Brit. Med. Journal.*

The Fat Secreted by the Liver.—According to Dr. Neumann, the liver furnishes a variety of fat which is distinguished from others by the rapidity with which it oxidizes

to serve for nutritive purposes. This fat, like glycogenic substances, is the result of the transformation of albuminoids. The production of fat is comparable to that which occurs in the mammary gland, and is a true secretion. Its activity is in an inverse ratio to the oxidations which take place in the organism. Everything which tends to limit these oxidations promotes the production of fat in the liver (pulmonary lesions, debilitating influences, anemia, and cachexia). In such cases the liver at last becomes infiltrated with fat—a condition which is physiological in animals in which the respiratory functions are languid (fishes). When, under the influence of debilitating causes, the wants of the organism increase to a high degree, the liver does not suffice for these excessive demands; the fat-forming function becomes paralyzed. The albuminoid matters, undergoing metamorphosis in the liver, no longer produce fat, but a substance less adapted for combustion—amyloid substance—is formed. It is true that amyloid degeneration of other organs may precede that of the liver, but this is due to the fact that the diseased liver pours into the circulation the morbid products, which then infiltrate the tissues with which they come in contact, and especially the parietes of the smaller vessels.—*Deut. Arch. für klin. Med., and Gior. Intern. delle Sci. Med., Nos. 3 and 4, 1879; G. B. C., in New York Medical Journal.*

External Application of the Bromide of Potassium.—The good effects obtained from bromide of potassium in all reflex irritations due to teething are well known, but M. Peyraud claims that better results can be obtained by direct local application of the remedy to the gums than from its internal administration. He uses a mixture of one part of the bromide to six or seven parts of honey, with sufficient water to dissolve the salt and enough alcohol to preserve the mass. This should be gently rubbed on the gums four or five times a day. In cases of diarrhoea caused by dentition a few drops of Sydenham's laudanum may be added with advantage. The bromide acts as an anæsthetic to the mucous membrane, as a caustic to the excoriations, and through its

effect on the general nervous system. It quiets immediately the urticaria of dentition, and under its influence those excessively nervous children in whom the eruption of the teeth is irregular and difficult pass through this period without convulsive phenomena.—*Louisville Med. News.*

Anæsthesia under Pressure.—In November last, Mr. Paul Bert, who is fast becoming a rival of Virchow himself in the distinction he is achieving in science and politics, described an interesting series of experiments on the facility and safety with which anæsthetics could be produced by administering a mixture of nitrous oxide and oxygen in an air-tight chamber, in which a pressure was maintained a little greater than that of the air; and he has communicated to a recent meeting of the Académie des Sciences some further observations, in which the subject is transferred from the domain of experiment to that of practical surgery. Commonly, to obtain anæsthesia under ordinary atmospheric pressure, it is necessary to administer pure nitrous oxide, and the gas can only be employed for operations of short duration, for asphyxia threatens the patient as soon as sensibility disappears. Hence this method has remained almost exclusively in the hands of the dentists, who have employed it successfully hundreds of thousands of times. The method proposed by M. Paul Bert, however, permits the use of this anæsthetic agent for operations of considerable duration. Two surgeons, of the Paris hospitals, have responded to the appeal of M. Bert to permit a trial of the method, and the object of his recent communication was to relate to the Académie the particulars of its employment in these cases. He described, first, the case of the removal of a nail by M. Labbé. The patient was a young girl of twenty years of age, timid and nervous. In a closed chamber of sheet-iron the pressure of air was increased $\cdot 17$ m. (total pressure $\cdot 92$ m.) The patient lay upon a mattress, and M. Préterre applied the nose-piece of the apparatus, which he applies for the administration of pure nitrous oxide, connected with a bag containing a mixture of 85 parts of nitrous oxide and 15 of oxygen. The pulse was, before

the administration, rather rapid, when suddenly, ten or fifteen seconds after the first inhalation, without any change in the pulse, respiration, or color of the skin, without any agitation or excitement, the arm became thoroughly flaccid, insensibility and muscular relaxation were complete, the cornea could be touched without winking. The operation was commenced and completed, and the dressing applied, without the least movement on the part of the patient, who kept in a calm sleep, the pulse having fallen to the normal frequency. At the end of four minutes, when the operation was over, slight contractions occurred in one arm, and then in the leg. The mouthpiece was removed, and the contractions ceased. The patient continued to sleep for thirty seconds, and then was readily awakened, and stated that she felt well and was very hungry, and remembered only a sensation of "grand bien-être," produced by the first inhalations. She seemed "to mount up to the sky, which she saw blue with stars." She was able to walk, took food almost immediately, and complained of no unpleasant consequences.

The details of this case are interesting, as showing the quickness with which the anæsthesia was produced, and with which it passed off—a striking difference from the effects of ether and chloroform. Much more important operations, sixteen in number, have been performed by M. Péan—three amputations of the breast, four operations upon bone, six extirpations of tumors, a resection of the infra-orbital nerve, and two reductions of dislocations of the shoulder of three and four days' duration. The anæsthesia was maintained for periods of from four to twenty-six minutes. The time occupied in producing anæsthesia varied from fifteen seconds to two minutes. Complete return of sensibility took place commonly in one minute; sometimes a slight degree of analgesia persisted for one or two minutes more. In one operation a slight accident permitted the patient to take one inspiration of the external air. She immediately began to talk, but complained of no pain. The first fresh inspiration of the gas arrested her speech instantly, and she did not, after recovery, remember the incident. The pulse and respiration were sometimes quickened at the commencement of the inhala-

tion, but it was difficult to say how far this was due to the action of the gas. With insensibility the normal frequency was always resumed. In most cases the patient did not complain of any feeling of malaise on leaving the apparatus, and when the operation had not been of a serious character, they frequently walked and asked for food. In three cases there was some subsequent nausea, but in each of them india rubber mouth-pieces or new india-rubber bags were employed, and it is possible that the nausea should not be attributed to the nitrous oxide. A more frequent and unpleasant accident is the appearance of spasms in the limbs. M. Bert is sure, however, that this is due to the pressure under which the gas is administered being insufficient. An increase in the pressure of $\cdot 02$ m. or $\cdot 03$ m., which could always be instantly obtained, sufficed to arrest it in every case.

The excess of pressure employed varied between $\cdot 15$ m. and $\cdot 22$ m. In one case of reduction of a dislocation of three days' duration, in a dealer in alcohol, it was necessary to employ an excess of pressure of $\cdot 26$ m. before insensibility and muscular relaxation were obtained, and yet the patient spoke during almost the whole of the operation. Thus the employment of compressed air permits the modification of the dose of the agent with the greatest facility. It is a difficult thing to change the proportion of a gaseous mixture, but a very easy thing to alter the tension of the chamber, and so the dose of the anæsthetic.

M. Bert, in conclusion, maintains the superiority of his method over the compounds of hydrogen with carbon and chlorine in the following particulars:—(1) by the absence of the period of initial excitement which is often so unpleasant and sometimes is even dangerous; (2) by the confidence and tranquility which it gives to the surgeon, who is sure that the dose of the anæsthetic will not change during the operation, and that, in consequence, the patient has nothing to fear; (3) by the almost instantaneous return of complete sensibility even after twenty-six minutes of anæsthesia, so that, if it is desired, the patient may be awakened at a certain period of the operation, and immediately put to sleep again; (4) by the common absence of ma-

laise, nausea, and vomiting, so frequent and tedious after the use of chloroform and ether; (5) and lastly, according to the experiments which have been performed upon animals, and the cases in which it has been used by man, the perfect safety of the method. He believes that the material difficulties will not prevent the adoption of the method, especially since Dr. Fontaine has invented a movable chamber, which is suited to the purpose. His estimate of its relative advantages, however, must be considerably modified if we compare it, not as he does, with pure nitrous oxide, but with the mixture of nitrous oxide and ether, which Mr. Clover has found so valuable, and which possesses several of the advantages of M. Bert's method, to which the necessity of an air-tight chamber is a serious practical drawback. It is very desirable that the method should be fairly tried, and one of our scientific bodies who have the power of granting sums of money for investigation could hardly apply a grant to a better end; but the advantages of the method will have to be signal and incontestible before we can expect air-tight chambers to be introduced for operations in our large hospitals, while it is doubtful whether the procedure is capable of practical employment outside hospital walls.—*The Lancet*.

Carbolic Spray in Pertussis.—Dr. J. Lewis Smith, of New York, speaks very highly of the beneficial effect of inhalation of carbolized vapor in Whooping Cough (*Amer. Jour. of Med. Sciences*.) The following is the prescription, used with the steam atomizer:—

R	Acid Carbolic,	- - -	3ss.
	Potass Chlorat,	- - -	ʒii.
	Glycerine,	- - - - -	ʒii.
	Aquæ,	- - - - -	ʒvi m.

To be used three times daily. He details a series of cases (not, however, very numerous) in which this treatment seemed to have a very decided effect in subduing the tendency to spasmodic cough, as well as the severity of the paroxysms. He says, "It is obvious that if a spray can be inhaled with perfect safety, which controls the paroxysms, thus enabling us to dis-

pense with the use of active internal agents, except as special indications arise, an important gain will be achieved in the treatment of pertussis: and result of the above treatment encourages the belief that inhalations will yet be more generally used to ameliorate the cough, either that which has apparently been so successful in the Foundling Asylum, or one which experience has shown to be better.

“The good effect of the spray in the above cases seems to me to have been largely due to the carbolic acid, which, when used locally, is known to produce an anæsthetic effect on mucous surfaces, but in one or two instances in which the chlorate was temporarily omitted from the mixture, patients seemed to do better with than without it.”

Euonymin as a Cholagogue.—Euonymin, which has lately been brought into notice by the experiments of Dr. Rutherford as an hepatic stimulant, is a resinous substance obtained from a species of euonymus (Wahoo bark). It differs from most of the ordinary so-called cholagogues in not producing any intestinal irritation, its action on the liver being direct. It therefore does not give rise to the colicky pains and discomfort which so often attend the use of podophyllin, and which tend to prove that the latter drug acts only indirectly on the liver by the irritation it sets up in the duodenum, for which portion of the intestine it has a special affinity. Euonymin is particularly serviceable in cases of hepatic dyspepsia, or what are commonly called attacks of “biliousness,” with furred tongue, pale stools, lassitude, and general *malaise*, and under its use the tongue cleans, the stools become darker, and the feeling of languor and heaviness disappears. Its action is slow, and its effects experienced most about forty-eight hours after it has been taken. In too large or too frequent doses it may cause some depression. It may be given in doses of two grains twice or three times a week, in pill, before dinner or at bedtime, or one grain on consecutive days before dinner for about a week. It may be prescribed with extract of hyoscyamus, or, better still, with a few grains of the compound rhubarb pill, as it is a feeble intestinal

stimulant itself, and requires the combination of some more active aperient, or else the administration of a saline aperient in the morning after.—*Lancet*.

Gingivitis of Puerperal Women.—

It is known that during pregnancy the gums frequently become red and congested; a slight pressure on them is sufficient to cause a moderate hæmorrhage. At a more advanced stage the teeth lose their solidity, become moveable, and may be spontaneously shed from the alveolar cavity. Mastication is rendered difficult, but never causes such pain as is common in alveola-dental periostitis. In examining the cause of this gingivitis, Dr. Pinard states that Delestre, in his thesis, lays stress on the congestion, tumefaction, and softening of the gums, during menstruation, which proves that the functional activity of the ovary and uterus may react on the organs of mastication, and predispose them to congestion and inflammation. Previous pregnancies and a bad general condition seem to exert a great influence as predisposing causes.

This affection (puerperal gingivitis) ordinarily appears after the fourth month of pregnancy, and tends to disappear naturally a month or two after parturition. The local treatment consists in touching the diseased parts with a more or less concentrated solution of iodine, with glycerolate of tannin, chlorate of potash, chromic acid, etc. The local treatment which appears most efficacious, however, and is always crowned with success, is lint dipped in a solution of chloral and tincture of cochlearia, equal parts.—*Virchow's Jahresbericht und New York Medical Jour.*

The Action of Digitalis.—In a paper read by Dr. E. T. Tibbets before the British Medical Association at its last meeting, the generally accepted views of the action of digitalis were emphatically contradicted. Dr. Tibbets asserted that its action was strictly that of a cardiac sedative and generally depressant, resembling, in many ways, tobacco, aconite and lobelia

CANADA

Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1879.

PHYSICIAN AND PHARMACIST.

The good relations which ought to exist between physician and pharmacist are often marred by the want of a better appreciation of the duties of each.

It must have occurred to every physician practicing in a large city, that the pharmacist in his special sphere, can be of inestimable service to him, not only as a mere dispenser of his medicines, but as a co-laborer in an allied field of science.

Professor Huxley's remarks on the occasion of an introductory Lecture at a University opening some two or three years ago, may be taken as an index of what is now generally considered the pharmacist's domain; he said:—"Materia Medica, so far as it is a knowledge of drugs, is the business of the druggist. In all other callings the necessity for the division of labour is fully recognized, and it is absurd to require of the medical man, that he should not avail himself of the special knowledge of those whose business it is to deal in the drugs which he uses. It is all very well that a physician should know that castor oil comes from a plant, and castoreum from an animal, and how they are prepared, but for all practical purposes of his profession, that knowledge is not one whit more value, has no more relevancy, than the knowledge of how the steel of his scalpel is made."

The common sense view taken by Professor Huxley is self evident. *The modern pharmacist is a necessity to the modern physician.*

A century ago the physician was not only his own druggist, but he devoted a great part of his time to the culling of simples. The modern physician of London or Paris, or indeed of any other large city, not only does not cull his own simples, he does not even give remedies himself to his patients. When he has completed his diagnosis, with a few strokes of his pen, he has at his command the skilled pharmacist. He orders, the pharmacist obeys. It may happen, in the nature of things it always will sometimes happen, that the pharmacist has not the particular remedy on hand; still the physician well knows that for his own reputation the dispenser will faithfully procure it, and the patient be promptly and satisfactorily supplied. What was the position of the old time general practitioner? He sees the patient and prescribes for him, but, alas! the necessarily restricted selection of stale drugs and pharmaceuticals below stairs does not comprise the preparation wanted. What then? A change of base and the next best article is given, not the one best adapted to the case, but the one most conveniently at hand.

In the nature of things the pharmacist, with even restricted powers of observation, daily stores up innumerable facts with regard to methods of preparing, keeping and manipulating drugs and chemicals which no physician diligently practicing his own profession, can ever hope to acquire. As Professor Huxley has well said, Why should not the physician avail himself of this special knowledge of the pharmacist?

There is, however, an encroachment on the domain of medicine which no pharmacist who respects himself and logically studies his own interest will ever be guilty of, and that is counter-prescribing. We do not say that a druggist can draw an abrupt line in this matter and refuse to give a man a purgative, an emetic, or a gargle when casually called upon to do so; but the *treating of cases* of what may be apparently trivial, but possibly serious, disease, is palpably wrong, and has done more to create jealousy and ill-feeling between the medical and pharmaceutical bodies than anything else. The mere fact of a man being a good chemist and dispenser does not fit him

in the least to be a competent prescriber of medicines. Admitting that the pharmacist is in a position to assist the poor and indeed the public generally in directing intelligently their purchases of drugs and occasionally suggesting simple remedies, still, he should never permit himself to trespass on the well defined legal domain of the family physician. The paths of the physician and the pharmacist lie in the same direction. There is no earthly reason why any antagonism should exist between them. With a little more courtesy, a modicum of charity and the right hand of fellowship, the science of medicine and the art of pharmacy should be a mutual aid to each other in the great work of alleviating human suffering.

HOW OTHERS SEE US.—When a stranger who has travelled in Europe comes for the first time into the Province of Quebec, especially the country parts, he is at once struck with the resemblance between what he finds here and what exists in the least advanced districts of old Normandy and other parts of France. That this resemblance extends as well to Hospitals as other things, let these two quotations show :

“The nursing in the French Hospitals would appear to be good, but, if I mistake not, it is purchased at a considerable price. It is ecclesiastical to a degree of which we have no conception in England, and the Sisters would seem to have all the administrative power in their hands, and to wield it with a despotic conservatism which scorns to regard the progress of science. Hence we find the little four-post bedsteads with white curtains retained, even in the surgical wards, in utter defiance of the dangers of infection, for the reason of the privacy afforded by them in relation to religious offices.”—*London Lancet*, Sept. 27, 1879.

The following is, on the other hand, from a correspondent of the *Cincinnati Lancet and Clinic* (Sept. 20, 1879), who has recently made a tour of inspection through some of the Hospitals of this Province. He says:—“They are the hospitals of the last century. We were always very courteously ushered about

wards whose floors were scrupulously clean, it is true, but whose beds were surrounded with curtains! Curtains in this decade of the 19th century! * * * * People who lament the change which has lately come over Italy, and fear that they may not see Spain in time, need only come up here to Canada to catch the full savor of the middle ages. Those of us who are accustomed to see in hospitals medical science first, and other professions as accessories, will have a nightmare in making the rounds of the hospitals of Canada."

It is needless to say that allusion is here made to the Institutions of the Province of Quebec alone, where (with two or three well-known exceptions) they are as in Normandy, "ecclesiastical to a degree," hard to credit without a knowledge of the facts.

COLLEGE OF PHYSICIANS AND SURGEONS, PROV. OF QUEBEC.—The semi-annual meeting of the Provincial Medical Board was held in the city of Quebec, on the 24th Sept., 1879. The ordinary business was transacted. The following important matters were also acted upon:—

Moved by Dr. Collet, seconded by Dr. Gingras: "Considering that inasmuch as a certain institution has this year made several admissions to the study of medicine; considering that it is important to prevent the renewal of such infractions of the existing law: it is resolved that the College will for the future grant its license only to those who, since the sanction of our new Medical Bill, will have been admitted to the study by the examiners for the preliminary examination of the Provincial Medical Board." Carried, Yeas 17, Nays 10.

Dr. Collet proposed, seconded by Dr. Gingras, the following notice of motion to be considered at the next meeting:

Considering that the College of Physicians and Surgeons of the Province of Quebec is the only safeguard of the rights and privileges of the Medical Profession in this Province;

Considering that there is reason to believe that Victoria College of the Province of Ontario encroaches on these rights and

privileges in granting diplomas to students who follow their studies in the Province of Quebec ;

It is resolved that the President of the College be hereby authorized to consult a member of the legal profession of the Province of Ontario upon the rights and privileges granted to the Victoria College by its charter and its relations to the Province of Quebec, and that, should he be so advised, he is hereby authorized to take the necessary proceedings by which the rights of the College of Physicians and Surgeons of the Province of Quebec will be protected.

After the reading of the above resolutions Dr. Dagenais read the opinion in writing of Mr. S. Pagnuelo, Advocate, of Montreal, regarding the legality of the Victoria University's diplomas in the Province of Quebec, declared his opinion that the University did not possess any such right.

Medical Items.

OBITUARY—GEO. W. CALLENDER.—A sorrowful close has come to the career of a distinguished English surgeon, recently on a visit to this country, who passed some time in Philadelphia, —Mr. George W. Callender, surgeon to St. Bartholomew's Hospital, London. He made two visits to the United States, as has become the custom of so many of the intellectual, studious, and professional men of Great Britain and Ireland, the last one within a few months. He arrived here in the steamship Gallia in August last, and, returning home by the same ship, which sailed October 15th, he died of Bright's disease on shipboard October 20th. Mr. Callender was a very skilful surgeon, a man of rare ability, and of eminent social position. In this country he was warmly welcomed, and had many friends, especially among medical men, to some of whom he had shown great attention abroad, and his decease at the threshold of his own country on his return home is very deeply deplored. He was accompanied on his last visit here by his two daughters, to whom the father's death is a grievous loss.—*Boston Med. & Surg. Journal*, 30th Oct., 1879.

LADY STUDENTS AT UNIVERSITY COLLEGE.—This is the second session since the admission of women to full student rights in the arts and science classes at University College, which has now auspiciously begun. Except that the women have their own common room, with attendants, and, for obvious reasons, a few of the lectures delivered privately to them, the Faculties of arts and law, and of science at University College, admit men and women as fellow students upon equal terms. During the last session the number of women studying was 211; and, instead of a loss, as might have been anticipated, by a decrease of male students, there was a positive increase of fifty. There is no difficulty whatever in working the system; the good feeling and courtesy that regulate the relations of the sexes to one another in the world at large, are not wanting in the well-ordered student mind.—*Students' Journal*.

SIMILIA SIMILIBUS.—A Parisian Homœopathist, in a large and important practice, gives the following account of some of his methods of cure:—In a case of severe biliary colic in which he found calculi in the stools, he took of these three triturations, of which he gave five centigrammes—this aggravated the malady. Then he prescribed dilutions—the 24th succeeded. For three years patient has remained quite cured. He has thus treated ten or twelve patients with biliary calculi, and has always succeeded in producing improvement, or complete cure, if they persevered. For gravel he has obtained excellent results by giving dilutions of their own urine. He also treats advanced gout by triturations of the chalky matter from their joints. He insists that the morbid product taken must be from the patient himself, and no one else, and calls the method Isopathy. This man is, at any rate, a consistent Homœopathist, and deserves the name.

YELLOW FEVER.—A correspondent of the *Louisville Medical News* speaks in the highest terms of the conduct of the Memphis Doctors during the recent epidemic of Yellow Fever.—“If one wishes to realize the force of the expression, ‘While there is life there is hope,’ let him follow a first-class Memphis

nurse and one of our Memphis Doctors," who are described as possessed of "patience which would put old Job to the blush." This epidemic is said to have been remarkable for the number of violent and desperate cases that have recovered owing to proper medical treatment and good nursing.

A PATIENT'S RIGHT TO HIS OWN LIMBS.—Another amusing lawsuit is at present in progress before one of the United States Law Courts. Some six months ago, a gentleman suffered from some serious disease in both legs which necessitated the amputation of the two limbs. The surgeon placed the parts removed in the Medical Museum. The patient supposed them to be buried, but hearing of their being on exhibition, actually had himself conveyed to the spot, where he recognized his former extremities neatly bottled up and bearing a label with his name attached. He therefore sues the Doctor for the legs, over which he still claims to have right of possession.

—Dr. Yandell, of the *Louisville News*, is soon coming home. He has been Europing and writing to his Journal. It is satisfactory to find that the glories of the New World have not to him been dimmed by aught in the Old. With truly charming native modesty he says: "There is no more unfortunate step that a medical student can take than to go to Paris or Vienna to study medicine. He might just as wisely go to either place to learn morals as to learn how to practice physic. The United States is the best place in the world to make doctors."

CANTHARIDIN FROM THE POTATO BUG—According to the *American Journal of Pharmacy*, there is $1\frac{3}{4}$ per cent. of cantharidin in the potato bug. This fact, taken with that of the recently discovered diuretic properties of the cockroach, leads us to expect soon a monograph on the therapeutic uses of domestic vermin.

—The operation of Ovariectomy was performed by Dr. R. P. Howard on the 27th ult., assisted by Drs. Ross and Roddick. The tumor was found to be partly dermoid and partly multi-

ocular cystic. Thorough antiseptic precautions were used. The patient, a delicate woman, however, died on the 3rd Nov. There was no peritonitis or local trouble, the fatal result being apparently solely from exhaustion.

PERSONAL.—Drs. D. F. Gurd and H. J. Burwash have returned from England. The former, we understand, intends remaining in Montreal.

COUNTERFEIT EGGS.—It is well known that in America everything is counterfeited; the wooden hams and nutmegs sent from the New England States are well remembered. Eggs are now also counterfeited; and this manufactory is carried out on a large scale. On one side of a large room the reporter saw several large copper vessels filled with a thick glutinous yellow mass, which a man was constantly stirring. This was the yellow of the egg—the yolk. On the opposite side were similar vessels, in which the white was fabricated. The Egg-shells were made of a white substance resembling plaster-of-Paris, by means of a blow-pipe, just as soap-bubbles are blown. After being dried in an oven, the egg-shells were filled: first with artificial albumen, then with some of the artificial yolk, and lastly with a little of the artificial albumen. The small opening at the end of the egg was closed with white cement: and the greatest achievement of modern civilization, the artificial egg, was ready. In appearance it resembled a natural egg; but, whether cooked or raw, it was indigestible and injurious to health.—*Brit. Med. Journal.*

WARNER'S PILLS.—We beg to call the attention of our subscribers to the Messrs. Warner's advertisement. Their pills are thoroughly reliable, and being carefully sugar-coated, are entirely tasteless. The use of sugar as a coating for pills has been objected to. It has been stated by some that in sugar-coated pills the drugs become dry and hard, and soon lose their efficiency. This we can state for a positive fact not to be the case, having lately used and examined some of Warner's pills which had been kept in stock for over four years, and in which, on section, the mass was found to be quite soft. From our own experience, we have no hesitation in recommending others to use these preparations, as they are sure to be reliable and to give satisfaction.