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CANADA

MEDICAL JOURNAL

ORIGINAL COMMUNICATIONS.

A case of Retroversion of the Impregnated Uterus. By DAVID L. PHILIP, M. D., C. M. Coroner for the County of Oxford, &c. Platsville, Ontario.

In October last I was requested to visit Mrs. W. by her husband, who informed me that within the past few days she had become dropsical, that she was suffering great pain, and that if not soon relieved he believed she would die. On visiting the patient who lived about five miles distant, I obtained the following history. She was about four months advanced in pregnancy and had enjoyed excellent health up to within four days, when on going about her ordinary household duties "she felt something give way" she felt no great pain at the time, but on attempting to void her urine, she found she was unable, she strained violently, applied hot fomentations and used some domestic remedies for the water, but without any effect. She says a little urine comes away from her now (*Stilicidium urinæ*) in drippings. Her bowels have been constipated, passes some slight watery stools and flatus, her sufferings during the past twelve hours are distressing; she feels as if her belly would burst, and earnestly entreats to be relieved. At present the pulse is quick with high fever, flushed countenance and hurried respiration; on examining the abdomen, there is a large tumor extending to the umbilicus and reaching almost from one ilium to the other, very painful on the slightest pressure. Suspecting the nature of the case, I requested to make a vaginal examination, and on introducing my finger I found a tumor occupying the cavity of the pelvis. I could not reach the mouth of the

uterus, and the fundus of this organ was firmly wedged low down in the cavity of the sacrum. Not having a gum elastic catheter with me, and wishing to relieve her as soon as possible, I tried the ordinary female silver one, but the canal of the urethra was so elongated by being carried upwards and forwards to the Symphysis Pubis, that it would not, as I almost anticipated, reach the bladder. I therefore sent back for an elastic one, which necessitated some further delay, and having obtained it I introduced it with some difficulty and drew off (by measurement) eight pints of fetid ammoniacal urine. Having accomplished this, and after giving a stimulating clyster, which brought away a considerable quantity of feculent matter, I determined if possible on immediately reducing the retroverted womb. Placing her in the usual obstetric posture, I passed the fingers of my right hand into the vagina, over the body and fundus of the womb, and with my thumb inserted into the rectum, which placed the retroverted organ favourable for reduction, I made an increasing amount of pressure for about fifteen minutes, but failed to move it in the slightest degree, so tightly was it impacted. The patient being somewhat discouraged at the attempt to dislodge it being unsuccessful, I allowed her an interval of rest as she was very much exhausted, and gave her a glass of wine and water. I resolved if possible to reduce it, believing that delay would only increase the difficulty and that there was no likelihood that the womb would right itself by drawing off the water regularly and as recommended by Denman, Hunter and others. In my second attempt therefore I determined to use as much force as was compatible with safety. Placing her upon her knees and elbows, with the pelvis higher than the abdomen, in order to remove the pressure of the viscera, and having oiled my right hand I now passed it with as little severe pressure as possible entirely into the rectum, which was gradually accomplished, and with much less suffering to the patient and difficulty to myself than I could have imagined. I now got a bearing upon the fundus, and after using continued and strong pressure for about twenty minutes, I moved it somewhat. I was then enabled with a finger of my left hand to grasp the cervix and draw the os downwards, whilst at the same time I pushed the fundus upwards, which was managed with a good deal of difficulty. Some delay was experienced in getting it over the promontory of the sacrum, but in about half an hour from the time I commenced it passed out of its tightly impacted position in the hollow of that bone. She was ordered to keep her bed for a fortnight, and recovered without a bad symptom. I attended her in her subsequent confinement when she was safely delivered.

Plattsville, Ontario, October, 1867.

TREATMENT OF DISEASED JOINTS BY ESCHAROTICS.

By FREDERICK KIRKPATRICK, M. D., F. R. C. S. I. (Read before the Thirty-fifth Annual Meeting of the British Medical Association, held in Dublin, August 9, 1867.

I AM permitted the honour of addressing you, sir, and the Members of the British Medical Association, upon the subject of diseases of the bones and joints, principally with regard to a new mode of treatment by resection, and the deep introduction of caustic, (the potassa c. calce,) into the cancellated structure of the articulating extremity of the bone in the incipient stage, or that of inflammatory congestion, and into the joint itself in the very advanced periods. I believe that the present era of the Profession is peculiarly apt for the consideration of this subject, inasmuch as the literature of this portion of surgery is daily becoming more and more unsettled and contradictory, some surgeons of highest authority advocating early operative interference, whilst yet the constitution is unimpaired by the exhausting progress of disease; other distinguished men putting their faith in rest, with proper mechanical adjustment, and advising that patient trust should be placed in the healing operations of nature.

Between those contrasted extremes every variety of opinion and practice may be found to prevail, as boldness excites to action, or caution inclines to delay.

The statistics of conservative surgery, more particularly of the great revived operation of the knee-joint, are the reverse of satisfactory; the high expectations formed from the successful cases have not been fulfilled by a sufficient percentage of cures, and in many instances the reported cures have not been permanent.

In the last work on joint diseases, published this year by Mr. Holmes Coote, of Bartholomew's Hospital, the following conclusions are arrived at, based on the statistics of Dr. Hodges, of Boston:—"Considering the mortality after the operation, excision for hip disease does not merit a very favourable verdict. Excision at the knee, although occasionally yielding brilliant results, is an operation to be practised with great reserve. Excisions at the wrist-joint being followed by a large proportion of failures, and when successful, the usefulness of the hand being so limited, are operations not sanctioned by sound judgment or conservative surgery. Operations on the foot for strumous disease, usually yield unsatisfactory results."

Dr. Hodges, of Boston, in his "Essay on the Excision of Joints," observes:—"Out of a considerable number of cases, one-third died, and more than one-third are known to have failed." I repeat then that a

period has arrived when doubt and uncertainty pervade this most important department of surgery, and it has become a question as to whether there was not a greater saving of human life, when early amputation was the rule, than in the interval that has since passed over. It is also especially worthy of remark, that excision has rarely, if ever, been performed in private practice.

At the commencement of his magnificent address at Chester, Mr. Bowman, that great benefactor of his race, called surgery "the hands of God, the human hands." I may be permitted to add, hands never to be put forth to the execution of any operation, but when their possessor can say he would himself consent to its performance were he the patient. I believe that the rigid application of this golden rule in surgical ethics, would very much limit the future performance of operations for excisions, save only at the elbow-joint.

In the surgical charge of the North Union, the largest chronic hospital with one exception in this country, I have had, during the last twenty-five years, ample opportunity of judging of the effects of rest in the treatment of those affections, and the result of my experience has been most unfavourable.

A certain amount of success may be looked for in the treatment of the upper classes, where the purest air, the best nourishment, the most approved mechanical appliances, together with the means of easy locomotion can be commanded; but, with the lower classes, I have found that the treatment by rest has been a history of failure: disease spreading from bone to bone in the smaller articulations, and before the consolidation of a large joint could be completed, organic disease having, in general, invaded the liver, or some of the other internal organs.

This unsuccessfulness forced me some years ago into the discovery of this treatment by cauterization, which I propose. Having often remarked the healthy reparative action that followed the use of the potassa c. calce in sinuses in the groin, neck, and axilla, I began to introduce it into fistula leading down to diseased bone, at first with caution, then more boldly, and finally disregarding Sir B. Brodie's strong injunctions against letting potassa fusa enter a sinus, I proceeded to carry its action deeply down, converting the small contracted painful orifices into large funnel-shaped openings, and bringing the carious bone into view, and within reach of the further application of the caustic. In this manner, several cases of disease of the carpus and tarsus, and of the flat and superficial bones, were successfully treated, the caustic being re-applied at intervals of a few days, to keep the orifices freely open until the carious bone had disappeared, of was covered over with firm granulations.

In a similar manner, several cases of chronic necrosis were treated, the caustic being very freely used, destroying all foul undermined integument, and leaving, after the removal of the sloughs, large clean circular openings, more than an inch in diameter, and extending deeply down to the sequestrum, into contact with which the caustic, in stick and powder, was freely brought.

In this manner, two cases of necrosis of the fibula, very similar to each other, in which numerous openings led down to diseased bone, and where the patients were reduced to the lowest state by years of suffering, were perfectly cured within six months.

In a case of necrosis of the heel in a delicate lad, who was deformed by the effects of an old hip disease, a caustic perforation was made at each side of the heel, and the powder was brought into contact with the dead bone, until it was so removed that a catheter was passed quite through the heel, no inflammation or constitutional disturbance having been caused or excited.

I can speak with the utmost confidence of the application of this remedy in all such cases of caries affecting the superficial bones.

The caustic perforations may be multiplied in proportion to the extent of the disease, respect being paid to important nerves and vessels, and care being taken not to destroy sound structure, or periosteum beyond the limits of the diseased surface of the bone. Before I speak of the application of this remedy to the early arrest of the stage of joint disease, I may be permitted to allude to the important question as to the structure which is first attacked.

My own opinion accords with those authors who believe that in the great majority of cases the disease commences in the cancellous structure of the heads of the articulating bones. That there are rare cases where it begins in synovial membrane or cartilage, and mixed ones which, seen at a late period, may perplex diagnosis, I fully believe; but I consider that those instances where the *font et origo mali* arises in the bone, preponderate so enormously that, as a rule of practice, it cannot be too strongly insisted upon. My own opportunities of obtaining pathological evidence have left me without a doubt on the subject, and the practice which I propose is based upon that conclusion.

In Sir B. Brodie's great work on the joints, he recognises the cancellous structure, and he describes the heads of the bones as distended, with a reddish medullary fluid, then softening of the tissue, and finally supuration—the matter either forcing through to the cavity of the joint, or reaching the surface at some position more or less remote; but whilst he has clearly recognises the cause, and graphically describes the disastrous

effects, he forbids the remedy, and strongly cautions against an early or premature opening, although he had himself with success trephined the heads and shafts of the long bones in cases of painful and circumscribed abscess.

That he attempted to give relief in a similar manner in those cases of acute articular osteitis which he so circumstantially describes, is more than probable; and I therefore infer that his caution against the early opening of an inflamed bone, was founded on his experience of ill consequences that followed such a proceeding.

Notwithstanding the teaching of this great authority, I venture to propose interference by operation at the very earliest moment that congestive inflammation of the head of a bone can be fairly diagnosed; and I state with confidence that a perforation made into the cancellous structure, if freely cauterised with the potassa c. calce, will be followed with relief from pain, and that the inflammation which ensues will be only such as is attendant on and accompanies reparative action.

The caustic tunnel may be made at once by cutting down on the bone and piercing the compact tissue with a strong knife, trochar, or small trephine, and then freely cauterising the full extent of the perforation, or, in less acute cases, a small eschar may be first made, the centre of which being incised, the caustic can be introduced, and by combining its action with the knife, the tunnel can be carried deeper, from day to day, in a gradual manner. By means of this combined caustic perforation, I succeeded in arresting disease in its first onset in the head of the radius in the case of a young man, aged twenty-four, in the year 1861, Since that time I have tried it with success in several cases of incipient disease, in carpal, tarsal, and other superficial bones.

I perforated the tibia above the internal malleolus in several instances with curative results, also the great trochanter, in cases where its structure, or that of the head and neck of the femur, was the seat of osteitis, the cavity of the joint being yet unaffected.

On the 26th of last April I exhibited a young man at the Surgical Society of Ireland, into whose trochanter a caustic tunnel had been inserted on the 22nd of March preceding, and which was still freely open. The wasted buttock, obliterated fold of nates, and emaciated state of the entire limb, still existed to proclaim the nature of the disease; but all pain had ceased, the motions of the joint were in a great measure restored, and he walked about before the members of the society without lameness, although for three months previous to the operation his thigh was flexed, he had constant pain in his hip and knee, and he could not admit abduction or any extended motion of the limb. This patient took his discharge

to work on the 11th of May, the contour of the limb being almost restored to its natural fulness, and his general health quite recovered.

Although strongly recommending this treatment for the early stages of acute articular osteitis, and also for the very advanced periods when caries is established, or when a whole joint is converted into a foul suppurating cavity, my experience does not warrant me in advising the practice so strongly in the intermediate periods, where the head of a bone may be the seat of a diffused suppuration, possibly communicating with the joint itself. The caustic, I fear, in this condition of parts could not extend sufficiently to protect from the constitutional disturbance and risk of pyæmia that might follow.

The principal merit I claim for this caustic treatment is, that it is a powerful, and, at the same time, the safest means of correcting nature where she is manifestly in error, and of assisting her operations where they are directed aright. And here, sir, I have the boldness to start from out the well-worn professional groove of bestowing a blind admiration upon the proceedings of nature, as seen in her efforts to restore and repair diseases of bone. Instead of the *vis medicatrix*, which is so perfect, and to be relied on in many of our ills, I assert that she exercises in those affections a *vis inimica a vis perniciosa*.

From the first onset of inflammation within the cancellous structure, all through the various destructive processes that ensue, she is engaged in hemming up, and confining the engaged bone, and perpetuating its diseased state, and her reparative operations only commence and become effective when, either by man's art, or by her own late remorseful ulcerations, this imprisonment at the surface is interfered with, and in a greater or less degree removed.

The highest art then of the surgeon is demanded to counteract and remove her mischievous operations from without, and to hasten, open up, and make way for her all powerful reparative actions from within. I am fully convinced that this interference can be more safely and effectually attempted by the combined action of the knife with cauterization, than by the knife alone, and I commend the treatment to my professional brethren with the greatest confidence, earnestly hoping that they will give it a fair trial, and that it may be attended by the same measure of success in their practice, that it has been in my own.

COMMENTS.

By LOUIS BAUER, M. D. &c.

The remarks of Mr. Kirkpatrick before the British Medical Association, are well deserving the attention of the profession. Some of his

statements are susceptible to repudiation and they should not pass unchallenged ; others commend themselves for clinical experiment.

At no previous time was the treatment of joint diseases more clearly settled, and its indications better apprehended than at present.

Rest, in the treatment of joint diseases, is certainly no failure, although alone it may not suffice. If its usefulness is conceded with reference to the "upper" classes, it must be equally beneficial with the lower ones, or be entirely worthless.

If the ex-section of the diseased elbow-joint is, in the estimation of the author, a commendable and legitimate operation, it is equally appropriate in the affection of other joints, or, reprehensible in toto.

The statistics on this operation are not as yet very interesting, but figures occasionally misrepresent and lead to erroneous conclusions.

If ex-section is merely resorted to as the *ultima ratio chirurgorum*, when the joint disease has existed for a great length of time, the patient confined to his bed for many months, the constitution broken down by continuous suffering, perhaps under the full action of pyaemic poisoning ; then the results must be disastrous and appalling. But when on the contrary, the disease of the joint is limited in extent, confined to, or near to the articular surfaces, the health of the patient unbroken ; then the results *ought to be* and *are*, in fact, satisfactory.

The same proviso holds good with other operations ; for instance, in trephining and herniaotomy, procrastination is sure loss ; yet no sensible surgeon would allow himself to be governed by statistics that arise from so grave mistakes.

It would seem as if the author himself were an advocate of exsection, though he prefers *potassa c. calce*, to the saw. Which of the two should be preferred is not difficult to determine. The one removes the dead bone in an instant, and leaves behind healthy structure and action, whilst the other requires a goodly time to accomplish the object, without means of ascertaining whether the therapeutic object is accomplished.

Why Mr. Kirkpatrick should have thrown down and trampled upon legitimate means, in order to place his own suggestion upon a commanding pedestal, is not apparent, for his remedy may well stand on its own merits.

The chief value of Mr. Kirkpatrick's paper, rests in the suggestion to enter the parenchyma of affected bone, and I have no doubt that in this direction, a great benefit may be derived from the judicious employment of the escharotic. I have been in the habit of using for the same purpose, the knife, the trephine and the scoop ; and shall with pleasure avail myself of the escharotic for the same therapeutical purpose ; perhaps it

answers as well and better than the former. I must, however, warn against the use of the potassa c. calce, in the same promiscuous and unguarded manner in which the author recommends it.

The hyperæmia of cancellated structure is assuredly no indication for the use of escharotics, for it is capable of resolution, without interference with the integrity of the bone. Nor is hyperæmia of the bone, susceptible of diagnosis. Again, I would consider it a most reprehensible practice, to perforate the large trochanter, and the neck of the femur, to get at the presumed seat of hip disease in the cancellated structure of the head; notwithstanding the brilliant result which the author has recorded, in curing an advanced case of morbus coxarius, to the complete extinction of all consecutive effects upon shape and position of the affected member, in the fabulously short time of fifty days.

This is certainly a surgical miracle, which I should like to see substantiated undisputable evidence.

CORRESPONDENCE.

To the Editors of the Canada Medical Journal.

GENTLEMEN,—In the hope that this paper may invite discussion, and bring out some valuable suggestions on the vexed question of an "Uniform System of granting Licenses" I venture to lay it before the profession.

I know that a difference of opinion exists as to how far a degree in medicine establishes a claim to a license to practice, many of my conferees for whose opinions I have the highest respect, contending that every gentleman, whether he is a graduate in medicine or not, asking for a license, should submit to an examination, and I am quite willing to admit that if the whole profession were of one mind in this matter, it would be the easiest solution of the whole difficulty. There is, however, an old adage that "Doctors differ" and I fear that the profession have already agreed to differ on this particular question.

Where so many weighty considerations are at stake, and where we are all so deeply interested, we must, for the general good, be prepared to make concessions, and I humbly submit that the following may be accepted as the basis of settlement by all the medical schools in the Dominion, without any serious sacrifice of dignity or privilege.

Of this I am certain that it will be worse than useless for us to ask Parliament to prescribe for our ailments, unless we ourselves are unanimous not only in stating the symptoms, but in suggesting a remedy.

I would then recommend the repeal of all existing laws regulating the granting of licenses.

The Incorporation of the Canadian Medical Association, by an act of the General Parliament, with the following powers.

The C. M. A. shall prescribe a course of preliminary education, and no person shall be allowed to enter on the study of medicine until he has obtained the Degree of Bachelor of Arts, or pass an examination before the Medical Council. In either case he must present himself before said Council, obtain their certificate of qualification, and register the same before the General Secretary of the C. M. A. and it shall be lawful for the Medical Council to refuse all recognition of any candidate for a license to practice Physic, Surgery or Midwifery, who has not fulfilled the above requirements.

The C. M. A. shall establish a Curriculum of Medical study, which shall be adopted by all the Universities, or schools of medicine affiliated to Universities, which Curriculum shall be that, say of the University of Edinburgh, and every person must give satisfactory proof of having fulfilled that Curriculum before he can under any circumstances present himself for a license to practice.

The Medical Council of the C. M. A. alone shall have the power to grant licenses to practice Physic, Surgery, or Midwifery, in the Dominion of Canada.

Any person having a Degree or Diploma from any University or College in great Britain or Ireland, shall be entitled to such license without examination as to his qualifications.

Any person having the Degree of Doctor of Medicine from any University in Canada, and who has regularly and faithfully fulfilled the Curriculum of the C. M. A. shall also be entitled to such license, without examination as to his qualification.

Any person who has obtained the Degree of Doctor of Medicine from any University outside Her Majesty's Dominions, but whose course of preliminary study, and Curriculum of Medical education is up to the standard prescribed for Universities in Canada, may also obtain such license, by submitting to an examination before the Medical Council.

And every person who obtains a license to practice Physic, Surgery and Midwifery in the Dominion of Canada, shall immediately cause such license to be registered before the General Secretary of the Canadian Medical Association, and procure a certificate of such registration.

The Medical Council shall be elected every five years, at a general meeting of the C. M. A., taking Quebec as the standard of representation; three shall be chosen from Laval University, three from McGill University, three from the French School of Medicine, and three from each of the old districts of Montreal, Quebec, Three Rivers, and St.

Francis (or two from each of the latter) and the president of the C. M. A. shall always be president of the Medical Council.

For the greater convenience, not only of the Medical Council, but of candidates for admission to the study or practice of the Medical Profession, I would propose that separate meetings of the Council should be held twice a year in each of the provinces of Ontario, Quebec, Nova Scotia, and New Brunswick, for the examination of candidates; and that the Vice President and Secretary of the C. M. A., for the Province in which such meeting should be held, be the President and Secretary of said meeting, without prejudice, however, to the right of members of the Council resident in other Provinces to attend, and take part in the proceedings of such meeting: and thirteen members shall form a quorum at each separate meeting.

The duty of the Medical Council shall be:—

1st. To examine into the qualification of persons entering on the study of medicine.

2nd. To visit at stated intervals the Universities and schools of medicine; and satisfy themselves that the Curriculum is faithfully followed.

3rd. To grant licenses to practice Physic, Surgery and Midwifery, in the Dominion of Canada, in the name of the "Canadian Medical Association."

All certificates of qualification to study, and of Licenses to practice, shall be registered by the General Secretary of the C. M. A., but for the convenience of candidates this may be done through the local secretaries.

With the view of bringing the Medical Profession up to the highest possible standard, I would further suggest that the C. M. A. should have the power of granting a special Degree of Medicine, of a very high order, so high that its fortunate possessor would be as proud of adding its distinctive initial to his name as are the Edinburgh men of signing M. D. E.

This, or the institution of fellowships would do much towards stirring up an honourable spirit of emulation in the profession.

The latter suggestion I think the more feasible in the present stage of our Medical existence.

As a beginning it would be necessary to elect a certain number of Honorary Fellows, say the whole of the first elected Medical Council, and that afterwards the reading of an essay and a written examination before the annual meetings of the Association, should be the only open sesame to its golden portals, unless indeed in the case of some most distinguished man, who might be elected an Honorary Fellow.

After the expiration of the first five years, Fellows only should be eligible for election to the Medical Council, giving Examination Fellows a prior claim to election before the Honorary ones.

I am,

Gentlemen,

Your obedient Servant,

E. D. WORTHINGTON, M. D.

Sherbrooke, October 22nd, 1867.

REVIEWS AND NOTICES OF BOOKS.

A Biennial Retrospect of Medicine, Surgery, and their allied Sciences.

Edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes, and Mr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blackiston. 1867. Montreal: Dawson Bros.

This is a volume valuable from the fact that it is a book of reference for all the leading communications that have appeared in the various Medical periodicals of the world during the past two or three years. But though valuable as it certainly is, we think it might have been made still more so, had more of what is practical been inserted, and less of what is theoretical admitted. This is especially the case with the section headed "Report on Practical Medicine" edited by Dr. Ainstie, who, at its close, apologises for the many shortcomings which he is sure will be observed, and which are due to the fact that the work was put into his hands at a very late period, "and owing to a variety of circumstances, over which he had no control, he was unable to make it what he could desire." This is an ample excuse for Dr. Ainstie, but we think the New Sydenham Society are much to blame for allowing such an important section of their Biennial Retrospect to be given so late into the hands of the person they intended should edit it, as not to give him sufficient time in which to do justice either to himself or the subject. We have also been particularly struck with the very few lines (only two pages and a half) which are devoted to the subject of skin diseases. We know of no department of Practical Medicine, which during the last few years has received greater attention, than has that of Cutaneous diseases, and we confess to disappointment at its somewhat meagre show. This chapter decidedly does not do Dr. Ainstie justice, for no one who has read his well known work on "Stimulants and Narcotics" but must have been struck with the abilities of the author—not only as a writer but as a man of extensive reading and

research. Notwithstanding its imperfections, this chapter contains several very valuable abstracts of papers, among them one on Cholera—which takes up and discusses three of the most important points connected with the disease, viz: (1.) The contributions to the settlement of the dispute as to the prevalence or non-prevalence of premonitory diarrhoea. (2.) Opinions as to its pathology; and (3.) The most important suggestion as to the treatment. We have not space to analyse this brief paper, but it is decidedly a valuable one, as is also the one on Cerebro-spinal Meningitis.

The Report on Surgery is contributed by Mr. T. Holmes, and seems a very good resumé of the contributions and inventions to this department of Medicine during the past two years; the first shows the steady progress that acupressure is making, especially among Scotch Surgeons. There is also a lengthy and exceedingly valuable article on Endoscopy—referring more particularly to Desormeaux's work—the article by Cruise in the Dublin Quarterly of May, 1865—one by Teale in the Lancet 1866 (where 6 cases of stone were examined and the stone seen in every case) and the pamphlet issued by Heath of London. This is a subject yet in its infancy, yet from personal experience in the use of the instrument during the last nine months, we are fully convinced that whatever doubts there may be with regard to its use in diseases of the bladder,—and Heath does not seem to have had much success in its employment in examination of the bladder, there can be none as to its use in the gleet, and other affections of the urethra. In the section of Fractures of the Larynx we are pleased to notice that reference is made to Dr. McLean's case, and credit given to this Journal, where it was first published. Under the head of Aneurism also, we find the case of the late Dr. Sewell of Ottawa, of Aneurism of the Carotid cured by starvation, rest, and Iodide of Potassium, quoted at length, credited to our Journal. This fact we particularly notice for the benefit of some Medical men in Canada who fancy their contributions would never be read out of the Dominion if published in the *Canada Medical Journal*, and steadily send their communications either to the British or United States periodicals. The other departments we have only had time to glance at, but the selections seem to be practical. A book of the description of the retrospect is certainly difficult of compilation—hard to decide what to put in and what to leave out: while, then, we consider the book a valuable one and worthy a place in the library of every Medical man—we cannot help saying that we hope in future the Sydenham Society will give its editors ample time to arrange their departments—thus doing themselves and the Society who employs them, justice.

Chemistry. By William Thomas Brande, D.C.L., F.R.S.L. & E. of Her Majesty's Mint, Honorary Professor of Chemistry in the Royal Institution of Great Britain; and Alfred Swaine Taylor, M.D., F.R.S., Fellow of the College of Physicians, London, Professor of Chemistry and Medical Jurisprudence in Guy's Hospital. Second American edition thoroughly revised. Philadelphia: Henry C. Lea. 1867. Montreal: Dawson Bros.

This is an elegant volume of nearly eight hundred pages, and as a manual for students seems all that could be desired. It is full without being lengthy, minute without being wearisome, and written in a manner calculated to attract. To accomplish this object the authors have avoided as much as possible the introduction of questions connected with abstract science or with chemical Philosophy. They have also excluded from their pages, the formulæ and descriptions of substances which are never likely to be seen, except as rare and curious specimens in the Cabinet of Professors. We cordially agree with Dr. Taylor when he says, "The chemistry of every day life is quite sufficient to give full occupation to a Medical student. If after the completion of his Medical education he has the time and the inclination to devote to the study of atoms and the numerous and conflicting hypotheses on their combinations in groups and series, there can be no objections to his taking up the examination of these re-condite subjects, but let him make himself master of what is simple and practical, before he occupies valuable time in studying that which is complex and hypothetical."

The ordinary and well known notation, based on the equivalent or combining weight of bodies, is adhered to in this edition, because although not perfect, it is based upon simple and intelligible principles.

Dr. Taylor remarks, "that the new method of notation must be regarded as still upon its trial * * *. It will be found that the best modern works on Chemistry in the English and French language, the old notation is adopted and the new notation ignored even by writers who have been advocates for a change* * *. Nothing is to be gained by laying aside one system because it is imperfect, for another which at present offers no prospect of stability." The revision of this edition, owing to the death of Professor Brande on the 11th February 1866, has devolved entirely upon Dr. Taylor, who states that every page has undergone careful examination, and numerous additions have been made to various portions of the volume. Our somewhat hurried examination warrants us, however, in saying it is a first class book for students, and as such we confidently recommend it to them. Those who may desire to purchase it may be sure of having in it all the latest chemical knowledge, for Dr.

Taylor's preface is dated the 24th of June of this year. The volume does credit to the publishing house of Henry C. Lea.

PERISCOPIC DEPARTMENT.

Surgery.

THE OPERATION OF EXCISION OF THE CLITORIS

Mr. Baker Brown's operation—for we believe the senior surgeon of the London Surgical Home has no rival claimant for the question of honor of recommending the excision of the clitoris for the cure of hysteria, epilepsy and insanity—has been very properly made the subject of discussion by the Obstetrical Society. It is perhaps a pity that in a question of this kind, which has so many relations to professional ethics as well as to medical science, the Society could not express an authoritative collective opinion on its merits. It is true that the accumulated individual opinions emphatically expressed in condemnation of the *rationale* of the operation, and of the principles which appear to have guided the chief operator in his performance of it, by those who spoke, make up a *quasi*-collective decision that must have great weight. But behind the prominent speakers at a great meeting of a learned Society there is always a large body of men of mature experience, of calm and sagacious judgment, alike free from the fervour of partisanship and proof against the arts of rhetoric. The voice of such a body deliberately given upon the simple question at issue, bared of all complicating and irrelevant incumbrances, would be the best representation of the voice of the professions at large.

But there is another arena for the discussion of this question, which possesses some advantages over a scientific Society. After all, appeal must be made to the whole body of the profession, and that can only be done through the press. The case is now brought to this bar. We cannot shrink from the duty, however repulsive it be, of examining it.

First, then, what is the operation? Secondly, what good is it calculated to effect? The operation has been likened by some to circumcision in the male, but it is more correctly described by Dr. Tyler Smith as analogous to amputation of the penis. Certainly Mr. Brown snips away not only the *præputium clitoridis*, but also the greater part if not the whole of the clitoris itself; and every one must admit that the clitoris is the anatomical homologue of the penis. This is what Mr. Brown, with the pardonable pride of an inventor, means when he speaks of "*my operation*"—his latest if not his greatest discovery. Now the clitoris is undoubt-

edly a *principal* organ in the large system of erectile and excitable structures in the female. But there are others of scarcely inferior importance; and all are intimately associated to form one whole. The same vascular branches which supply the erectile clitoris supply the other erectile structures adjacent to the ovary, and those which surround the vulva; the pudic nerve, to whose clitoric branches such frightful powers are attributed, also distributes branches to all the other erectile structures of the vulva and vagina. But, contends Mr. Brown—or if he does not so contend then his operation has no meaning—the clitoris is the chief source of peripheral pudic irritation, which, acting on the nervous centres, produces a fearful train of ills, which he thus enumerates:—“1. Hysteria. 2. Spinal irritation, Amaurosis, Hemiplegia, etc. 3. Epileptoid fits. 4. Cataleptic fits. 5. Epileptic fits. 6. Idiocy. 7 Mania. 8. Death.” Certainly, if this be the true sequence of events, the culmination for which “peripheral irritation of the pudic nerve,” or “dilection,” as Mr. Brown, in barbarous jargon, otherwise calls it, is held responsible, then nature was wrong in supplying a clitoris, and the operator of the Surgical Home is right in correcting nature. But where and how, it will be asked by those deservedly eminent for their knowledge of nervous diseases, has Mr. Brown studied and made this notable discovery? We have lately seen a laudatory paragraph in *The Times*, in which the surgeon of the London Surgical Home is described as having successfully brought insanity within the scope of surgical treatment. Have the physicians of the great lunatic asylums at home and abroad—many of whom are justly celebrated for their profound knowledge of the anatomy, physiology, and diseases of the nervous system, whose lives have been passed in the close observation of men and women suffering from every kind and degree of nervous disease—recognized this sequence? If they have, or shall do, of course they will invite M. Brown to make a tour of asylum-deliverance; to hold a grand assize of clitoridectomy. But Mr. Brown does not, so far as we know cite the evidence of those who are most intimately acquainted with nervous diseases in his favour. He does, indeed, dedicate his book to Brown-Séquard. Does Brown-Séquard endorse Baker Brown? If so, then this repulsive doctrine will be invested with a title to professional respect which it does not as yet possess. Mr. Brown is not, however, so arrogant as to disdain all corroborative testimony. He therefore feels “gratification in being able to name the following gentlemen who have been led to adopt my views and treatment in proper cases:—Sir James Simpson; Beattie, (*sic*), of Dublin; Sir John Fife and Dr. Dawson, of Newcastle-on-Tyne; Dr. Duke, late of Chichester; Dr. Shettle, of Shaftsbury; John Harrison, Esq., of Chester; Drs. Savage, Routh, and Rogers, in

London; my eldest son, Mr. Boyer Brown, now practising in New South Wales; with my colleagues in the London Surgical Home, Dr. Barratt, and Messrs. Harper, Chambers, I. B. Brown, jr., and Bantock and very many others."

No doubt these gentlemen will feel it incumbent upon them to relate their own experience and conclusions. Indeed, they stand, cited as they are, in the light of compulsory witnesses; they cannot, without being liable to misconstruction, maintain silence. Drs. Routh and Rogers have already given their evidence in the discussion at the Obstetrical Society. (See *The Lancet*, February number, p. 119.) Our readers will judge of its value for or against. Still, giving the full measure of weight justly attaching to the names of the gentlemen cited by Mr. Brown, we look for the opinion of others who have had more enlarged opportunities of studying the pathology of nervous diseases. This question of the causation of epilepsy and insanity is of infinitely greater variety and difficulty than Mr. Brown supposes. It is not to be solved by excising the clitoris. It is simply monstrous and contrary to experience to affirm that these diseases are due in any considerable number of instances to unnatural excitation of the pudic nerve. We concur with Dr. West when he says in his admirable letters (see *The Lancet*, February and April number,) that "he has not seen any instances in which hysteria, epilepsy, or insanity in women was *due* to masturbation as its efficient cause." And Dr. Barnes, in his place as President of the Obstetrical Society, declared his conviction that, in the majority of cases of epileptics and insane persons in whom this vicious practice existed, it was resorted to *after* the disease had lasted some time, when the mind had become degraded, and when, being in seclusion, the sexual passion could not be normally gratified.

Has the operation, as a preventive or cure for epilepsy and insanity, a philosophical basis? Certainly this, the first postulate, has not been proved. Can we, accustomed to the rational method of studying medicine, approve the downright empirical method upon which this operation is advocated?

Few physicians will be found to ascribe such dire results to the clitoris. The sources of excitation of the sexual organs are numerous. The periodical congestion of the ovaries occurs independently of the clitoris; the mind alone is sufficient; many accidental conditions of the body produce determinations of blood to the sexual organs, which produce the same result; many diseases of the uterus, vagina, and rectum do the same. The prudent physician endeavours to remove or to modify these causes; he does not unnecessarily talk of, or suggest masturbation.

The matter has gone such lengths that it has challenged serious attention, and may possibly call for some decided demonstration on the part of the profession. The question is no longer one simply of the medical or philosophical merits of the operation. It is now surrounded with the most vital questions of moral and professional ethics. We will state one of these, carefully confining ourselves to the published statements of Mr. Brown himself, or of others who accept the responsibility of their allegations. Dr. West says and deliberately repeats (and he is confirmed by Mr. Paget): "I know that this is by no means a solitary instance of the removal of the clitoris by Mr. Brown without the consent, without the knowledge, of the patient." Who will not concur with Dr. West when he says that "the removal of the clitoris without the cognizance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation?"

This, the moral aspect of the question cannot be evaded. We cannot now pursue it in all its bearings. These deeply concern the honor and public credit of the profession, and must be anxiously examined. Not only is Mr. Brown's operation new, but his views of medical ethics are also new. Are we prepared for a revolution in those principles which for public good, have governed medical men in the practice of their profession since the days of Hippocrates?—*London Lancet.*

CLINIC OF PROF. GROSS.—MR. T. SPENCER WELLS OF LONDON.

Diagnosis of Ovarian Tumours.

Prof. Gross, at the opening of the clinic, introduced to the class Mr. T. SPENCER WELLS, of London, the distinguished surgeon and ovariologist, Dr. JOHN L. ATLEE, of Lancaster, Pennsylvania, Dr. WASHINGTON L. ATLEE, of this city, and Dr. NICOLEYSEN, of Norway. He took occasion to pay a flattering tribute to English surgeons, physicians, and obstetricians, to whom medical science and art have been so largely indebted. From the time of Harvey, Sydenham, and Richardson Wiseman, to the present, England has produced many distinguished medical writers, and practitioners, making it a matter of thankfulness with us that we read and speak the language in which they wrote.

The operation of ovariectomy, which Mr. Spencer Wells has performed upward of two hundred times, and with such marked success, is, however, Prof. Gross stated he was proud to say, of American origin. It was first performed by Ephraim McDowell, of Kentucky, in 1809, the

patient surviving thirty-two years. He operated about thirteen times in all. The first double operation was executed by Dr. John L. Atlee, in 1843, the case terminating successfully. Dr. Washington L. Atlee has performed the operation of ovariectomy more frequently than any other American—upward of one hundred and sixty times—the last having been completed only an hour ago.

Dr. Gross after indulging in some further comments in which he paid a high compliment to the moral status of the British profession, stated that he had a case of abdominal tumour which he should bring before the class, in order to afford Mr. Wells an opportunity of making some remarks upon the diagnosis and treatment of ovarian diseases. The subject, he added, was now attracting general attention, and he had no doubt they would be deeply interested in what his eminent confrère would say. At the close of Mr. Wells' lecture, Dr. Gross said, "If I were writing my autobiography, I should entitle one of the chapters, 'An Hour with the Ovariectomist.'"

A coloured woman was then brought into the amphitheatre, and Mr. Wells was told that she was a widow, forty-nine years of age, who had two children before her husband's death, twelve years ago.

Mr. WELLS then said :

"Gentlemen.—In examining a patient, I am always in the habit of seeing what I can without asking any questions; and the first thing I notice in this patient is her colour. I have never seen a case of ovarian disease in a black woman, which is not surprising, as there are very few colored persons in England. I have operated on a creole lady from New Orleans and on a mulatto from Jamaica. Dr. Atlee tells us that, while ovarian disease appears to be rare among coloured people, fibroid tumours of the uterus are exceedingly common.

"The first question, then, to decide is, whether the tumour in this woman is ovarian, or fibroid tumour of the uterus. And I lose here one aid which I should have in a white woman. In our race, a florid complexion is very common in patients suffering from fibroid tumour of the uterus, while a certain amount of pallor—or a chloro-anæmic aspect—is the ordinary accompaniment of ovarian disease. When a woman with a large abdomen comes into my consulting room, it is not uncommon for me to form a diagnosis in my own mind, from the colour of her face. I cannot pretend to judge in any such way here, but this patient has a tolerably healthy look, she is not emaciated, and there is no swelling of the legs. Carrying on the examination, we assist the eye by measurement, and I usually take various measurements of the abdomen; one, circular, at the level of the umbilicus, one from the ensiform cartil-

age to the umbilicus, and one from the umbilicus to the symphysis pubis—thus observing whether the greatest increase of size is above or below the umbilicus—and then another, from the anterior superior spinous process of the ilium, on each side, to the umbilicus. If the distance from the right anterior superior spinous process of the ilium to the umbilicus, is greater than that from the left to the same point, it is probable that the right ovary is affected rather than the left, and vice versa, although there are frequent exceptions to this rule.

“The abdomen should next be examined with reference to the presence of fluctuation. In this case, my impression is, that there is a fluid in the abdominal cavity, surrounding a solid or semi-solid tumour. If it were within a cyst, it would be less distinctly perceptible than it is. You see it distinctly on the very slightest impulse.

“The outline of the tumour should then be ascertained. A hard distinct outline is in this instance readily perceived, extending from six or eight inches above the umbilicus, almost to the pubis. The tumour can be pushed about, and seen to move underneath the abdominal wall, and the hand can be introduced below it on each side. It does not make any traction on the umbilicus as it is moved, which is a pretty sure sign that there is no close attachment to the abdominal walls.

“On feeling the surface of the tumour, it is found to be hard and solid with outgrowths or projections over it, like marbles or walnuts, some of them a little movable, with deep sulci between them. This inodulated irregular surface of a hard solid tumour is exceedingly common in fibroid enlargement of the uterus, but very uncommon in ovarian tumour. It is very unusual to find an ovarian cyst so large as this one is, without distinct fluctuation in some part of it. None can be made out in this instance; nothing but a hard, movable, solid tumor, surrounded with fluid, free in the peritoneal cavity. I have scarcely a doubt that this case is one of fibroid tumour of the uterus, and not one of ovarian disease. Auscultation is of value in settling this question. I have only once or twice heard a vascular murmur in an ovarian tumour, but in fibroid tumour of the uterus a vascular murmur is often perceptible; sometimes tubular, as if from large vessels, sometimes more vesicular, as if from a great number of small vessels.

“The stethoscope, in this case, placed in the iliac region, does not detect any murmur, but an arterial impulse, projected, as it were, from the aorta through the solid substance of the tumour. From the almost inaudible character of the murmur, one would say that the tumour is not very vascular, but rather an outgrowth, than an enlargement of the whole of the body of the uterus itself.

"All the information possible should be obtained from the abdominal wall, but an internal examination very much clears up any doubt as to the diagnosis in these cases. In this patient the vaginal examination quite bears out the diagnosis made through the abdomen, inasmuch as the uterus is drawn up out of reach. This often happens in enlargements of the uterus, while it is very rare in an ovarian tumour, that the cervix uteri cannot be felt, unless the ovarian tumour is detected low down in the pelvis. If the pelvis be empty, and the uterus out of reach of an ordinary examination, as in this case, that fact is almost of itself sufficient to remove any doubt as to the diagnosis. The sound introduced into the cavity of the uterus, to see if it be elongated, is often of service in determining the nature of the enlargement. Frequently, however, although the womb is elongated, the cavity is so twisted and bent, that the sound cannot be introduced up to the fundus, and mistakes are often made in this way. If the sound can be passed up eight, ten, or twelve inches, of course, it clears up the case completely; but as a rule, I do not place much reliance upon the opposite condition, when the sound will not penetrate far, because the uterus may be large, and its cavity small or distorted."

The patient having been taken away, Mr. WELLS added :

"I have removed these large fibroid tumours of the uterus but with very ill success. In one instance, one which weighed twenty-six pounds, the patient lived four days, both ovaries were removed with it, and from this and other cases which I have published, I have been led to the opinion that unless there is some very serious danger to life from the hæmorrhage, or pressure on some vital organ, these large fibroid tumours of the uterus are better left alone until there is some very urgent necessity for interference."

Mr. WELLS then showed several instruments which he used in ovariectomy, and made remarks on different modes of dealing with the pedicle, he then said :

"As to the results which I have had in ovariectomy. I have operated in two hundred and twenty-eight (228) cases. In the first one hundred patients, sixty-six (66) recovered; thirty-four (34) died; in the second hundred, seventy-two (72) recovered, and twenty-eight (28) died; and in the twenty-eight cases of the third hundred, four died and twenty-four recovered. Out of the two hundred and twenty-eight cases one hundred and sixty-two (162) recovered and sixty-six (66) giving mortality of 29 per cent. This is a mortality better than in many serious surgical operations, which no one can think of calling unjustifiable; better than in amputation at the hip-joint of the thigh; than in the operation for stran-

gulated hernia; than ligature of the iliac artery, etc. All these surgical operations which are performed without hesitation, give results less favourable than have been obtained in ovariectomy, even when both favourable and unfavourable cases have been included. For this operation is often performed when there can be but little chance of recovery, in the last days of life, at the solicitation of the patient that she may not die without some effort having been made to save her. The results would be much more favourable if one could decline to operate on any but favourable cases. In a certain number of cases one begins the operation but is unable to complete it. This occurred to me eighteen times. In seven cases I removed both ovaries, having found after removing one ovary that the other was diseased; four of these patients recovered and three died. Twice I have removed an enlarged ovary after the removal of the other, some time before. In one case another surgeon extirpated the left ovary some nine months before I did the right, which began to enlarge soon after the first operation. The patient died. In another case I operated upon a patient who remained perfectly well for a year, when the other ovary began to enlarge, I removed it eighteen months after the first operation. The patient recovered, and remains well, as I said just now. In eight or nine per cent. of my operations I have begun the operation, and not been able to complete, or have found that I had made an error in diagnosis. I do not think this a much larger proportion of failures or mistakes than may be expected in other serious surgical operations. Mistakes will occur sometimes in spite of the greatest possible care. The surgeon performs lithotomy, and possibly finds there is no stone; or he may puncture some collection of fluid and find it is an aneurism. These errors are gradually being eliminated as one advances in the knowledge of the disease. In ovariectomy we have not the literature or the traditions of centuries to guide us as in the better known operations, but Dr. Atlee following Dr. McDowell and other American surgeons, and we in England have to find our way along new untrodden paths. But with all these difficulties and disadvantages, I believe that in a few years, if we faithfully make known our errors and show others the way by which we learn to avoid them, the operation of ovariectomy will be performed hereafter, by many of you gentlemen, with far greater success than it has been by us."

At the close of his Mr. WELLS lecture exhibited some instruments,—a trocar and a clamp,—of his own invention, for the purpose of facilitating the operation of ovariectomy; but as an account of these has already appeared in print, it is not deemed necessary here to describe them.

CASE OF ACUTE IDIOPATHIC GLOSSITIS.

By JAMES B. BURNET, M. D., House Physician, Bellevue Hospital, New York

Timothy Harley, aged thirty-five years, single, a native of Ireland, and an iron moulder by occupation, was admitted to Ward 8. of Bellevue Hospital, on Aug. 30th, 1867. Of himself he gave the following history; Father died of old age, and mother of consumption. One brother died of a diarrhoea, and one sister in childbirth. Has now one sister, forty-five years of age, married, healthy, and has seven or eight children. There is no known hereditary predisposition to disease in the family. He has never been sick in his life until this present illness. Never had any form of venereal disease. Two months ago a lump appeared on the left side of his throat, which soon disappeared, and then, shortly-after, appeared again, and so on for two or three times, until one week ago on Tuesday, when he noticed that the lump was a little larger than ever before, slightly sensitive, and his throat was so sore that he could scarcely swallow; but he did not notice anything wrong about his tongue at this time. The same day he attended a picnic, drank three or four glasses of lager beer, and returned home about 11, P. M. Did not notice that his throat was sore, or his tongue painful, when he went to bed. That night he slept in a draft between two windows. Does not remember whether it rained or was particularly damp that night, or not. When he arose, at six o'clock the next morning, he noticed that his tongue was greatly swollen, hot, and painful and his throat sore, so that he could scarcely articulate or swallow. There was a profuse salivary discharge throughout the day. His tongue continued swelling so, that by afternoon, it almost completely filled the cavity of the mouth and greatly impeded respiration. The pain in it was intense. He was feverish, anxious, and restless. The treatment adopted by the physicians called in to see the case, gave no relief. On Friday' when admitted, he presented the following symptoms; Tongue immensely swollen and hard; immoderate action of salivary glands; glands beneath angles of jaw on either side enlarged and indurated; slight factor of breath; pulse normal in character and frequency; skin cool; no constitutional symptoms. Bowels regular, and urine found to be normal, after chemical and microscopical examination. Heart and lungs healthy; liver and spleen normal in size.

The *diagnosis* made was *acute idiopathic glossitis*, and the *treatment* instituted was free gargles of chlorate of potassa the application of ice to the tongue, and saline purgatives. His diet consisted of milk and beef-tea.

Sunday. Sept. 1st. Swelling diminishing. The disease seems confined almost exclusively to the left side of the tongue.

Monday, Sept. 2d. Much better. Tongue greatly diminished in size. Salivary discharge less, ordered potassii iodidi, 10 grains, three times a day.

Friday, Sept 6th. Doing well. The swelling is now confined to the left side of the tongue. On examination of the throat, an extensive chronic pharyngitis was detected. Tongue feels slightly heavy yet.

Sunday, Sept. 8th. Swelling almost entirely subsided. No difficulty in deglutition. Good appetite. Feels very well.

Monday, Sept. 9th. Discharged well.

Remarks. This case is particularly interesting, because of its rarity, acute idiopathic glossitis being a disease but seldom encountered. Glossitis generally results from the too free use of mercury, or from acrid substances taken into the mouth, or it may occur in the course of scarlet and typhus fever, and small-pox. It but rarely leads to the formation of an abscess. Occasionally the swelling is so great as to threaten suffocation, in which case tracheotomy or laryngotomy must be performed. In a patient of Mr. BENJAMIN BELL, life was saved under similar circumstances by this operation. Dr. GRAVES mentions a case in which the inflammation merely affected one half of the tongue. The *treatment* consists in active cathartics, applications of ice, gargles of chlorate of potassa, and, if necessary, free incisions to relieve congestion, or to discharge the pus if suppuration has taken place.

Some recommend pencilling the organ with nitrate of silver, while in Dr. GRAVES' case, leeches were applied directly to the tongue.

INGROWING TOE NAIL.

Dr. Bailey in the *Leavenworth Medical Journal*, suggests the following method of healing this annoying deformity:

"I have found that the *second* toe always presses firmly against, and rather beneath the side of the great toe, which very naturally produces the whole trouble. It has occurred to me, therefore, that if this constant *cause* could be dispensed with, and at the same time pressure applied in such a manner as to press the flesh *away* from the nail, a permanent cure could be effected without the use of the knife, which is justly dreaded by the patient. To accomplish this, I got up a bandage, by taking a piece of strong muslin about one inch wide, and *just* long enough to make *two* loops (by sewing) one large enough to slip over the great toe, and the other to slip over the third toe and bring them close together, letting the second toe rest over or above the bandage, where it furnishes

precisely the required pressure to crowd the soft parts away from the nail and at the same time remove the pressure that caused the disease.

“In the few cases that I have used this simple appliance, it has been followed by complete success. It is convenient, not troublesome to apply, and can be worn without dispensing with ordinarily tight boots or shoes, which is sometimes, quite an important thing, especially if the patient is a lady.”

REPRODUCTION OF BONE.

Much has of late years been said of the power of periosteum to restore great waste of bone. We find in a recent number of the *Boston Medical and Surgical Journal* a case reported by Dr. Henry J. Bigelow which is so instructive that we make space for a brief abstract.

A light-haired, unhealthy looking man, of a scrofulous family, injured his elbow which swelled and gave him great pain. Such swelling and pain always accompanied all subsequent injuries of the same joint, for five years. Towards the close of that period, fistulous openings made their appearance, communicating from one side of the limb to the other, and discharging a thin sanious liquid. The incision revealed in the humerus a cavity, the size of an almond, lined with caries. Three months afterwards, the formation of abscesses having continued, the joint was opened. The ends of all three bones were much diseased, and the head of the radius, together with about an inch of the ulna and the same amount of the humerus, was excised. The periosteum, being firmly attached to the coral-like surface of the bones, was torn out from these inequalities, and the wound was closed, the periosteum being allowed to remain within. The constitutional irritation still continuing, five months after the excision, the arm was amputated. About a year following the amputation, the man died of pulmonary consumption.

Upon dissection of the amputated arm, it was found that both the condyles of the humerus, as well as the process for the attachment of the flexors and extensors had been reproduced by the periosteum.

THE AIR TREATMENT.

M. Boisson has introduced a method of treating superficial wounds by a jet of air from the common bellows, immediately forming a dried film over the exposed flesh, beneath which healing is greatly facilitated and other obvious advantages secured. Burns which have removed the skin may be treated advantageously in this way.

ON KNOCK-KNEE.

A CLINICAL LECTURE DELIVERED AT THE NATIONAL ORTHOPÆDIC HOSPITAL.

BY DR. HENRY DICK.

GENTLEMEN,—I select this case for a lecture because there are some interesting points in it, which are important not only in the treatment of knock-knee, but also in the treatment of other deformities—I mean the cutting of tendons, and respecting which presently I shall explain myself more fully.

Several deformities may effect the knee joint. They may effect one or both legs. Those most frequently met with are the contracted knee and knock-knee. You have seen one case of contracted knee in our wards under treatment, and at another time I shall give you more full information about it. The third form of deformity of the knee-joint is the outward curvature of the leg, and this deformity, like knock-knee, is generally of rickety origin. The most unfrequent deformity of the knee is the contraction forwards. I know only two cases on record. One of Dr. T. E. Grant, of Canada, which was of a traumatic origin; the other related by my friend, Mr. W. Adams, of which the original is in the Museum of St. Thomas's Hospital. The pathological anatomy is identical in both cases, but the history is wanting in that of the museum.

In the case before us now, I show you here the casts of the deformity of both legs previous to the cure. You see the deformity was more severe in the right knee than in the left.

The history of the case is the following:—

H. P., 15 years of age, a peasant boy, never before ill, came to the hospital December 15, 1865, recommended by our esteemed consulting Physician, Dr. H. G. de Mussy. There were no signs that he had rickets in his life. He stated that twelve months before entering the hospital his knees began to be painful after walking or working, and they got worse up to the time of his coming into the hospital. He was treated with two long splints, well padded, for about three months. One deformed leg got better, but in the right leg, as soon as the splint was taken off, the deformity re-appeared. The tendon of the right biceps femoris and also the fascia were divided on the 20th March, the splints re-applied, and in three weeks the deformity had completely disappeared. He will leave the hospital completely cured, but of course wearing irons for some time to prevent relapse.

Now, gentlemen, coming to the denomination of this deformity, I do not think the term "genu valgum" a good one, and really I consider the English denomination of knock-knee is a better definition. But in all the books on deformities it is called so, and we must keep the name "genu

vulgum," as we have kept the name of "pes varus" for club foot. In science we have to do as in many other things, take them as we find them, and do the best with them. If we were to change the names of diseases to make them logical, I think much confusion would ensue, and I do hope in future when a new affection or an unknown disease may be described, a logical name will be given, so that the name will at once be a correct signification.

The father of orthopædic surgery in this country, Dr. Little, tells us in his valuable book on "Deformities," that rickets are the principal cause of knock-knee, but states that debility may produce the deformity. I think Dr. Little is quite correct, and in the case before us believe debility was the cause. But I remember a case in my own practice, where knock-knee had a traumatic origin in a severe burn on the outside of the knee. I had in that case not only to cut the biceps, but also to perform a plastic operation to remove the cicatrices. In the case in point, the deformity was produced not only by the shortened tendons, but also by the *skin* and *fascia*.

In dissecting a "genu valgum" in the early stage of the deformity, we generally find the surfaces of the tibia and the femur very little changed. Real changes have only taken place in the soft parts. The ligaments, fascia, and muscles are shorter on the contracted side, and lengthened on the opposite. But in old cases the articular surfaces of the tibia and femur become changed by a partial absorption of the part where the pressure is most severe in the knee-joint. The rotatory movement of the knee in walking made me at one time think it was due to the deficiency of one part of the articular surfaces, but my researches on the rotation of the deformed spine revealed to me the law under which that rotatory movement takes place. The reason of this rotatory movement is owing to the unyielding and unelastic state of the biceps, fascia, and ligaments, forming a kind of string of a bow, and not being capable of being extended, the knee rotates with inward movement in walking.

I think in no deformity can we give a better prognosis than in knock-knee. I do not remember one case which has not been cured when proper treatment has been applied. You may see a number of people with knock-knee, walking about not cured, but you may be sure had they been properly treated, they would have been cured. Knock-knee is generally not congenital. I cannot find any congenital case recorded, answering completely to knock-knee, as we see it when it occurs from rickets or debility. Mr. Depaul describes a case of rickets having taken place in the intra-uterine period, and so do some German writers, but I doubt, if knock-knee can take place in foetal life, and my reason for it is because

I believe knock-knee is the result not only of the rickety and debilitated state of the knee, but also of certain mechanical laws, which are not incidental to foetal life. When rickets is the cause of knock-knee we often find a disposition to valgus in the foot, which we do not always encounter when debility is the cause of the deformity; as an illustration is the case mentioned above; in it there was no tendency to valgus. Previously in this lecture I gave you a description of the deformity, and I told you already, as you see by the casts, that the right knee was more deformed than the left. A well padded splint was applied with the patient of course in the horizontal position.

You have no doubt heard or read something of the *cutting* and *non-cutting* of tendons in the treatment of deformities. Make it always a principle in practice to try a thing (of course if there is no danger in doing so); so I tried the non-cutting method for three months. There was a little improvement in both knees, but the deformity in the right knee was still persisting. I dare say in a very considerable length of time I should have cured the patient. As the non-cutting method did not seem very beneficial, I decided to cut the biceps and fascia in the right leg. You see the result. Only three weeks after the operation was performed the deformity in the right leg had completely disappeared. You see the leg upon which the operation has been performed presents a much more normal shape than the other, upon which no operation was performed. I was always of opinion that the subcutaneous cutting of tendons is a very harmless operation; of course if practised where not indicated, and in the wrong place, it will do harm. But the same may be said of all remedies and operative proceedings. Wherever there is an idiopathic shortening of soft parts, and no cause any longer existing in the nervous centres, I think subcutaneous section is of very great advantage. In fact all our improvements in the treatment of deformities must be ascribed to it. Our forefathers tried to cure deformities by buckling, strapping, and straightening, but very little improvement was made in the right direction. Before tenotomy became popular there were numbers of orthopædic institutions to be found everywhere, but the result of their treatment was not satisfactory until subcutaneous section was tried.

In conclusion, I must impress on your minds that it is not by cutting tendons and fascias you have overcome the deformity; the truth is, in cutting a part of the tissues producing deformity, you are more able to attack the other elements causing the affection with success. Tendons, fasciæ, and ligaments combined, are too strong to be overcome, but weaken some of the elements of deformity by cutting, then you are able to overcome the other difficulties. In fact it is "l'attre Pennemi en de-tail."

TETANUS NEVER OF CENTRIC ORIGIN.

It is doubted if tetanus ever arises from injury of the spinal cord. The *Richmond Medical Journal* states, that of 56,775 cases of gun-shot wounds recorded by Confederate surgeons during the war, no case of the kind occurred. Dr. Ashhurst, of Philadelphia, in an analysis of nearly four hundred cases of injury of the spine in the Union army, had the same experience. But one case of tetanus occurred among them, and in this the autopsy shewed a contusion of the anterior crural nerve, in addition to an injury of the third lumbar vertebra.

Medicine.

ON NIGHTMARE OF CHILDREN.

By SYDNEY RINGER, M. D., Professor of Materia Medica and Therapeutics at University College; Physician to University College Hospital, Assistant to the Hospital for Sick Children, Great Ormond street.

SCREAMING OF CHILDREN.

Violent screaming, which cannot be quieted, and which may last for a few minutes to several hours, is frequently witnessed in children. This is generally produced by one of three causes—hunger, pain, or nightmare. These remarks treat of screaming from the last cause.

The following account gives a fair example of a case of this kind :

Charles L., 2 years old, came under my care at the outpatient department of the Children's Hospital. The child was badly nourished, and was afflicted with a frequent hacking cough, that troubled him much more at night than day. For two months he had, twice or three times each night, started from his sleep, screaming violently. Each paroxysm of screaming lasted about half an hour. Sometimes he rolled about the bed, threw his arms wildly about, and knocked his head violently against the bed; on other occasions he sat up in the bed and screamed so violently that he became black in the face. While thus afflicted his eyes rolled, and he appeared to be quite unconscious, as he did not recognize his mother, and could not be brought to by her care and attention. His mother stated he did not appear to have his senses. He gave no signs of being in pain. He did not talk, he only screamed violently. After each paroxysm he fell asleep but his sleep, was disturbed, and his eyes still rolled, and he frequently moaned. His gums were neither red nor swollen. His appetite was good, but his bowels had been relaxed for three weeks, and his motions were green and slimy, but no worms were ever seen in them. He was fed judiciously. He wetted the bed at

night. During the fortnight that preceded his application for relief at the Hospital, he had suffered from two convulsive fits, when his arms worked and his face twitched. Each of these fits lasted twenty minutes.

This case may be excepted as a very fair example of the screaming of which we are now speaking.

Such screaming may occur in children of all ages; but, while it is met with in children of 10 or 12 years of age, it is of more common occurrence in those of a few months to 2 or 3 years old.

These attacks may last a very variable time, for though the paroxysm may pass away in a few minutes, it sometimes continues for half an hour to one or even two hours. During this time the screaming is violent and continuous. Sometimes the children appear to be asleep throughout the paroxysm, while other children wake from their sleep, but continue to scream with unabated violence; but even when awake they often appear to be unconscious of what occurs around them.—They seem to be, as their mothers state, "out of their senses;" thus they for the most part cannot be quieted. Others appear to wake thoroughly, and are then terribly frightened, and often tremble all over. Such children can generally be quieted in a short time by kindness and attention paid to them, but they remain for some time much agitated, and refuse to be left alone, or, if removed from their bed, they are afraid to return to it. Some children cry only a little, but they wake up frightened and trembling.

Such screaming may continue to occur for months and even years, sometimes disappearing for a time, and then, from various causes to be immediately mentioned, it returns again. It is often repeated several times each night for several months.

Such attacks are naturally a source of much annoyance and much anxiety to the parents, and thus medical men are not unfrequently consulted for this affection. The screaming may be so violent that the child becomes "black and blue" in the face, and occasionally it even terminates in a general convulsion. This, however, is unusual, and in my experience occurs only in children who suffer from convulsions without screaming and from other causes. Such paroxysms of screaming sometimes recur only with long intervals. The child may have one attack but this may not be repeated for some weeks, or even some months. On the other hand, they may recur ten or twelve times a night.

This screaming differs from delirium, as it does not occur in those diseases accompanied by delirium. Moreover, there is no incoherent talking or muttering, while some children can be roused from this

state and are then perfectly rational, although greatly frightened; it occurs only during sleep. The mothers often call it nightmare.

The children, the subjects of this affection, are very generally pale, often ill-nourished, and out of health. The immediate cause of this screaming appears to be some disturbance of the stomach and intestines. The nature of this affection of the intestinal canal may be very various in different cases, for one child may suffer from constipation while another is troubled with diarrhœa. This disturbance is very generally dependent on food ill-suited to young children; for this irregularity of the bowels, and the screaming which accompanies it, are especially frequent in those children who have been brought up by hand, and who, consequently, suffer on the one hand from diarrhœa, on the other from constipation. Children thus reared suffer, as is well known, very generally from constipation, and pass hard pale lumpy motions, something like marbles. These masses may consist of fæces; they are often composed of coagulated undigested milk, of a yellowish or greenish yellow colour outside, but are white and cheesy within, looking like, and, indeed, being composed of curds of milk. (It may be here mentioned, in passing, that not uncommonly children pass by the bowels, or sometimes vomit, large masses of the same composition. These are generally two or four inches long, and about an inch in diameter. They often excite much wonder and anxiety on the part of the mother. When broken, the white curdy appearance at once declares their nature.) Children who suffer from the affection now under consideration are sometimes infested by thread worms, and also show signs of the altered condition of the mucous membrane of the stomach and intestines, by itching, heat, and dryness of the inner part of the nose, with itching at the anus. This screaming is increased by anything that interferes with the general health of the child. Thus, it is observed to be worse when the teeth are making their way through the gums, although the irritation and pain which arise from teething appear to be incapable of themselves of exciting this screaming. It is also made worse by slight attacks of catarrh of the lungs, or eruptions on the body. By treatment this screaming can usually be at once arrested. Both general and local treatment are in most cases required, the former to improve the general health, the latter to remove the conditions immediately exciting the screaming.

The diet should be attended to, and any irregularity in the hours at which food is given to the child, or any unsuitability in the nature of the food, must be remedied. Attention to these points will very generally arrest any diarrhœa which may be present, but constipation with hard shotty motions will generally prove more obstinate, for such

motions are almost invariably passed by young children under six months old when brought up by hand, and this although they may be correctly fed and take nothing but good cow's milk sufficiently diluted with water. We have seen that these hard, round, lumpy motions are partly composed of coagulated undigested milk. This coagulation in mass can sometimes be stayed by the addition to the milk of alkalis such as limewater or bicarbonate of soda. The latter is preferable for this purpose, as limewater confines the bowels, and thus bicarbonate of soda should be preferred.

If the bowels are confined, an active purgative will, in the great majority of cases, suffice to stay the screaming, and will insure to the child calm and refreshing sleep. A powder of rhubarb and soda repeated every night, or every other night till three powders have been given, is useful. If the child be pale, and the constipation recurs and is obstinate, the following prescription will be found very advantageous—namely: Steel wine, to which is added a few drops of tincture of rhubarb, in quantities adapted to the age of the child and to the obstinacy of the constipation. Usually six drops of tincture of rhubarb in a teaspoonfull of steel wine given three times a day will open freely and comfortably the bowels of a child from six to nine months old.

In order to effect a permanent cure it is often necessary to give medicines to improve the general health of the child, as these children are frequently pale and badly nourished.

- Thus, in children suffering from the affection we have just described, to effect a permanent cure, if the general health be bad, treatment must be directed to the restoration of the body to sound health. In these cases iron, cod-liver oil, with cold sponging, prove most useful. Of the various preparations of iron, the tincture of the sesquichloride, in my experience, is decidedly the best.

It has appeared to me that bromide of potassium is able to stay this screaming, but as its administration has been accompanied by the use of purgatives, or a regulated diet, it is difficult to determine how far the bromide was useful. It is, however, I feel sure, worthy of a trial in obstinate cases. Cold baths must be given with care; for while they may, if properly administered, do much good, if administered without certain precautions, they will do great harm to children. If too great a shock be given to the child, depression of the system will be produced, and this may last even several days after the bath is administered, when the child may be languid and depressed, and may suffer from much chilliness with loss of appetite. Thus the amount of shock produced

by the bath must be regulated to the age and strength of the child. In cold sponging of the body the shock caused is proportioned to the coldness of the water and the length of time the bath is continued; while the younger the child, or the weaker its health, the less able it is to bear up against the effect of the shock to which it is exposed. Hence with young children, and especially with those whose system is depressed, the bath should be continued only for a short time, and if the weather be cold, the water must be slightly warmed. When the child is weak, the bath should be continued at first for a few seconds only, and its duration be gradually increased as the child becomes accustomed to its use.

If the following simple plan be adopted, the child, even if very weak, can take the cold bath with advantage, and all chance of depression is removed. The child should be placed before a good fire, with its feet in warm water, while the cold water is freely poured over every part of the body except the head and face. The healthy reaction, with the agreeable sensations which follow the use of the bath, may be much increased by placing the child for a short time in the warm bed from which it had just previously been removed. The bath should be given immediately the child leaves its bed, and the breakfast soon after the sponging is completed.—*Quarterly Jour. of Psychological Medicine.*

TREATMENT OF MENORRHAGIA.

GREAT NORTHERN HOSPITAL.—For the last few years Dr. Murray has treated cases of menorrhagia—not dependent upon growth, displacements, or other causes requiring special and manipulative interference—by the combined use of gallic and sulphuric acids principally, with as much rest as can be obtained. The disease has generally shown itself in one of the three following forms: 1. Where at each period there has been a more decided loss than natural. 2. Where, from excessive debility a bloody discharge has continued from month to month. 3. Where, after childbearing, a large uterus with a patulous os is continually pouring out blood, and every now and then doing so in gushes accompanied by clots. In all these degrees of this weakening and troublesome complaint, Dr. Murray is in the habit of prescribing from five to ten grains of gallic acid with from fifteen to twenty-five minims of dilute sulphuric acid, twice or thrice daily, for a period sometimes extending over two months. Occasionally he has found the use of mustard applied over the sacrum every other night, or even a blister on the same spot, useful as a help in the third form of this hemorrhage. He has also advised the application of cold water to the lower part of the spine in cases of continued discharge (not leucorrhœal) between the periods.

Dr. Murray has not found the use of iron at all satisfactory; but he has administered it with good effect in some cases after a continuance of the acid mixture, and all arrest of hemorrhage for some time. The use of vaginal injections has not been recommended by Dr. Murray; but in many cases cold water enemata have been extremely useful at those moments when the gushes of blood with clots take place, a gentle non-irritating purgative being also given.

CHARING-CROSS HOSPITAL—Dr. Parson recommends rest as much as possible in *all* cases of menorrhagia; and the avoidance of all household duties, at least for a few days, during the severity of the symptoms.

The astringent mixture in general use amongst the out-patients consists of tannic acid (from five to ten grains) dilute sulphuric acid (from twenty to thirty,) and the liquid extract of ergot of the British Pharmacopœia (from five to ten minims,) every four or five hours for the first few days. If there be much pain attending the menorrhagia, Dr. Parson usually orders from five to ten minims of the tincture of Indian hemp to each dose. Dr. Parson has never seen any ill result following the use of Indian hemp, but he has generally employed it in the former combination, or with other astringents.

As a general rule, all the preparations of iron are avoided in menorrhagia, even though there be anæmia and pallor, since iron invariably increases the vascularity of the pelvic organs; and he employs the preparations of iron only when two or three menstrual periods have passed normally.

Aloes also is avoided, in most of its preparations, in *all* cases of menorrhagia, since it is apt to increase the irritability and vascularity of the pelvic viscera.

Menorrhagia associated with metritis is treated by astringents for the first few days. The bowels are regulated by a saline aperient—the bitartrate of potash in drachm doses, with quinine in half to one grain doses, taken every morning. After the period has ceased the usual treatment of metritis is employed.

Menorrhagia associated with a granular state of the mucous membrane of the cervix uteri is treated by astringents and tonics generally. A local astringent consisting of the solution of chloride of zinc (Burnett's), from twenty to thirty minims to every pint of water, is also used by the patient two or three times a day as a douche. Dr. Parson finds that a stronger astringent than this for local application is seldom, if ever, required in these cases.

The cases of menorrhagia associated with polypi are not treated with any benefit as out-patients, but are admitted as in-patients of the hospital.

Cases of menorrhagia resulting from the presence of fibroid tumors of the uterus are treated usually as in-patients also.

Menorrhagia arising from cancer of the uterus, usually resists all treatment. From twenty to thirty minims of solution of chloride of zinc to a pint of water often is more useful than any other douche in diminishing the fetor, and to some extent the amount of the discharges.

In the following cases of menorrhagia, where there are no local lesions of the generative organs, a brief summary of the treatment is as follows:—From debility, it is treated by the astringents during the period; after the period has ceased tonics are employed; excluding iron and aloes until the tendency to excessive menstruation has ceased, then the preparations of iron with nux vomica or strychnine become valuable.

When depending on congestion of the portal system, it is relieved by a daily aperient of bitartrate of potash with quinine, and with or without five or ten grains of jalap in each dose taken every morning, and avoidance of alcoholic stimulants.

Associated with mitral or aortic obstruction, menorrhagia is most difficult to relieve; and is treated on general principles—of diminishing the congestion of the pelvic organs as much as possible, and giving tone to the distended capillaries and veins.

Menorrhagia with emphysema or chronic bronchitis is also exceedingly difficult to relieve, and when relieved for a time, often returns.

Resulting from kidney disease and albuminuria, it is treated by warm clothing; aperients daily of compound jalap powder with quinine, given in the mornings, and the sesquichloride of iron with nux vomica two or three times a day, generally with marked improvement.

When associated with spongy gums and a scorbutic state, it is treated by the citrate and chlorate of potash; the patient being directed to avoid all salted meal; to take the juice of half a lemon every day; occasionally tannic acid is given in addition.—*London Lancet*,

CLINICAL LECTURE ON HEAT ERUPTIONS.

By C. HANDFIELD JONES, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital.

Gentlemen,—during my last taking-in-week three cases of well-marked hyperæmial affections of the skin have been admitted, which may furnish us, I think, some instructive matter for consideration. I do not adduce them as instances similar in every respect, but in one very material particular, that of their causation, there appears to me to exist a close affinity between them.

Case. 1.—E. W., female, æt. 28, admitted July 16th. Has been ailing a long time with weak digestion; was not worse until an eruption came out yester-morning. This appears at present (3 P. M.), as dull-red, slightly elevated, roundish spots, coalescing often in patches. It occupies

the face, neck, chest, abdomen, and, to a less extent, the limbs. On the abdomen the spots are well-defined and discrete. Eyes smart a good deal; tongue pretty clean; pulse 105, very weak; temperature 100°. Much pain in back last week, less the last two days; feels very hot. Has had measles; has marks of vaccination on her arms, but they are not perfect ones. Broth diet. *Mist. salin ter die.*

17th.—Is much better; the eruption has disappeared from the chest and neck, but is still evident on the abdomen, though declining here also. *Mist. Quinæ ℥ i. ter die.* In two or three days she was free from any other ailment than debility. When this patient first came under our observation, we had some misgivings lest the disorder should prove to be modified variola, and we isolated her accordingly. The points which made it improbable that the affection was varioloid were these:—The temperature was but little elevated, the appearance of the eruption had not been preceded by marked illness; and the exanthem itself was of an indeterminate character, somewhat like that of measles. Though these features were tolerably decisive, yet it was right to take every possible precaution, and twenty-four hours waiting made all clear.

Case 2.—E. S., female, æt. 18, admitted July 17th, 1867. Has been attending on children affected with chicken-pox. On 13th inst. had a very bad headache; the next day had to go to bed feeling weak and queer. Sore throat came on, which has been very bad, but is now better; the fauces are red and inflamed, and there is mucus hanging from the soft palate. An eruption appeared this morning; it is well out all over the body except the face and the legs below the knees. In most of the affected parts it appears as red spots of a tolerably bright colour, not distinctly elevated, coalescing to some extent, especially on the elbows, where it constitutes on each side a large, irregular, uniformly red patch. In some parts, as on the chest and abdomen, the appearance is rather that of subcutaneous mottling. *Conjunctivæ* nearly natural; face flushed; tongue very red and rather sore. No sleep last three nights; temperature 100°, pulse 93, soft; appetite poor. *Quin. Disulph. gr. iij. + Acidii Nitrici m ij. + Spt. æth. chlor. m x + Aq. ℥ i. quater die.*

19th.—Eruption almost entirely gone; throat much better. Went out well soon after. The throat affection, and the aspect of the tongue, increased the resemblance of the malady in this case to scarlatina. But the non-elevation of temperature, the moderate frequency of the pulse, the more spotted than uniformly diffused character of the eruption, the absence of any history of infection, and the hint afforded by the previous case that such exanthems might be looked for, weighed with me to regard it rather as a roseola, and this opinion was speedily confirmed by the result.

In themselves these cases are sufficiently trifling, but they are worth your attention, since, as Hebra states, an acquaintance with these forms of erythemata may save you from the common mistake of diagnosing every febrile complaint, attended with a reddening of the skin, as one of the contagious exanthemata. Such hasty conclusions he intimates often lead to disagreeable consequences. But further, we may surely say that the scientific interest of a disorder is by no means necessarily in proportion to its magnitude, and these slight derangements of the cutaneous circulation, occurring under the influence of heat, may aid us to understand better both the phenomena and the causation of other disorders with which they may appear, at first sight, to have no connection. Before I make further comment, let me relate another case of more severity and permanence, but yet occurring under very similar circumstances, and manifesting, I believe, a real affinity to the preceding.

Case 3.—W. G., æt. 23, male, admitted July 18th, 1867, Began to ail on 17th inst., when he first perceived soreness in both axillæ; at night he found that the skin in this situation was red; since then the redness has extended very much, and now affects the whole of both arms up to the wrists as well as the dorsum of the hands, the upper parts of both thighs and the scrotum. In the rest of the thighs and of the legs the skin is covered over with largish red spots, which are more crowded together at the knees and posterior surfaces. The neck and ears are severely affected and there is serous alkaline discharge taking place at some parts. He had very much pain when the eruption came out; it is much less now. The right fore-arm is very much swollen and is very red, the left is not so much. Heart's sounds normal; pulse 96, full, open; tongue a little coated; thirsty; urine said to be very dark; temp. 101°; health generally good, never suffered in same way before; before his illness he had overheated himself by running, and went out with his master's carriage immediately after, he did not feel chilled, but he ascribes his attack to this, as the disorder came on the next day; he had not drunk any cold water after being heated; broth diet; magnesiae suph. ʒi. + vii. colch.; m x. + mist. potass. citrat, ʒ iss., quater die; liq. plumbi diacet, ʒ i. + glycerini ʒ ij. + aq. distill. ad Oi. pro lotion.

19th.—Is better, eruption fading in colour, but the red spots on the abdomen have extended considerably, and many of them have partially coalesced, temp. 100°; pulse 84, soft, urine of yesterday acid, spec. grav. 1036, rather scanty, thick with lithates, not albuminous.

20th.—The abdomen is nearly covered with a continuous dull red hyperæmia, the upper thighs, groins, and scrotum are in nearly the same state; the flexures of the knees are also quite excoriated, very red and discharging, the arms are much improved, much less swelled. Quinæ

disulphat gr. i. + magnes. sulph. ʒ i. + acidi. sulph. dil. m. x. + spt. æth. chlor. m. x. + aq. ʒ i. quater die. Ung. zinci. ʒ i. + plumbi. sub. carb. ʒ i. M. ft. ungt. in loco lotion.

27.—Is very much improved, the flexures of the knees, which were painted three days ago with soluti argenti nitr. (gr. x. ad. ʒ i.) are much better; at the same date there were numerous red spots on the legs, which were unaltered by pressure, and were true petechiæ; dose of quinine increased on 22nd to gr iss.

31st.—The flexures of the elbows, and the groins, are in a condition of well-marked eczema, presenting tolerably extensive red patches which feel very hot and irritable, but do not discharge (ecz. sic.) At their margins are seen several discrete red papules, which by their coalescence would add to their extent, and evidently constitute the initial lesion. The axillæ are in the same state, and contain besides, several furunculoid elevations of the corium (there are three of these in the right) which are very tender and inflamed; except in these parts the skin is normal or nearly so; urine in 24 hours, 56 oz., specific gravity 1016, palish, deposits crystals of uric acid; liq. potas. arsenitis m. v. + tr. calumb. m. x. + aq. ʒ ss. *ter die*.

Aug. 7th.—Is now quite well, except some discharge from a furuncle in the right axilla.

It would be more correct to say that eczema was present in this case than that it was one of eczema. In truth, when at its height, the disorder was much more *roseola* of erythema than eczema, at least, in most parts the subcutaneous effusion, however, which was so apparent in the arms, belongs more to the latter than the former. The chief feature was the hyperæmia, which naturally gave rise to exudation either superficial or deep-seated; this was the case during the rise and culmination of the disorder, but in its latter stage, when it was much more limited, the characters of eczema completely predominated. It seems little likely, however, that the disease was not really the same throughout, that is in its essence, although appearing at different times. At the present day many are convinced that no satisfactory arrangement of cutaneous diseases can be formed by reference to their anatomical peculiarities, and I quite concur in the opinion although the terms in use serve well enough to distinguish the principal groups—squamous, papular, vesicular, bullous, maculated, are still epithets which are convenient and useful. But what we really want is a true pathology of these several forms. We ought to know as a first and elementary matter, whether they are dependant, all or any of them, on the presence of some *materies morbi* in the blood; whether this materies is different in the several anatomically different eruptions; how it is generated in the system, and whether it is to be got

rid of by elimination or by inducing a better nutrition. Until we have accomplished something of this kind, we can, I believe, do nothing in the way of framing a real scientific arrangement of these disorders. Another question must also be considered—viz., whether different forms of eruption may not be essentially similar, as being products of the same cause, while other states, apparently quite similar, may be proved to be really very different on the ground of their etiology and therapy. Thus, a case of eczema may have much more affinity to one of lichen than it has to another case of eczema, because the two former may depend on the action of heat, and the latter on the gouty diathesis. In the case I have brought before you I believe the summer temperature was the most efficient cause of the eruption, and it may be worth our while to consider how it produces this effect. Direct exposure to solar heat will inflame and blister the skin as tourists often experience, but this is a mere local action confined to unprotected parts. True eruptions, diffused more or less widely over the surface, must be induced in a different way. The explanation of their occurrence is found, I believe, in the general statement (which no one can doubt), that heat, if at all excessive, is enfeebling to nervous and muscular tissue, both of the voluntary and involuntary departments. Paresis thus induced of the vaso-motor nerves supplying the small cutaneous vessels, allows distension of the capillaries to take place, and according as those of the papillæ, or of the subjacent plexuses are most affected, we may have at the outset a papular eruption or an erythema. Thus far it is opposed that the texture of the capillaries is unaltered, but if the morbid change goes farther, serous effusion, or even actual escape of blood into the corium may ensue, both of which events took place in case 3. But dilatation, and weakening of the texture of vessels, are not the sole results of the paresis. The increased supply of blood acts as an excitant or irritant to the cutaneous tissue, alters its vital condition, and converts the active hyperæmia into actual inflammation. We have complete proof of this occurrence when suppuration takes place within and without the eyeballs, in consequence of long continued hyperæmia depending on arterial relaxation. I have known this happen in a case of Grave's disease, and also in a case of epilepsy. Confirmative evidence is also afforded by Vanzetti's observations relative to the cessation of inflammation in a limb after prolonged compression of the main artery. It is of great practical importance to recognize this state of tissue excitement, and the question of its existence should always be considered in planning the treatment. Its decline renders the administration of tonics and astringents admissible, which previously would have acted as irritants, and is generally announced by the duller red tint of the hyperæmic parts, which, however, as in our last case, may, at the same time, increase in extent.

The morbid effect of heat seems to be materially promoted by the presence of moisture. I have mentioned to you the case of a weakly female, in whom the application of a poultice produced a distinct eczematoid eruption in the part so treated. In his clinical lecture on sudoral exanthems, Trousseau relates the case of a poor lady, who, after her confinement, was kept by an old prejudiced nurse soaking in her lochia, with unchanged linen, loaded with wadding bed-clothes to bring on the flow of milk. Scarletiform eruption appeared on the sixth day of her illness, on the tenth the whole body was covered by a frightfully severe and confluent eczema. The face flushed, delirium came on, and death followed. Trousseau ascribes the eruption to the irritating effect of the copious perspiration. To my mind the moist heat seems quite a sufficient cause, and I feel doubtful as to the possibility of so much irritation being produced by sweat. Rheumatic fever patients often perspire copiously, and for a long time without any cutaneous eruption being produced. The prolonged soaking in hot water which patients undergo at Leukerbad, very commonly has the effect of bringing out on the surface an eruption termed "la poussée." This, according to the account given of it by Constantine James, begins as an erythema, but often develops into a pretty smart eczema. It is regarded as a desirable event, but as it is not essential to a cure, this may perhaps be doubted. At any rate it illustrates my statement, that cutaneous eruptions may be produced by heat without any irritation from the secretion of the perspiratory glands. Recently I had a gentleman under my care, who had been invalided and sent home from India on account of eczema of the face. When I saw him the condition was that of chronic erythema; his skin flushed and got very red if he faced the fire, or drank even light wine. In cold weather he was better.

The foregoing considerations will probably incline you to join with me in the belief that excessive heat is one of the causes of eczema, as well as of other cutaneous hyperæmiæ. There are plenty of other causes which act either alone, or in conjunction with heat, but with these I am not dealing now. My object at present is to set before you the strong probability that heat acting in the way I have described, may produce eruptions of greater or lesser magnitude, often very much resembling those of the true exanthemata; and, besides, capable of perplexing you very much if you are not aware of their real nature.

Now, if the pathology of these disorders be such as I have described, there can be no doubt as to their treatment. The weak vessels and nerves must be judiciously toned, and the hyperæmiæ and its effects will cease. You need have no fear whatever of repelling the eruption if you only proceed with common prudence. Mr. Naylor tells us that sailors af-

affected with prickly heat continually bathe in the sea without any ill effects, and his statements are in conformity with those of others. I have no doubt that the poor lady, whose case I cited just now, would have been greatly benefited by a good washing with cold water at least before her eczema was fully developed. Indeed, when actual inflammation has occurred and becomes severe, as was the case in my patient, I can believe that any *abrupt* repression of the process might prove injurious. But this is not on account of any *materies morbi* being driven away from the part but because the inflamed tissue is not tolerant of any sudden change in its condition. Sir Thomas Watson relates how a woman who had scalded her arm, immediately after immersed it in cold water, but was obliged to desist because severe rigors were brought on thereby. My reason for not administering quinine from the first to my patient W. G., was based in good measure on the same kind of apprehension. The inflammation had made the tissues so irritable that there was reason to fear that the tonic might not have been borne well. In three days time, with the aid of salines and colchicum, this state had lessened, and then the remedy guarded with a little neutral salt had a speedily beneficial effect. The occurrence of furuncles towards the close of an attack of eczema, as in this instance, is by no means unfrquent.

There is another point which I wish you to remark—viz., the evident affinity between these summer skin eruptions, and the diarrhoeas of hot weather. Both are essentially hyperæmiæ of vaso-motor nerve origin, one of the external; the other of the internal tegument. The much greater frequency of the latter depends probably on the greater supply of blood which the intestine receives, on the greater degree in which its vessels are under the sway of the sympathetic, and on the much greater delicacy of the epithelial investment of the membrane. The great prevalence of diarrhoea in tropical climates shows clearly that the influence of external temperature is felt throughout the body, as otherwise the presumption would be that, the blood being determined so freely to the skin and to its glands, there would be no tendency to hyperæmia of the internal mucous surface and its glands. Not only, however, is this very markedly the case, but another mucous tract the (uterine) is affected in a like way, and menorrhagia, as Sir Ranald Martin tells us, is a common occurrence. It seems to me very doubtful whether, what has been termed cutaneo-hepatic sympathy, is anything more than a part of that general paresis of arteries and their regulating nerves, which ensues as a result of a high temperature. Heat acting on the cutaneous nerves relaxes the vaso motor nerves of the superficial arteries, and of those of the internal organs, because in both instances it operates through the nervous centres.—*Medical Press and Circular,*

Canada Medical Journal.

MONTREAL, NOVEMBER, 1867.

We beg to call the attention of our readers to a letter from Dr. Worthington of Sherbrooke, which will be found elsewhere in this number of the Journal, and we trust that the subject of adopting a uniform system of granting licenses to practice Medicine, Surgery, and Midwifery in the Dominion of Canada, will be fully argued and freely discussed. We invite discussion on this topic, as we are of opinion that much good will result therefrom. We take exception to the views of Dr. Worthington and chiefly on the point of making the Canadian Medical Association in any way connected with the establishment of the licensing body of the Dominion. What we would gladly see, and what we think is all we actually require, is an act of incorporation of the whole profession, with certain powers hereafter to be carefully drawn up, but at the same time independent of the Canadian Medical Association. The Canadian Medical Association has a far higher mission before it, if properly worked out, than that of regulating the study and practice of the profession. It should be able to recommend certain salutary changes and reforms, and the expression of its opinion should have due weight in inducing those reforms; but inasmuch as it is a scientific body devoted to the advancement of the science of medicine, the subject of regulating the study and practice of Medicine, Surgery and Midwifery seems foreign to its role.

We have before us the experience of a very important body, the members of the profession in Great Britain, and we think that a law similar to that in force in the mother country, modified to suit our altered condition, is all we require. The profession of the Dominion should be incorporated, and by the conditions of that act they should have the power of electing so many representatives for each section, and each of the educational institutions should have the right of sending a given number of representatives; these representatives to constitute the general Medical Council. The Council should have powers of supervision, of prescribing certain laws for the governing of study, both preliminary and professional,

but should not in any way control the vested rights of universities, with which it is unadvisable to interfere; but in case any institution persist in a nonfulfilment of a prescribed curriculum, the council should be empowered to remove the name of that institution from its list of recognised schools, and forward a complaint against it to the government, whose fiat should be necessary before a suspension of the privileges of said institutions could occur.

By these provisions all parties would be fully represented. The universities by their nominee, the profession by theirs. With regard to other minor points, they would be for after consideration and legislation. This scheme seems to us the most feasible, and in adopting it the profession in the Dominion would after the lapse of the first probationary period, be as well represented as it is at the present board of Governors of the College of Physicians and Surgeons of Lower Canada.

With well merited sarcasm, the London *Lancet*, under date July 20, states in an editorial annotation headed the Medical Council of Canada, that "The Canadians point with no little pride to the fact, that many of their number after entering the profession at home, cross the Atlantic, and return with diplomas of our time-honoured institutions, *of which they think so much*, after passing most creditable examinations." (The italics are ours.) This is not altogether correct, 'tis true that many of our Canadian graduates seek the honours conferred by the institutions of the Mother Country, but not because those time honoured institutions possess privileges and vested rights which date back for centuries, but, because in large cities like London, Edinburgh, Dublin, Paris, and other European capitals, there are to be met with greater facilities for practically studying their profession by attending large hospitals, and witnessing the Medical, Surgical and Obstetric practice of men whose lives have been devoted to some one speciality.

We notice a degree of liberality exists in the councils of our brethren on the other side of the Atlantic. There is a desire to throw open their doors to such colonists, graduates of recognised schools in their own colony, who are desirous of practising their profession in the mother country. This is exceedingly gratifying as it is a graceful acknowledgement of the high appreciation of our educational institutions. A motion is on foot among a few Canadians to close our doors to graduates of the British school. This we deem premature and unwise, and is the very thing that will arrest that liberal interchange of sentiments of regard which is in every way desirable. In adopting a new regime, all these points should be carefully weighed, and nothing should be done

hastily. We trust, that all who are interested in the well-ordering of the profession, will give this subject their careful consideration, and we sincerely hope, that free discussions will be freely indulged in, as it is sufficiently obvious that our present system of granting license to practice in some parts of the Dominion of Canada is very imperfect. *Alia tentanda via est.*

LOOSE STATEMENTS.

A statement which has been going the rounds of the medical press both at home and in the United States was made by Dr. Hingston, of Montreal, at the late International Medical Conference in Paris, and which is of so extraordinary a nature, that we are obliged to take notice of it. We copy from the *Boston Medical and Surgical Journal* of Oct. 17:

"A physician from Montreal, Dr. Hingston, made the following important statement at the International Medical Conference, with regard to the prevailing disease in Canada. He said that the two races inhabiting Canada, the French-Canadians and the English, follow a very different regimen and are subject to very different diseases. The French-Canadians eat much animal food—two or three pounds of pork daily. The English eat much less of it. Among the latter pulmonary disease predominate, while those of the digestive system are more numerous among the former; but these are so frequent and generally so mild in character, that he does not advise French physicians emigrating to America to turn their steps to Canada with a view to practise among their old compatriots, for they will not give them a living. The French-Canadians are in general more robust, larger and more muscular than the French as he had been able to satisfy himself during his visit to France, and as he had noticed among the students of the two schools of medicine of the University of Montreal, the one French and the other English. Must we attribute, asks Dr. Hingston, these distinctive and strongly marked peculiarities exclusively to the difference of food, or to a longer acclimatization by the French-Canadians, whose ancestors were the first colonists of Canada?"

In this quotation it will be observed that it is asserted that the French-Canadians eat two or three pounds of pork daily. This is an exaggeration of a very serious nature, if applied to the French-Canadians as a race, and if, as is surmised, this amount is to be taken as their average daily consumption. If it is applied to the very small proportion of the French community employed in our lumber districts it is again incorrect. The allowance for men employed on Government surveys is one pound of pork and one pound of bread per day for each individual; and we have it from undoubted authority that a barrel of pork which weighs 200 lbs.

will last a gang of 20 men on an average from six to ten days. In the former instance it would give to each individual a little over one pound and a half per day, and in the latter case exactly one pound. It must be born in mind that this is not their sole aliment, as they are supplied with bread and vegetables, such as pease, beans, but very seldom potatoes, and a liberal amount of tea. This forms the food of the lumbering class. If we take the class of Canadian French who reside in our cities their consumption of animal food is very much less in amount; and again if we look to the alimentation of the class of farm labourers, it consists in a large measure of bread, milk, onions, garlic and fish. Their pork is too valuable for their own consumption, and they generally reserve it for market. It would seem from the following extract of Dr. Hingston's assertion that he is made to draw a most singularly untruthful comparison between the French Canadians and those of British origin, as regards their vigour and general physique:

"According to Dr. Hingston, the well-known surgeon of Montreal, the Franco-Canadians eat a great deal of meat; the Anglo-Canadians very little. The former are robust, and the diseases which predominate amongst them are those of the digestive apparatus. The English are less vigorous, and pulmonary diseases prevail amongst them. Here is a strong argument in favour of beef."—*British Medical Journal*, Oct. 26.

Comment on this point is unnecessary, as those acquainted with the facts as they stand are fully aware that the Canadian population of English, Irish, and Scotch descent are universally superior in physique and appearance to those of their French Canadian fellow colonists.

We cannot agree with the doctor in the other point at issue, viz., that pulmonary diseases are more frequent among the British and less so among the French population, as from experience we hold that diseases of the lungs are quite as prevalent with the one class as with the other. We only refer to this subject because we cannot allow a question having such important bearings on the salubrious character of our country to go unchallenged.

BROMIDE OF AMMONIUM.

Bromide of ammonium is one of the best remedies we have ever used in whooping cough. To a child two years old, two or three grains may be used three times a day. Its value is enhanced by the addition of hydrocyanic acid and stramonium. We use a formula such as this: bromid. ammon., 60 grains; hydrocyanic acid, 20 minims tinc. stramonium, 20 minims; water and syrup, 4 ounces. A teaspoon full of this mixture three times a day to a child of two years, will seldom fail to produce a marked impression within twenty-four hours.

MEDICAL AND SURGICAL REPORT OF THE MONTREAL GENERAL HOSPITAL

FOR THE YEAR ENDING 30TH APRIL, 1867.

DISEASES, ACCIDENTS, &C., TREATED DURING THE YEAR IN THE HOSPITAL

DISEASES, &C.	Discharged.	Died.	DISEASES, &C.	Discharged.	Died.
Abortio.....	3	1	Fistula in Ano.....	6	
Abscessus.....	16	1	" Vesico Vaginal.....	3	
Adenitis.....	3		Fractura Brachii Simp.....	3	
Ambustio.....	13		" Coup. Comm.....	1	
Amaurosis.....	3		" Cruris Simp.....	2	
Amenorrhœa.....	1		" " Comp.....	2	1
Amputatio.....	3		" Claviculi.....	1	
Anœmia.....	11		" Costarum.....	2	
Anasarca.....	3		" Cranii.....	2	2
Anteversio uteri.....	3		" Femoris Simp.....	6	
Anthrax.....	3	1	" " Comp.....	1	1
Asthma.....	2		" Fibulae.....	5	
Ascitis.....	4		" Humeri.....	2	
Ataxia musc progress.....	1		" " Comp.....	2	
Balanitis.....	1		" Metacarpi.....	1	
Bronchitis Ac.....	23	1	" Maxilla Inf.....	1	
" Chronic.....	5	2	" Radii Simp.....	7	
Bubo.....	8		" " Comp.....	1	
Calculus Vesicae.....	2		" Scapulae.....	1	
Carcinoma Ventriculi.....	2		" Tibiae.....	5	
" Linguae.....	1		" Ulnae.....	1	
" Hepatis.....	1	1	" Vertebrae.....	1	
" Mammae.....	3		Furunculus.....	5	
" Recti.....	2		Gastrodynia.....	2	
" Uteri.....	3	3	Gangrena senil.....	1	
Caries.....	5		Gelatio.....	3	
Catarrh.....	4		Glaucoma.....	1	
Cataracta.....	7		Gonorrhœa.....	6	
Cellulitis.....	2		Hœmorrhoides.....	4	
Cholera Canad.....	1	1	Hernia.....	4	
Chlorosis.....	2		Hemiplegia.....	1	
Cirrhosis Hepatis.....	1	1	Hydatides Hepatis.....	1	1
Cicatr x.....	1		Hydrocephalus Chron.....	1	
Concussio Cerebri.....	1	1	Hydrocele.....	1	
Conjunctivitis.....	3		Hypochondriasis.....	2	
Contractio genu.....	1		Hysteria.....	7	
Contusio.....	50		Icterus.....	1	
Constipatio.....	4		Impetigo.....	2	
Colica.....	2		Insolatio.....	2	
" Pictonum.....	2		Iritis Syph.....	2	
Cystitis.....	2		Laryngitis Acut.....	4	
Debilitas.....	33	2	Lepra.....	1	
" Post part.....	3		Leucoma.....	1	
Delirium tremens.....	8		Leucorrhœa.....	1	
Diarrhœa.....	45	1	Luxatio Brachii.....	2	
" Chron.....	2	1	" Ulnae.....	3	
Dyspepsia.....	14		" Maxilla.....	1	
Dysentæria.....	24	2	Lumbago.....	12	
Ebriositas.....	4		Mania Subac.....	1	
Eclampsia.....	1		Melanosis Oculi.....	1	
Entropion.....	1		Menorrhagia.....	1	
Eczema.....	7		Mastitis.....	1	
Ecthyma.....	1		Morbus Brightii.....	2	
Epilepsia.....	5		" Cordis.....	7	
Empysema Pulm.....	3	2	" Coxæ.....	3	
Erisipelas.....	19		Morbilli.....	3	
Empyema.....	1		Noma.....	1	1
Epithelioma.....	2		Necrosis.....	2	
Epistaxis.....	1		Nephritis.....	1	
Erythema.....	1		Ouychia.....	5	
Febricula.....	49		Ophthalmia Var.....	49	
Febris Catarrh.....	2		Ophthalmitis Traumat.....	2	
" Typhoides.....	24	6	Orcchitis.....	20	
" Typhus.....	3	2	Ostitis.....	1	
" Intermittens.....	4		Paronychia.....	13	
" A potu.....	23		Periostitis Acut.....	3	1
" Puerperal.....	1		Paraphymosis.....	1	

DISEASES, &c.	Discharged	Died.	DISEASES, &c.	Discharged	Died.
Paralysis.....	3		Strabismus.....	1	
Peritonitis.....	2	1	Subluxatio.....	6	
Pharyngitis.....	1		Synovitis Acut.....	3	
Pthiasis.....	33	12	" Chron.....	6	
Pityriasis.....	2		Scarlatina.....	2	
Pleuritis.....	3		Syphilis Hered.....	1	
Pleurodynia.....	1		" Acut.....	44	
Pleuropneumonia.....	5		" Consec.....	9	2
Pneumonia.....	29	2	Tania Solium.....	1	
Prolapsus Ani.....	1		Tenotomy.....	1	
" Uteri.....	2		Tinea Capitis.....	3	
Psoriasis.....	2		Tonsillitis.....	4	
Ptoxis.....	1		Trichiasis.....	1	
Pyelitis.....	1		Toxicatio.....	1	
Purpura Hemorrh.....	2	1	Tumor Var.....	8	1
" Simplex.....	1		" Uteri.....	1	1
Pyemia.....		1	Ulcus.....	62	
Rheumatismus Chron.....	29		" Uteri.....	8	
" Musc.....	17		" Ventriculi.....	1	
" Acut.....	19		Vaginitis.....	1	
Rosalia Idiopath.....	10		Varicocele.....	2	
Rupia Syphil.....	2		Variola.....	12	4
Scabies.....	27		Varioloid.....	5	
Sciatica.....	2		Vunus.....	32	
Staphyloma.....	2		Total.....	1136	87
Strict. urethrae.....	2				
" Recti.....	1				

OPERATIONS, &c., DURING THE YEAR.

<i>Major Operations.</i>			
Amputation of Arm.....	5	Removal of Thumb.....	1
" of Shoulder Joint.....	1	" of Fingers.....	3
" of Foot (Chopart).....	1	" of Toe.....	3
" of " (Syme's).....	1	" of Metacarpal Bone.....	1
" of " (Hayes).....	1	" of Toe nail.....	1
" of Leg.....	5	" of Sequestrum.....	1
" of Breast.....	3	Operation for Varicocele.....	2
" of Thigh.....	5	" for Lachrymal Fistula.....	5
Excision of Elbow.....	1	" for Strabismus.....	11
" of Knee.....	1	" for Entropion.....	2
" of Os Calcis.....	1	" for Webbed fingers.....	2
" of Eyeball.....	2	" for Circumcision.....	1
Lithotomy.....	3	" for Nævus (Ligature).....	1
Perineal Section for Stricture.....	1	Operation for Staphyloma, <i>Critchett</i>	1
Ligature of Radial Artery.....	1	" for Hærelip.....	1
Operation for Extensive Cicatrix.....	2	" for Fistula in Ano.....	3
" for Contraction of Knee.....	2	Iridectomy.....	3
" " Hip.....	2	Tenotomy.....	4
" for Vesico Vaginal Fistula.....	2	Keratomyxis.....	3
" for Hernia Strangulated.....	1	Hydroceles Tapped.....	6
" " Radical Cure (Wood).....	1	Setons Introduced.....	3
" for Staphylocoraphy.....	2	Cupplings.....	5
" for Procidencia Uteri.....	1	Catheterisms.....	68
Removal of Submaxillary Tumor.....	1	Vaccinations.....	25
" of Axillary.....	1	Incisions, Various.....	161
" of Tumor from Thigh.....	1	Teeth extracted.....	299
" of Epithelioma.....	1	Wounds dressed.....	330
" of Testis.....	2	Total.....	961
" of Fatty Tumor.....	1		
Extraction of Cataract.....	3		
Tapping Abdomen.....	1		
Total.....	57	<i>Fractures treated Outdoor.</i>	
		Simple.....	14
		<i>Fractures treated Indoor.</i>	
		Simple.....	42
		Compound.....	6
		Total.....	48

<i>Dislocations Outdoor.</i>		<i>Dislocations Indoor.</i>	
Dislocation of Elbow.....	3	Dislocation of Arm.....	2
“ of Lower Jaw.....	1	“ of Lower Jaw.....	1
“ Arm.....	1	“ of Elbow.....	3
Total.....	5	Total.....	6

JOSEPH M. DRAKE, M.D., House Surgeon.

A RAID ON THE UTERUS.

A distinguished surgeon in New York city, twenty-five years ago, said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue, every young man who came from Paris found every other individual's anus too large, and proceeded to pucker it up. The result was that New York anuses looked like gimlet-holes in a piece of pork. It seems to me that just such a raid is being made upon the uterus at this time. It is a harmless, inoffensive little organ, stowed away in a quiet place. Simply a muscular organ, having no function to perform save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The Transactions of the National Medical Association for 1864, has figured one hundred and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing machine, which can only be worn with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling the vagina with such traps, making a Chinese toy-shop of it, is outrageous. Hippocrates said that he would never recommend a pessary to procure abortion—nay, he swore he never would. Were he alive now he would never recommend one at all. If there were fewer abortions there would be fewer pessaries, and if there were fewer pessaries there would be fewer abortions. Our grandmothers never knew they had wombs, save as they were reminded of it by the struggles of a healthy foetus; which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any. It is the easiest thing in the world to introduce a speculum and pretend to discover ulceration of the os, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners all diseases which occur in the female are attributed to the uterus. In this class are especially to be included many who make of the abnormal conditions of the uterus a specialty.—Extract from the address of Dr. W. D. Buck, Prest. of the New Hampshire State Medical Society for 1866, in *Boston Jour Med.*