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CANADA
MEDICAL & SURGICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

*Case of Lithotomy, Followed by Renal Abscess and Death.
Autopsy.* BY J. T. FINNIE, M.D., L.R.C.S., EDIN.

(Read before the Medico Chirurgical Society of Montreal.)

The following case of stone in the bladder first came under my care in the summer of 1874. The subject, the son of Mr. W.,—was three and a half years old. Had been a weakly child from infancy, not having walked until two and a half years old. Was subject to frequent attacks of diarrhœa, stools invariably of a light colour and highly offensive. Coupled with this there existed a peculiar fragile condition of the bones, indeed so much so, that an ordinary fall or twist would result in fracture or separation of the epiphyses. During the space of twelve months I was called on five different occasions to set fractures of either the right or left arm. The child's appetite has, as a rule, been good, at times voracious.

The first symptoms of stone manifested themselves by pain in the region of the bladder, frequent micturition, and pain at the glans penis, made apparent from his frequently grasping and stretching it to relieve the pain. From these symptoms and the general condition of the child I at once suspected *stone*. On making known my suspicions to Dr. Fenwick he kindly consented to meet me, gave the patient chloroform and explored the bladder. We however failed to detect any stone.

In the meantime I prescribed the mineral acids and change of air, with apparently some benefit, as the symptoms

subsided very much. Several months after, however, the patient relapsed into a condition worse than before. Great pain in making water, especially at the close of the act of micturition, urine muddy with sediment of thick muddy mucus. I again passed a No. 3 sound, but could discover nothing. Twice at long intervals the operation was repeated, but always with the same result.

As the symptoms continued, and became urgent, I was positive that nothing but the presence of a *stone* could cause so much disturbance. I got Dr. Ross to accompany me, Sept. 25th, and having anæsthetised the patient, we made a thorough examination of the bladder, and at last detected a *calculus*, being made aware of its presence only by contact and friction. The distinct metallic ring that usually follows the stroke of the sound was absent, from which we inferred that the stone was a soft one. Being certain that a stone existed, I decided to operate as soon as possible.

On Thursday, September 30th, I called to my assistance Drs. Ross, Roddick, Rodger and Alloway, Dr. Fenwick being unavoidably absent.

Chloroform having been administered, I proceeded to operate. First passing No. 5 staff, and giving it in charge of Dr. Ross, I commenced my incision at the raphé, midway between the scrotum and anus, plunging the knife at once down as far as the staff, and in withdrawing it, cutting obliquely downwards and outwards as far as a point midway between the *tuber ischii* and *anus*.

Inserting my left forefinger as far as the staff, it served as a guide in introducing the knife, to make the second incision, through the prostate and neck of the bladder. Here I experienced the first and only difficulty in the whole operation. Having passed my finger into the bladder the staff being removed, I could with an effort just touch the stone,—and having introduced the forceps—in my efforts to grasp the stone, I invariably included a fold of the bladder. After repeated attempts I withdrew the forceps with the object of using the scoop instead. In the spoons of

the forceps I found a small calculus, together with a large quantity of soft phosphatic material, which I found to be part of the thick deposit of phosphate, covering the fundus of the bladder. This deposit was removed with the scoop, as well as two more stones, which were very soft, purely *phosphatic*, the whole weighing two drachms. Being satisfied that all had been removed from the bladder I washed it well out with lukewarm water, and the patient was removed to bed, while yet under the influence of chloroform. Half an hour after the operation the pulse was 135; temperature 100°. Woke up for a few moments, got a drink of milk and water, and fell asleep again.

9. P.M.—Pulse 130; temperature 100°. Everything going on satisfactorily. Has taken some beef tea. Urine trickling through the wound, bringing with it some *phosphatic debris*. Wound looks well. Has no pain.

Oct. 1. Patient passed a quiet night. Has no pain. Slept well; pulse 125°; temperature 100°. Bowels somewhat relaxed. Prescribed half a drachm of the Fld. Extract *Rubus Villosus*, every three or four hours.

Oct. 2. Continues to do well. Wound healthy-looking. Slight discharge of pus. Nourishing well. Pulse 120.—Temperature 99°.

Oct. 3. Diarrhoea troublesome; again changed the medicine to *P. Cretæ co. c. Opio. gr. v.*, every four hours. Free discharge of pus from wound. Sleeps well.

Oct. 4. Bowels not so relaxed. Patient quite playful. Pulse 124°; temperature 99.

Oct. 8. Patient doing well; urine still passing by the wound; free discharge of pus. No signs of its closing; Injecting the wound with solution of Carbolic Acid, 1-30.

Oct. 12. Patient greatly improved; eats well and sleeps well. Micturition performed partially by natural passage. The wound, however, seems as large as ever, and discharges freely.

Oct. 18. Passes water entirely by natural passage, but externally the wound is not healing. No vitality about it;

injected a strong solution of *argent nit.* into the wound to-day, 20 grains to ounce.

Oct. 25. Patient remains much as he was ; no improvement in the appearance of the wound. Still injecting the solution of nitrate of silver ; eats well and sleeps well. Bowels every other day became relaxed ; stools exceedingly offensive.

Nov. 1st. Patient much changed to-day. Pulse 140 ; temperature 102°. Hectic flush on the face ; lost his appetite ; bowels very loose. Wound discharging pus profusely.

Nov. 2. Little better to-day. Diarrhœa arrested. Pulse 142 ; temperature 101½. Sordes on teeth ; tongue coated with thick white fur.

Nov. 3. Patient seems improved ; is eating a little to-day ; but he is greatly changed, the emaciated body and pinched appearance of the countenance all bespeak some serious trouble. In detailing to Dr. Ross the change that had come over my patient, he suggested that there might be some kidney complication ; but it was impossible to get any of his urine, as he invariably passed it in bed.

Nov. 8. Patient much emaciated ; bed-sores over sacrum ; diarrhœa ; eats nothing ; takes a little port wine and milk ; evidently sinking fast.

Nov. 14. Patient died to-day.

Autopsy.

Thirty-six hours after death, together with Dr. Rodger, I made a *post mortem* examination of the body. Extreme emaciation. On opening the abdominal walls nothing unusual presented itself. Bowels natural ; no sign of any inflammatory action. Spleen, normal.

Right Kidney very much enlarged ; general appearance pale and preternaturally soft to the touch. Dividing it, we found the cortical substance twice its normal thickness and pale ; obliteration of the pyramids. *Relvis* much enlarged, and a large calculus imbedded at its lower part, the remaining portion being filled with thick yellowish pus and

calcareous particles. The whole forming a very interesting pathological specimen.

I next proceeded to examine the left kidney, which was found to be in a condition the reverse of the right, very much atrophied, and exceedingly dark in colour, resembling that of the spleen more than the kidney. On opening it we found the cortical substance almost obliterated. Pelvis apparently enlarged, and some calcareous matter scattered over its surface.

Ureters evidently natural ; no thickening.

Bladder. Having removed the bladder entire, we were enabled to examine it thoroughly. The whole organ was very much thickened, which might have been expected from the chronic inflamed condition in which it had been for so long. The incision that I had made in the neck of the bladder at the operation was open, union never having taken place, or, if it had, absorption of the cicatrix had occurred before death.

Nothing further was examined, being satisfied that the renal calculus and abscess was the cause of death.

In conclusion, Mr. Chairman, I must confess that I have been not a little puzzled with the course this case took. As the autopsy has shown to us, a large renal calculus was found in the right kidney, with an accompanying abscess. How the patient did not show more marked symptoms of that prior to the operation seems to me very strange. That the calculus existed in the kidney for a considerable time before the operation there can be no doubt, as the pathological changes found there must have taken months to have become so marked. Why should my patient improve, as undoubtedly he did, from the day of the operation up to a fortnight prior to his death? These and other questions I should like to have answered, and I put them forward with the hope that they may provoke discussion on the subject. I place before you both the right and left kidney, as well as three *stones* removed from the bladder.

A Case of Melano-sarcoma of the Choroid. BY DR. A. PROUDFOOT.

(Read before the Medico Chirurgical Society.)

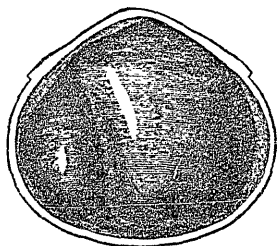
GENTLEMEN,—I venture to read this paper before you, this evening, not from any peculiarity in the case itself; or from its great rarity; but from the extreme importance of an early diagnosis in such cases; as they generally endanger, if they do not destroy the life of the patient.

Therefore, the more familiar we are with them, the more likely we shall be to discover them in their earliest stage and give the patient a chance for life, by at once removing the eye.

On December 4th I was consulted by Mrs. C. æt 45, the wife of a well-to-do farmer from the United States, on account of almost entire loss of vision in the right eye. Mrs. C. was the mother of three children; had usually enjoyed pretty good health, though subject to attacks of sick-headache. About two years ago she first noticed a slight weakness of the right eye; but it was unaccompanied by pain, and therefore gave her but little uneasiness. For the last year she had been losing the sight of the eye; in August she first applied to her family physician for relief; he diagnosed incipient cataract and put her upon a course of tonics. The sight, however, gradually decreased until she came into this city to consult me. In September (three months ago) she first experienced great pain in the eye; it had lately become so severe that it kept her awake at night, making her at times, to use her own expression, "almost crazy." It was of a shooting character and extended from the eye across the right side of the head and down into the neck. The paroxysms of pain were intermittent, coming on usually every other night; the patient being comparatively comfortable and free from pain during the interval. On examination I found the tension normal in both eyes, the iris in the left eye was of a light blue color and the pupil of natural size, while the pupil of the right eye was of

unusually small size and extremely sluggish, responding almost imperceptibly to the stimulus of light ; the iris was throughout of a dusky gray color, excepting at the lower part, from near the margin of the pupil, where it was of a blackish-brown color and pushed forward so as to be in contact with the cornea at its lower and outer edge.

Upon dilating the pupil with a strong solution of atropine I had no difficulty in diagnosing a melano-sarcoma of the choroid, as the tumour could be seen occupying the lower third of the eye ; although there was an incipient cataract of the lens. The ophthalmoscopic appearance of the eye was very beautiful, as the retina could be seen detached from the choroid and stretched tightly over the tumour



throughout its extent, its vessels being seen with great distinctness. The fundus and the disc were apparently perfectly healthy. I advised immediate enucleation of the eye, and the operation being consented to, the patient returned to the hotel, where I placed her under æther, and assisted by my friend, Dr. Hamilton, and her husband, I removed the eye in the usual manner ; great care being taken to divide the nerve as far back as possible. Upon making a horizontal section through the middle of the eye, just below the optic nerve, I found the tumour to occupy its lower third, and to consist of two lobes, the larger lobe being about four-fifths of the entire size of the tumour, commencing about four lines below the disc and extending forward to the iris, which it pushed into close contact with the cornea, thus obliterating the lower part of the anterior

chamber of the eye. The smaller lobe was situated somewhat posteriorly and made up the remaining fifth of the tumour, being partially separated from it by a shallow groove. The upper two-thirds of the eye were perfectly healthy, the retina and optic nerve not being implicated.

Prognosis.—Knapp, in his book on "Intra Ocular Tumours," describes eight cases of melano-sarcoma of the choroid, four of which were cured by enucleation. The remaining four died of other affections. He states that if the tumour is still confined to the eye, and the optic nerve unaffected, the chances are rather in favor of a complete recovery after the operation. I am therefore inclined to give a favourable prognosis in this case. The patient returned home on the fourth day after the operation, doing well.

My friend, Dr. William Osler, has kindly undertaken the examination of the minute structure of the tumour, and has likewise prepared a number of microscopic slides, which are here exhibited :

Histological Characters of the Tumour. By WM. OSLER, M.D., L.R.C.P., London, Prof. Institutes of Medicine McGill University.

Portions taken from the superficial regions of the tumour, and teased in $\frac{3}{4}$ oz. salt solution, presented a great solution of cells, almost all of which were rounded, very variable in size, and characterized by the presence of large vesicular nuclei and small clear nucleoli. With regard to size, three grades could be easily distinguished : 1st, small round cells, about the size of the white blood corpuscle, or, perhaps, a little larger, with well-defined nuclei ; comparatively few of these contained any pigment. 2nd, cells from two to three times the size of white blood corpuscles, much more uniformly pigmented than the former, with very large nuclei, and finely granular protoplasm. 3rd, very much larger elements—five or six times the size of colourless blood corpuscles, containing

two or three nuclei, and not often pigmented. Compared with the others, these latter forms were scarce. Gradations between these varieties were common. Here and there throughout the specimens a somewhat elongated corpuscle was met with, but no characteristic spindle-shaped elements; indeed the tumour must be regarded as a very pure specimen of round-celled melano-sarcoma. The distribution of the pigment in the tumour was irregular, confined chiefly to the external portions, and extending into the interior as dark streaks; and according to the region from which the preparation was taken the prevalent cells would be pigmented or not. Individual elements from the darker portions showed different degrees of colouration, from cells containing only a few pigment granules up to others so densely crowded as to obscure the nuclei.

Portions, (after hardening in alcohol) taken with the sclerotic from the external region of the tumour, imbedded, and thin sections cut and tinted with Hæmatoxylin, show very well the structure of the growth, and its relation to the surrounding parts.

The sclerotic was nowhere affected, nor did it appear at all atrophied over the region of the growth. In one or two sections a slight increase in the cellular elements along the course of the vessels was observed, but this condition was by no means general. Immediately within this tunic was a layer, about half the thickness of the sclerotic, characterized by the presence of numerous long spindle-shaped pigment corpuscles, and others of a more irregular form. A delicate connective tissue with numerous blood vessels composed the matrix, so that this may be regarded as the external layer of the choroid very slightly altered. In some sections it would appear that the tumour involved the whole of the outer layer of the choroid for the round sarcoma cells abutted directly upon the sclerotic.

By a gradual transition we pass to the region of the tumour with abundant round cells closely aggregated together and very irregularly pigmented. At the most ex-

ternal part the fibrous stroma of the choroid is infiltrated to such a degree with cellular elements, that, in places quite an alveolar structure is given to the growth. In the deeper portions this is lost, and the cells appear crowded together without any intercellular tissue. Still further towards the centre, a well developed matrix, granular in character, is seen surrounding each cell. In thin sections many of these cells fall out and leave the connective tissue framework as an open net-work, in which here and there a larger cell is retained. Pigmented cells occur scattered throughout the sections, either singly, or collected in small clusters. A few hæmorrhages are seen towards the centre of the growth.

The portion of the retina lying upon the tumour was carefully removed and on examination proved perfectly healthy. Along the course of some of the vessels minute extravasations were met with and groups of pigmented corpuscles were not uncommon. These latter were rather larger than the colourless blood corpuscles, and in one or two localities were observed to contain red blood corpuscles in various stages of transformation into melanin. After removal of the retina, a thin dark membrane could be stripped from the surface of the growth, which was found to be the innermost layer of the choroid, consisting of regularly polygonal pigment cells, beneath which the usual stellate pigment corpuscles existed in abundance, so that at no point had the tumour perforated the surface of the choroid.

Sections taken from the smaller tumour at the point of junction with the healthy tissues are very instructive, showing how the growth has originated from the central and inner region of the choroid, and in its onward growth split it into two layers, one of which, the external, remains in contact with the sclerotic, while the other invests the surface of the tumour. The advancing area of the growth in these sections is represented by a wedge shaped portion, composed of numerous round cells, and at its periphery several large vessels can be seen.

Case of Glioma of both Retinæ. Extirpation of Both Eyes.
By GEO. E. FENWICK, M.D., Prof. Surgery McGill
University.

(Read before the Medico-Chirurgical Society of Montreal.)

I am induced, Mr. President, to bring before the Society this evening a case of glioma of both Retinæ, which came under my observation recently, and for which both eyes were removed. This case forms a fitting supplement to the very interesting paper just given by Drs. Proudfoot and Osler. It illustrates the second and third stages of the disease Glioma, and my friend, Dr. Osler, has furthermore kindly made a careful microscopical examination of the tumours in both eyes, which conclusively settles the question as to the nature of the disease, if any doubt had existed previous to their removal. These microscopic preparations are before you, and I feel certain that Dr. Osler will take pleasure in affording any information as to the particular locality, &c., from which the specimens have been taken.

The following report has been furnished to me by Mr. R. W. Powell, Clinical Clerk at the Montreal General Hospital :

L. P., aged 5 years, was admitted into the Montreal General Hospital, on the 10th December, 1875, suffering from glioma of the retinæ of both eyes.

History.—The father states that three years ago the child suffered from sore eyes. They were tender, red, slightly inflamed; had little specks or pimples on the sight, and there existed great difficulty in looking at the light. Very little was done for the child, except bathing the eyes with a wash that had been procured from an apothecary. This state of things continued. Last March the family removed to Rouses Point, and at this time the child was almost perfectly blind. He improved somewhat after going to the country. Some time in June last, it was noticed that he would stumble over objects and run against things

in the room, as though his sight was seriously impaired. At this time the right eye looked swollen and prominent, and was tender. The child was brought into Montreal and shown to an oculist, who stated that an operation would have to be performed ; that the sight was gone in the right eye, and that it would be lost in the other. The parents were unwilling to consent to any operative procedure and returned home. The eye gradually but steadily increased in size and was extruded from its socket. Some time in November the tumour opened near the inner canthus and discharged a considerable quantity of pus and blood. It bled freely on two or three occasions, when a scab formed over the part which had burst, and further bleeding was arrested. It was on the 8th December, that on passing through Rouse's Point, I was requested by the father to see his child, and I advised him to bring the child to Montreal, and that I should take him into the Montreal General Hospital and extirpate the tumour. The man said that he believed both eyes were affected, and I remarked that if such were the case, they ought to be both extirpated. I had no opportunity of examining the left eye, as my time was limited, and the little fellow was rebellious, and would kick and scream most vigorously when any person attempted to examine the eye, but the appearance of the right eye was unmistakable.

General Condition.—The child was moderately well nourished, though he appeared rather fretful and anæmic ; the thyroid gland was somewhat enlarged ; his appetite was very good, and he did not complain of any pain, except when the eyes were touched, or at night when he sometimes suffered considerably. The tumour of the right eye was the size of a small orange, covered with the unbroken mucous membrane, the lids considerably stretched over the mass. There was no appearance of a cornea, except, that at the upper and outer part of the centre of the mass there was a slight prominence, which I took for the cornea.

The left eye, when examined, was enlarged; there existed considerable intra-ocular pressure; the iris was fully dilated, and the margin of the pupil was surrounded by a serrated border; the lens appeared to be in the anterior chamber, and pressed up against the inner surface of the cornea; it was perfectly transparent, and the usual lustrous primrose hue was noticeable, but no distinct tumour was visible. The episcleral vessels were enlarged and radiated towards the corneal margin, and the conjunctiva and lids were red and swollen.

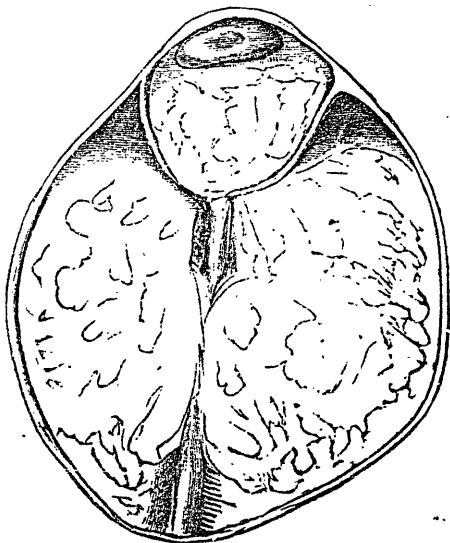
On Saturday, 11th December, both eyes were removed in the following manner: Chloroform having been administered, the outer canthus of the eye was slit and the upper and lower lids separated by a few touches of the knife from the investing membrane of the tumor. I now found that the periosteum of the orbit was involved in the mass, and with the finger it could with ease be stripped from the bone. This was done down to the very bottom of the orbit, when, with a curved pair of scissors, the nerve was divided, and the entire mass came away. A good spurt of blood followed, but was arrested with perchloride of iron, and the orbit plugged with cotton wool. The left eye was then enucleated in the usual way, the nerve divided close to the ball, but a second slice removed further back. There was very little hæmorrhage from the left eye. A piece of lint was placed over the wound, and soft pads of cotton wool, covered with a square of fine linen supported the lids; child removed to bed.

December 12. The child passed a restless night. The evening temperature was 100.4; morning temperature, 100.2; pulse was full, but rapid, about 140. Vomited once during the night; this was attributed to the chloroform.

13th. Last night the temperature about nine o'clock was 102; pulse still about the same. He past a good night; slept well, and this morning the temperature was down to 100.4, and the pulse had fallen to 136. He was ordered beef tea and corn starch. He appears very comfortable;

does not complain of pain ; his face is somewhat flushed, and he takes his food with a relish.

14th. Passed a good night, rested well ; appears anxious for his meals ; the bowels have acted. Wound was dressed to-day ; there is considerable discharge from the right eye, less from the left ; much of the cotton was removed from the socket, and the part syringed out with carbolic acid lotion, one part in one hundred of water, as the discharge is rather foetid.

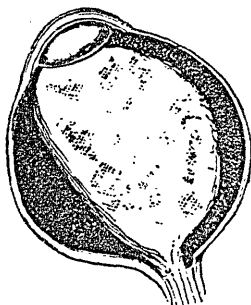


Section of Tumour of the Right Eye.

This treatment was continued throughout. The wounds were dressed every night and morning, and at each dressing the cavities were well syringed out with carbolic acid lotion. The pulse and temperature steadily fell, the former remained at from 90 to 100, and the latter became normal. The child was taken up and dressed each day, and, as far as the wounds were concerned, was well ; and on the 30th December his parents were told they might take him home.

As far as can be ascertained, there is no history of cancer in the families of either parent.

It may be asked why, in so hopeless a case, so far advanced, perform so serious an operation as the extirpation of both eyes. To this I can but reply that so far as the eyes were concerned the sight was gone, both eyes were destroyed. The operation was justifiable as a palliative measure even if the time had passed for its curative effect. The child was suffering very much from the effects of the disease, the gradual distention from pressure rendered existence most miserable. He was constantly moaning and crying, passed wretched nights, and this was producing a marked effect on his general health. We can hardly ex-



The Left Eye.

pect a non-recurrence of the disease, but we may reasonably hope for a short respite. However, the child has returned home happy and contented, or at least temporarily relieved from a condition of continued misery. I held out no hope to the parents of ultimate and complete relief from this wretched disease, but advised them should the disease reappear to return with him to the hospital. I shall watch the case with much interest, and may on another occasion record the final results. We give wood cuts of both tumours which will add to the interest of the case.

Histological and General Description of the Tumours. By
WM. OSLER, M.D.

The tumour of right eye filled the whole orbit, and, on removal, presented a somewhat rounded mass about the size of a small orange. A meridional section, made through both eye and tumour, displayed a foreign growth filling up the former and extending above and posteriorly to the extent of about an inch in either direction. A tolerably firm capsule, strongly adherent to the tumour, enveloped the whole, and was at no point perforated. The eye-ball itself occupied the lower and anterior position, and quite half its mass projected beyond the tumour. Its limit was sharply defined by the sclerotic, which persisted as a pale white band, intimately united to the growth and much narrowed in certain localities. Posteriorly the eye-ball was of triangular shape, due to pressure of the tumour, the apex corresponding to the optic nerve.

The color of the surface section was whitish, reddened here and there by extravasations. Many parts, especially the more external, were of a pure milky white, unstained by blood. Other regions, markedly the inferior and intra-ocular, were of a uniform light red tint. The contents of the eye-ball consisted mainly of the morbid growth, together with the atrophied remains of the tissues of the eye. These latter, pushed forward against the cornea, were composed of an irregular mass of caseous matter, situated about the position of the lens, and probably representing its remnants; whilst behind this was a considerable quantity of pigment matter—traces of the tissue of the choroid. About a line and a half from the inner surface of the cornea was another irregular dark line, best seen in the external region, which is to be regarded as the atrophied iris. Both anterior and posterior chambers are filled with a reddish, highly vascular growth. The situation of the ciliary muscle is clear, and its substance is converted into a soft friable mass. The whole of the intra-ocular growth was reddish in colour and

very soft. A hard fibrous portion existed in the centre, from which one or two bands extended to the upper and back parts of the ball. The optic nerve being imbedded in the tumour, about an inch of its length having been removed. The part in immediate connection with the eye is slightly thickened, while the remainder looked normal in size. The neurilemma was only slightly attached to the growth, so that the nerve was easily lifted from its bed. At no point could any distinct perforation of the sclerotic by the tumour be detected, but at the posterior part it was much thinned, and about the optic nerve the intra and extra-ocular growth seemed continuous.

In the left eye, the tumour was wholly intra-ocular, and, as an irregular rounded mass, nearly filled the globe, extending from the nerve to the lens, the anterior surface of which lay against the cornea, while the posterior was imbedded in the growth. The choroid was *in situ* and slightly atrophied. Section of the tumour showed a tolerably white surface dotted over with a few small extravasations.

Sections taken from the smaller growth in the left eye show the characteristic small round cells of glioma, densely packed together without any distinguishable matrix. Numerous blood vessels were evident, and along their course spindle shaped and stellate pigment corpuscles abound. In the region of the growth no trace of any layers of the retina remain. The choroid is also involved in parts and its tissue infiltrated with glioma cells. Neither degenerative changes nor extravasations were present.

The larger tumour, occupying the right orbit was of essentially the same nature, but presented signs of fatty degeneration in the central portions, and very many coarse and fine extravasations. In the superficial extra-ocular region the gliomatous character of the growth was best seen, which differed in no respect from the tumour in the other eye. No matrix proper was apparent; though in some sections strong fibrous trabeculæ occurred, the remains probably of some of the tissues of the orbit. Sections of the optic

nerve showed the nerve tubules everywhere degenerated, but not involved in the growth. The neurilemma, on the other hand, was densely infiltrated with the characteristic small round elements.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE
MONTREAL GENERAL HOSPITAL.

Case of Abscess between the Cranium and the Dura Mater, simulating Occipital Neuralgia. Under Dr. Ross.
Reported by Mr. C. H. MURRAY.

Mary Moody, native of Ireland, aged 50, a strong looking woman, accustomed to hard work, was admitted into the Montreal General Hospital, Nov. 24th, 1875, under care of Dr. Ross. Has been a widow for five years: had seven children, two of whom are living; family history good; has been perfectly healthy till two years ago, when she was in hospital for pain in her left ear and sore throat; under treatment she was relieved. Since then she has been in hospital several times, and was always treated by different physicians for neuralgia of the left occipital nerve. Last summer was in hospital with popliteal cellulitis and threatening abscess.

The chief symptom complained of now is very severe pain along the course of the left occipital nerve, running sometimes along the left side of the head to the eye, the slightest pressure over the occiput and neck on the left side caused intense agony. The case was diagnosed to be one of neuralgia, and she was ordered a linament of chloroform and aconite and hypodermic injections of morphia.

She continued in much the same condition, but much relieved by the hypodermic injections, till the 17th Dec., when she began to vomit and became very stupid, answering incoherently, like a person intoxicated. Urine and

fœces were soon passed involuntarily. There was almost complete paralysis of motion, and at the same time some hyperæsthesia of the general surface. The vomiting lasted till the night of the 18th, then ceased. She was delirious at night and very noisy, keeping the patients in ward awake. Brandy, wine and nourishing food were freely supplied.

20th—2 p.m. Is in a moribund condition ; extremities cold and livid ; lips blue ; features pinched ; pulse imperceptible at wrist ; heart sounds feeble, 100 ; resp. gasping, 40 ; is still partly conscious, and complains of great pain in the left side of occiput ; neck and lumbar region, hyperæsthesia of general surface marked : both pupils of medium size, respond to the stimulus of light ; urine and fœces passed involuntarily ; bladder ascertained to be empty by percussion.

She died at 12 (midnight), delirious and shrieking wildly for some time before death.

Post-mortem Appearances

Rigor mortis and hyperstatic congestion well marked. On dissecting off the scalp, about $1\frac{1}{2}$ oz. of thick sanious pus was found lying beneath the pericranium on the posterior half of the parietal bone, and the posterior superior angle of right parietal and left upper third of occipital bone. This pus flowed from the interior of the cranium through two foramina, one oval, situated in the middle of the left half of the lambdoidal suture, about three lines long by one and a half broad ; the other, circular, about one and a half lines diameter, situated at the bottom of a depression, evidently of old standing, between the parietal and occipital bones. The bone externally did not show any trace of pus having long lain beneath the pericranium. On removing the calvarium about $\frac{3}{8}$ ss of similar pus was found external to the dura mater in the position corresponding to the external abscess. The posterior third of the left parietal, the posterior superior angle of the right parietal,

left cerebral fossa and superior angle of occipital bone were much eroded, and in the two places mentioned completely perforated. In many places the bone was quite translucent. The external surface of the dura mater beneath the abscess was a little toughened, the pus being slightly adherent to it. It was not much thickened. Its internal serous lining was intensely congested, but over the rest of the brain was perfectly natural. The sinuses of the brain were full of dark clotted blood. The pia mater was congested. Punctæ vasculosæ not well marked; the posterior lobe of left hemisphere was flattened, and brought to a sharp angle posteriorly. The substance of the brain throughout was perfectly normal. The ventricles normal. The skull was not symmetrical, there being a distinct prominence of the bone in the situation of the abscess.

LUNGS.—Pleuræ adherent posteriorly to a considerable extent. Lungs healthy; dependent parts congested.

HEART.—Structure normal; a large ante-mortem clot existed in right ventricle extending into the pulmonary artery.

LIVER congested. Spleen congested and soft.

KIDNEYS.—Right kidney, weight $9\frac{1}{2}$ oz., Left, $8\frac{1}{2}$ ounces. Capsules non adherent; external surface of kidneys pale presenting numerous congested spots. On section the medullary substance was pale and coarse in appearance, soft and much increased in thickness; pyramids slightly injected.

A Third Dentition at the Age of Seventy-Three.—M. Echerac relates in the *Gazette des Hospitaux* (October 9,) the remarkable case of an old gentleman, aged seventy-three, who, after the manifestations of nervous symptoms for some time, and an abundant salivation, exhibited in his upper jaw, which had long been dismantled of teeth, some fine ones projecting about two millimetres beyond the edge of the gums. They were six in number—four incisors, one canine, and one small molar. These teeth were neither very white nor very strong, but formed an excellent substitute for those lost. Van Helmont relates a precisely similar case occurring at the same age.

Reviews and Notices of Books.

A Treatise on Human Physiology, designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., p.p 825, sixth edition HENRY C. LEA, Philadelphia, 1875.

A Text Book of Human Physiology, designed for the use of Practitioners and Students of Medicine. By AUSTIN FLINT, JR., M.D., pp. 978. D. APPLETON & Co., New York, 1876.

Among American Physiologists the authors of the above works have for several years past occupied the most prominent position, and indeed the reputation of the American school of Physiology, if such can be said to exist, rests in great part upon the labours of these men.

A text book like Dalton's, which has arrived at the sixth edition may be regarded as almost above criticism, but the volume before us has received so many valuable additions, and is so much enlarged, that some notice is demanded of it. We know of no text book of Physiology, with the exception perhaps of Kirkes "Handbook," so suitable for students. The style is clear, the arrangement admirable, and the figures excellent. Though much increased in bulk, it is still a moderately sized volume, and not nearly so alarming in this respect as the one we have coupled with it at the head of this notice. Every chapter bears evidence of careful revision, and all the most important and trustworthy facts of recent physiological science have been incorporated. The sections upon the digestive secretions and development are enriched with the most numerous and extended original observations. The chapter upon the glycogenic function of the liver is especially good. In the development section we are glad to notice three or four new figures from Balfour and His, illustrating the segmentation and formation of the blastodermic layers in the fowl's egg.

The whole of this portion of the work is well worthy the careful perusal of every practitioner. There are one or two things wanting which detract from the general excellence, and which we should like to see supplied in a subsequent edition. We looked in vain for a description of the physiological anatomy of such important organs as the kidneys ; there is not even a reference in the index to such structures as the tubuli uriniferi or the malpighian tufts. Again the consideration of the spleen and other ductless glands should not be wholly omitted in such a treatise. With these exceptions, however, too much praise cannot be given to the general execution of the work.

Dr. Flint, jr., has for some years past been engaged in teaching Physiology as Professor of that branch in the Bellevue Hospital Medical College, and his devotion to the science is evidenced by the amount of labour and research which are to be found in his works on this subject. He has already given to the profession a work in five volumes entitled "the Physiology of Man." This is an exhaustive treatise, designed more for teachers, but which we regret to say, was not forwarded to us for review. The present book assumes to be a condensation of the volumes above alluded to, and the author states in his preface that many of the subjects treated of rather elaborately in his large work are here rendered in a more concise form. We cannot help thinking that as a text-book for students the process of condensation might have been carried still further. It is a large tome, and, though replete with interesting information, will, we are afraid, seem too formidable to the busy student, who has now-a-days so many subjects to master that small text books to read with his "notes" are chiefly sought after. However, for senior students and practitioners desiring a full and lucid account of any part of the physiology of man we know of few books to which they could with more profit refer.

In the opening chapter the general character, histology, and chemical composition of the blood are treated of in a

most exhaustive manner. Considering the importance which the colourless corpuscles have assumed in recent pathology a more extended account of the peculiar amœboid changes might have been given. Dr. Flint expresses himself in opposition to the current views on the development in the adult of the red blood corpuscles from the colourless ones, and looks upon them as fixed anatomical elements, not undergoing destruction and regeneration as commonly supposed. No reference is made to the observations of Recklinghausen and Golobew of their development in the frog at the expense of the colourless, nor is there any mention to be found of the development of these bodies in the marrow of bones, a fact established by recent German investigation. The views of Richardson on the cause of the coagulation of the blood, the evaporation of ammonia theory, maintained in his larger work, are here abandoned. Schmidt's account of fibrin forming factors, para-globulin and fibrinogen, are not regarded as established.

The physiology of circulation is excellently given, and accompanied by many beautiful illustrations. It is very interesting to have here reproduced some of the figures of the older anatomists, as Harvey and Fabricius, and they look remarkably well, even more faithful to nature than many others in the work.

Under Respiration, a good account is given of the author's experiments, which prove that the respiratory sense, the "*besoin de respirer*," is situated in the tissues.

The subjects of alimentation and digestion receive full attention. We notice that Dr. Flint still adheres to the belief that the acid of the gastric juice is lactic, and not hydrochloric.

The recent researches on the lymphatic system have not received the attention they deserve, and the author does not accept the existence of serous canaliculi, in which most histologists now believe the lymphatic capillaries originate.

The article on the kidneys and urine is exceedingly good,

the latter being a subject to which the author has paid special attention.

In connection with the excretory function of the liver, the author's discovery of the elimination of cholesterine by this organ, and its subsequent transformation in the intestines into stercorine, is referred to.

The chapters upon the nervous system and special senses are well given, and notice is found in the former of the recent experiments by Hitzig and Ferrier.

The article on generation is ably written, and embellished with three superb full-sized plates, two illustrating the early embryos of the vertebrates, from Hackel, a consideration of which ought to be sufficient to make anyone an evolutionist; while the third represents a human embryo at the ninth and twelfth weeks.

The illustrations are remarkably fine, a large proportion of them being from Sappey's large work on anatomy. Several micro-photographs from the Army Medical Museum form novelties in the way of illustration; some of them are very good, as of the blood corpuscles and muscles; others, as the one of cartilage, had better have been left out. We would call special attention to the figure of the mesentery, showing the lacteals, copied from a work of Asellius, published in 1628, as illustrating the state of anatomical knowledge at that period.

We regret that the number of original illustrations are so few. Borrowed figures we consider one of the most objectionable features in a text book by an original worker in Physiology. One of the great merits of Prof. Dalton's work is the number and excellence of the original illustrations. In this matter more than any other, a man should "neither a borrower nor a lender be."

Throughout the work it is very evident that Dr. Flint received his physiological education in the French school. He displays a much more extended knowledge of the French literature of the subject than that of the English

or German ; indeed it would sometimes appear as if the latter had not received full justice.

Altogether the work before us is one that we can most heartily recommend, and though it lacks that philosophic treatment of subjects which characterizes Dr. Carpenter's large Treatise, we have no doubt that in America it will, as one of the most exhaustive text books in the language, largely replace that work.

On Poisons in Relation to Medical Jurisprudence and Medicine. By ALFRED SWAINE TAYLOR, M.D., F.R.S., F.R.C.P., London, and Lecturer on Medical Jurisprudence in Guy's Hospital. Third American, from the third and thoroughly revised English Edition ; with one hundred and four illustrations. 8 vo., pp. 788. Philadelphia: Henry C. Lea, 1875.

A new edition of Taylor on Poisons will be hailed with satisfaction by the profession, as the want of a new treatise specially devoted to the subject of poisons has long been felt. Toxicology as a department of medical jurisprudence has very much progressed during the past ten or fifteen years. This has been rendered necessary from the large addition of new remedies which year by year are being made to the list of *Materia Medica*. Many of these substances contain principles of great potency ; the action of some is ill understood, and the chemist is almost daily discovering new compounds, so that the study of toxicology has been rendered more attractive and essential.

This treatise on poisons must be regarded as a new work, inasmuch as the greater part of it has been re-written. The changes in this edition have been rendered necessary through changes in nomenclature, classification, besides the discovery of many noxious substances, whose action on the system has not been definitely determined.

Very great good is being done through physiological inquiry. To ascertain the action of certain substances or

their compounds, experiments have to be instituted. These are usually conducted on the lower animals, and although there are those who condemn this method of research as unnecessary and objectionable, and go so far as to endeavor to put a stop to it by legislative enactment, yet there can be little doubt that as a system of scientific investigation it must in time afford results which will go far in the repression of crime, and in its exposure.

In speaking of this work, the author states that it is not intended to be a complete history of poisons and poisoning, as the subject is so extensive that it would be impossible to compress all that could be said into the narrow space of a single volume; nevertheless, little or much, it is a volume indispensable to the student and practitioner, more especially to those who enter upon the duties appertaining to medical jurisprudence. The entire work has been remodelled. The first twenty-two chapters are devoted to general considerations; such as the definition of the term poison; mode of entrance of poisons and of their elimination; detection of poisons; chemical and physical characters of poisons; organs specially affected by poisons; influence of habit; classification of poisons; evidence of poisoning in the living; diseases resembling neurotic poisoning; evidence of poisoning in the dead body; inspection of the body and points to be observed; objects of a chemical analysis; evidence of poisoning from experiments on animals; and moral and circumstantial evidence in cases of poisoning.

The next part of the work is devoted to special poisons, and is divided into irritant poisons and neurotic poisons. Under the first headings we have, mineral irritants; acid poisons; alkaline poisons; non-metallic irritants; metallic irritants; vegetable irritants; animal irritants. And under the general caption of Neurotic Poisons, we have the following sub-classes: Cerebral or narcotic poisons; spinal poisons; cerebro-spinal poisons; and cerebro-cardiac poisons. Continental chemists appear to be labour-

ing in this field of research, and the Germans in this, as in all others, with their customary exactness. The colour tests for the alkaloids, when taken alone, may fail to give satisfactory evidence of any one of them. Taking any special alkaloid, its detection by the colour test might lack that certainty which would be demanded by a court of law, but when superadded, the toxicologist brings into the field of investigation physiological experiment, the argument then becomes complete, and the answer positive. Indeed, in some notable instances the chemical expert has had alone physiological tests to guide him, and these have been so thoroughly convincing as to leave no opportunity for doubt. In speaking of tests for strychnine poisoning, we are at a loss to account for the absence of all mention, on the part of our author, of the process recognized as Rodgers and Girdwood's method. Our attention has before been attracted to this studied silence of all mention of this process, which is admitted on all hands to be a most excellent method, and one by which, according to Fresenius, in his work on Qualitative Analysis, Messrs. "Rodgers and Girdwood succeeded in detecting by this method .03 mgrm. of strychnine."*

Dr. Girdwood is at present residing in our city, and occupies the chair of Practical Chemistry in McGill University. Furthermore, while on this subject, we may observe that in three cases of poisoning by strychnine which came before our assize courts, the records of which were published in the early volumes of our journal, Dr. Girdwood satisfactorily demonstrated the presence of strychnine in each case. In one the body had been in the grave for five months, and after exhumation the poison was proved to exist in a portion of the thigh bone, as well as in other parts of the tissues. In this case we were present at many of the chemical and physiological experiments, and were satisfied with their accuracy. It seems

* Qualitative Chemical Analysis, by Dr. C. Remigius Fresenius, seventh edition, edited by Arthur Vacher. London: John Churchill & Sons. Page 249.

strange that Dr. Taylor should pass over, not only in this work, but in all his works, all recognition of the merits of his fellow workmen. We trust it is not from petty spleen. It cannot be from unworthy rivalry, because our author occupies deservedly a high position as a medical jurist. We will say no more on this subject now, but merely add, that systematically ignoring a process recognized by all other writers on this subject as deserving of notice, forms a unique feature of this very excellent treatise on poisons.

In every other respect this is a work of peculiar excellence, and will without doubt become the standard of reference by the medical jurist on all subjects of poisons and poisoning.

With regard to typographical execution, we need only state that it is done in Henry C. Lea's best style,

The book is to be had at Dawson Bros., St. James street.

Periscopic Department.

SURGERY.

Case of Aortic Aneurism successfully treated by the Distal Ligature. By THOMAS ANNANDALE, F.R.S.E., Surgeon to the Edinburgh Infirmary, and Lecturer on Clinical Surgery.

R. B., aged 62, was first admitted under my care in August 1874, on the recommendation of Dr. Wilson of Motherwell. The patient had suffered from symptoms of thoracic aneurism for about six months; and, as these were steadily increasing in severity, he was advised to come into the infirmary.

On admission, there was a distinct aneurismal tumour, pulsating strongly, and passing up from behind the clavicle and sterno-clavicular articulation into the neck, as far as the cricoid cartilage. The trachea was displaced towards

the left side by the tumour, and the inner half of the clavicle and its articulation with the sternum were pushed forward by the portion of the tumor under them. There was a well marked *bruit* to be heard on all sides of the swelling, and there was dulness on percussion over a considerable area, corresponding to the situation of the thoracic part of the tumour. In addition to these symptoms, the patient had a constant irritating cough, pains shooting up into the head, want of sleep, and he was losing flesh markedly. He was ordered to keep in bed, and iodide of potassium, in twenty grain doses, was given three times a day. After one month of this treatment, he left the hospital with his symptoms somewhat relieved, and he was advised to continue the iodide of potassium.

On February 8th, 1875, he was again admitted into my wards, as his symptoms had returned and become more troublesome. He had been unable to continue the iodide regularly, owing to the expense of it. An examination of the tumour showed an increase in its cervical portions. It had not only spread higher up, but it had also spread laterally so as to overlap the site of the subclavian artery. The upper portion of the tumour felt softer; and it was this portion which seemed to be increasing most rapidly. After carefully considering the circumstances of the case, and determining that pressure on the right carotid artery, immediately above the cervical portion of the tumour, very much diminished the aneurismal pulsation, it seemed to me a favourable opportunity for practising the distal ligature. The position of the tumour did not permit the subclavian artery to be ligatured; but there was just sufficient room to secure the common carotid above the cervical portion of the aneurism.

The patient having given his consent, I, on the 2nd of March, ligatured the common carotid immediately under the omo-hyoid muscle, which was drawn upwards, so as to reach the vessel. The internal jugular vein was unusually large and dilated; and some care was necessary to avoid

injuring it, as it completely overlapped the artery. The operation was performed under the carbolic spray, and the ligature used was prepared catgut. The immediate effect of the ligature was to almost stop the aneurismal pulsation, and to convert the strong pulsation into a kind of quivering motion. Not the slightest local or constitutional disturbance followed the operation; and the wound was healed on the 17th. A week afterwards, the patient was out of bed. The day after the operation, the patient expressed himself as greatly relieved. He no longer himself felt the pulsation in the tumour, and the pains in his head and neck had disappeared. The pulsation in the aneurism was felt to be very feeble, and the tumour itself was decidedly smaller.

The patient left the hospital a few weeks afterwards, his symptoms continuing in the same improved condition, and the tumour gradually becoming firmer to the feel.

From time to time, the patient returned from the country to show himself, and his state on December 27th was as follows: His general health was good, and he had no pain or other uneasiness. He could stoop freely without giddiness, and could go up and down stairs easily. The tumour had continued to diminish in size, and its cervical portion was fully half an inch lower in level than before the operation. The whole tumour had become much flatter, and also much firmer to the touch: On placing the hand over it, only a very feeble pulsation could be felt, but the pulsation was slightly stronger over the upper part of the cervical portion. A *bruit* could still be heard on all sides of the tumour, but it was not nearly so loud as formerly.

REMARKS—Although it cannot be said that the aneurism in the case reported was completely cured, there can be no doubt as to the great relief which followed the operation. The case, therefore, appears to me to furnish additional evidence in favor of the distal ligature in suitable examples of otherwise incurable aneurisms, and it also tends to confirm the opinion of Mr. Holmes and Mr. C. Holmes and Mr. C. Heath, who have so ably written on the subject.

From my experience in other cases of thoracic and cervical aneurism and from an observation of cases treated by my friend and colleague Dr. G. Balfour, I can testify to the value of iodide of potassium in relieving the symptoms and promoting coagulation in this disease: but I am inclined to express the opinion that, should a fair trial of this drug fail to give complete relief to the symptoms, the distal ligature of the carotid should be employed, provided the case should be a suitable one for the operation. The test of the suitability of the case for operation being the effect which temporary pressure on the distal portion of the carotid has on the aneurism pulsation, and should there be sufficient space to ligature the common carotid above the tumour, then I think the case is a proper one for operative interference. I also think with Mr. Holmes that operative interference should in the first instance, be confined to the ligature of the carotid, ligature of the third part of the subclavian being resorted to if advisable at a future stage of the progress of the case.

The case reported, further illustrates the value of the antiseptic catgut ligature and other antiseptic precautions, the combined use of which has, in my opinion, removed all the most serious risks in connection with the ligature of the arteries.—*British Medical Journal*.

On the Value of Nitric Acid in the Treatment of Diseases of the Neck of the Womb. By EDWARD JOHN TILT, M.D.

Dr. Braithwaite's high estimation of nitric acid as a caustic for diseases of the cervix will have due weight with me when I prepare another edition of my *Handbook*; but he will find it already stated there, "that the acid nitrate of mercury and the acid nitrate of silver owe their causticity to their free nitric acid, while the metals may give these preparations alterative properties that their free nitric acid

does not possess." Récamier first used the acid nitrate of mercury. It was the principal caustic used by Lisfranc; and, in the beginning of his professional career, Dr. H. Bennet tried to ascertain its effects, as compared to nitric acid, in a certain number of similar cases, and he convinced himself that the acid nitrate of mercury was the better of the two. Dr. Braithwaite's fear of mercurialising the patient need not count for much; for, although I thought right to warn against this possibility, it has never occurred in my practice.

I quite understand the excellent results that Dr. Braithwaite has obtained from the use of nitric acid in a certain set of cases; but I think he is far too general in its recommendation, and that he undervalues nitrate of silver because it is so often used where it can do little or no good. Every practitioner has witnessed the good effects of this agent in morbid conditions of the fauces; and when the mucous membrane lining the cervix is alone inflamed, and *recently* so, there is no better remedy than the liquid or the solid nitrate of silver, and the patient should be cured in from three to six weeks. Occasionally, nitrate of silver causes slight bleeding of an uterine sore; but, judging from my practice, Dr. Braithwaite has exaggerated this occurrence; and then it is easy to have recourse to carbolic acid, or to tincture of iodine. Knowing that such cases can soon be cured by nitrate of silver—an agent which is easily applied, gives less pain than nitric acid, and can scarcely do harm—I still recommend its use to those who have little experience of uterine surgery; for, until they have acquired the habit of using nitric acid, they will find that it has an ugly tendency to run, and so increase the size of the sore to which it was applied, supposing they examine a week or ten days after its application.

In a second set of cases, it will generally appear from their history, that endocervicitis set in after a miscarriage or a confinement, and that it has already lasted several years; without, however, causing any marked damage to

the substance of the cervix. Dr. Braithwaite's advice applies admirably to these cases; for their treatment by nitrate of silver is distressingly long, whereas it is singularly curtailed by one or two thorough applications of a strong acid.

I demur, however, to Dr. Braithwaite's recommendation to leave the patient without examination for a month, unless the os uteri be patulous, and the calibre of the cervical canal such as to render its contraction rather an advantage than otherwise. It often happens, however, particularly in the unmarried, that the cervix will just allow the uterine sound to pass through a mucous membrane so diseased as not to be willing to get well unless it be touched with a strong acid. After applying the acid nitrate of mercury or nitric acid to the cervical canal in such cases, the practitioner had better examine the patient every week, and pass into the cervical canal a pencil laden with a solution of nitrate of silver, or, at the end of two or three months, he would have the annoyance to find that his treatment has induced cervical stricture.

A third and less numerous class of patients comprise women in whom long continued chronic cervicitis is accompanied by considerable hard hypertrophy of the cervix, inflammation of the mucous membrane having caused its surrounding tissues to become hypertrophied. Sometimes the enlargement of both the body and neck of the womb appears to have begun in defective uterine involution. At all events, when I am consulted on such cases, they have lasted seven or eight years, or longer, to the misery of the patient, to the calamity of the family, and to the opprobrium of the profession, for such cases go the round of all those who are accepted as authorities for diseases of women. The patients do not get cured because consulting men have no faith in the only way of curing such cases—the application of potassa fusa cum calce, or some equally strong caustic, to the cervical canal. Dr. H. Bennet put this forcibly before the profession twenty years ago. He made

converts of Sir James Simpson and many eminent practitioners in this and in other countries; and I discussed, in the best way I could, this mode of treatment, in all its bearings, in thirty pages of my *Handbook*. The treatment is solidly based on the recognized utility of caustics in a host of surgical complaints, and it has been well established by the Lyons school of medicine; but when such patients come and tell me what they have had done to them by men in authority, I never learn that a strong caustic has ever been applied. I hear of long ineffectual treatment with nitrate of silver, of an acid having been used, of a pessary to support the womb, of uterine dilatation, of division of the cervix, or of the leaving in the womb of one of those thirty intra-uterine pessaries which were handed round on a tray, one night when I had the honour of presiding over the Obstetrical Society of London. I even have heard that there are practitioners who believe that they can benefit their patients by introducing the index into the vagina, to attempt to rectify a moderate amount of uterine displacement, three times a week, for two or three months; but I never hear that trial has been made of the only mode of treatment likely to effect a radical cure of these cases.

To resume the preceding remarks: instead of advising nitric acid in all cases of cervical disease requiring a caustic, as Braithwaite seems to do, I now hold—1. That, in comparatively recent cases of endocervicitis, nitrate of silver, tincture of iodine, or carbolic acid, suffices; 2. That chronic cases of endocervicitis had best be treated by acid nitrate of mercury or nitric acid; 3. That hyperchronic endocervicitis with considerable cervical hypertrophy requires potassa fusa cum calce, or some strong acid.

Since these remarks were penned, Dr. F. Churchill of Dublin has endorsed Dr. Braithwaite's views respecting the all-sufficiency of nitric acid in all cases of chronic cervical inflammation, and I am sorry to differ from so eminent a pathologist.—*British Medical Journal*.

Use of Perchloride of Iron in Post Partum Hæmorrhage.

By LOMBE ATTHILL, M.D., Master of the Rotunda Lying-in Hospital, Dublin.

The case recorded by Mr. Boddy, in which death followed almost instantaneously on the injection of a solution of the perchloride of iron, conveys a very important lesson. It is, as far as I am aware, the first recorded case in which there are just grounds for believing that death was due to the use of the styptic; but, even here, the cause of death remains doubtful, there not having been a *post mortem* examination, a matter greatly to be regretted. Mr. Boddy's conclusion that "without doubt death resulted from the action of the solution of iron upon the lining membrane of the uterus" is not, in my opinion, correct. First of all, the uterus has not, immediately after delivery, any "lining membrane" properly so called; next, Dr. A. H. Ringland has, in several cases of *post partum* hæmorrhage recorded by him; carried the *solid perchloride* into the uterus and applied it direct to the interior of the uterus without producing any injurious results (*vide Proceedings of the Dublin Obstetrical Society*, session 1873-74).

I am not in a position to give an explanation of the cause of death in Mr. Boddy's case; but I believe it proved from Dr. A. H. Ringland's cases, in which he applied the solid perchloride to the inner surface of the uterus, and from my own (*Dublin Medical Journal*, April 1874), in which I injected a small quantity of a strong solution into the uterus, that the application of the styptic to the inner surface of the uterus is not *per se* a dangerous practice.

I would point out that in Mr. Boddy's case an unnecessarily large quantity of the styptic was injected; for, though "the hæmorrhage ceased immediately on the injection of the solution", the process was continued till the patient gave a shriek and died; and to this continuance of the injecting process after the purpose for which it was employed was attained, the fatal result, in my opinion, is to be attributed,

which probably would not have occurred had but three or four ounces of a strong solution (one part of the strong liquor to two of water) been employed.

I think the profession are under a great obligation to Mr. Boddy for publishing this case.—*British Medical Journal*.

Treatment of Abscess of the Breast.

A point of practical surgery which is of frequent occurrence has been brought by M. Gillette before the Society of Medicine of Paris. The question, namely, whether an abscess of the breast should or should not be opened. We are here speaking only of parenchymatous abscesses, for superficial ones of course open *per se*, and in regard to sub-mammary abscesses, all surgeons agree that they should be opened as soon as it is clear that they have formed. Since the occurrence of several fatal cases from erysipelas, in consequence of parenchymatous abscesses opened by the bistoury, some surgeons, M. Gosselin amongst others, are in favour of waiting and allowing the abscess to open spontaneously. M. Polaillon, again, maintains that by this method of treatment the opening left is the smallest possible, which is a matter of importance. On the other hand, there are surgeons who make a free and crucial incision into the breast without considering the liability there is to the entrance of germs of infection, or the possibility of fistulæ consecutive to the division of the galactophorous ducts. Between these two opposite methods of treating abscesses of the breast, there is still a third, which consists in puncturing the abscess, or at least of making a very minute opening into it. M. Gillette proposes to open the abscess not with the bistoury, but with Vienna paste. The objections to this plan are, however, obvious. There is the difficulty of reaching the abscess if it be deep, the danger of giving rise to fistulæ, which is greater even than after the use of the bistoury, and lastly the cicatrix, which is much more apparent than by either of the other methods.—(*Gazette Médicale de Paris*, No. 42, 1875.) *Practitioner*.

*Moorfields Ophthalmic Hospital. Cases under the care of
MR. HUTCHINSON. Syphilitic Keratitis at an unusually
early age.*

Amongst the patients at Moorfields on Monday morning, December 13th, 1875, was a child aged three, who was suffering from well-marked and symmetrical interstitial keratitis of about a month's (?) duration. The child looked healthy, and had a good set of milk teeth, but there was the history that it had been treated at St. Bartholomew's Hospital in infancy for a long continued rash and severe snuffles, and that it was then not expected to live. Mr. Hutchinson remarked that the interest of the case was in the unusually early age at which the keratitis occurred. There could, he said, be no doubt, from its character, that it was due to inherited syphilis, but he did not recollect ever to have identified this form of eye disease in so young a patient; he had several times seen it at five years old, but as a rule it did not occur till from eight to ten, and was yet more frequent about the time of puberty; it might even be delayed to the age of thirty or thirty-five, and then develop in a most characteristic manner. He was not prepared at present to give any explanation of this wide difference of range.

Suppuration of the Lachrymal Sacs in Infants.—A child three years old was brought on account of discharge of matter from the eyes. The mother stated that her doctor discovered within a few days of the child's birth that matter came from the corners of its eyes, and that this had persisted ever since. There had never been any inflammation of any part. On pressure over the lachrymal sac pus regurgitated freely through the canaliculi. Mr. Hutchinson remarked that he had seen but one similar case; in that instance he was consulted by a surgeon in the case of his own child, an infant of a few days old, which had suppuration of both lachrymal sacs. There was no redness or evidence of inflammation. Pressure over the sac caused a free escape of puro-mucus. On account of the delicacy of

the parts it was thought better, for a time at least, to abstain from mechanical treatment; and in the course of a few weeks, under the use of an astringent lotion, it entirely ceased. It was very difficult to form any conjecture as to the cause of the symptom in these two cases. Both the children were quite healthy; in both it occurred so immediately after birth that it was difficult to suspect any exposure to cold, and in both it occurred on each side, making the accident of any accidental cause improbable.—*The Lancet.*

MEDICINE.

The Physiological Action of Arsenic.

A student named Kossel undertook a series of researches in the Physiological Institute at Berlin, upon the influence exerted by cautiously increased, but ultimately fatal, doses of arsenic, upon the economy of dogs, but having to leave Berlin before they were completed, Gahtgens continued them, and gives the following as the results obtained. The occasion of the research was the remarkable parallelism which exists between fever (pyrexia?), diabetes, and poisoning with phosphorus in regard to the occurrence of remarkable increase in the disintegration of tissue albumen, in Voit's sense of the word. Poisoning by phosphorus is characterised in addition by the deposition of fat in the tissues of various organs, which also appears to occur after the use of arsenic and antimony. From an anatomical and pathological point of view the action of arsenic must be regarded as analogous to that of phosphorus, to which it presents so many points of analogy. If the ordinary view be accepted, that the fat is formed from the contents of the cells (of the peptic, hepatic, renal, canalicular cells) the question arises, what becomes of the nitrogenous constituents of these cells? To afford an answer to this question a dog, weighing 44 lbs., was sufficiently fed for fifteen days and then completely deprived of food, whilst arseniate of

soda was administered by means of a sound. The experiment was continued for ten days, and careful examination was made of the urine and fæces. The result of this showed that the albuminous substances did probably undergo disintegration and that the nitrogen was eliminated in the form of urea which underwent considerable increase. (*Centralblatt f. d. Med. Wiss.* No. 32, 1875.)—*Practitioner.*

Gelsemium Sempervirens as an Antineuralgic.

Dr. A. Jurasz of Heidelberg, having had his attention drawn to the effects of this drug in cases of neuralgic toothache, as detailed by Wickham Legg, and Sawyer, proceeded to try it in various cases of neuralgia, and corroborates the results obtained by those observers. The tincture was usually employed in doses of from five to twenty drops. The first case was that of a man who suffered from neuralgia of the first branch of the fifth nerve on the right side. Quinine was given internally, and veratria ointment was applied externally, without benefit. The action of the gelsemium was here excellent, the patient being perfectly and permanently freed from his pain in the course of three days, five drops only being given every eight hours. A second case was one of brachial neuralgia, a third of sciatica, and a fourth and fifth of trigeminal neuralgia, in all of which the results were satisfactory. On the other hand, however, it failed in a case of hemicrania of long duration, and in two cases of muscular rheumatism. (*Ibid.* No. 31, 1875.)

Gelsemium. Dr. O. Berger (*Centralblatt*, No. 44, 1875,) on the other hand, states that the results of experiments with this drug on patients, both the tincture and extract being used, have been in the highest degree unsatisfactory. The greater number of the patients were the victims of trigeminal neuralgia, partly of peripheral and partly of centric origin, while others suffered from neuralgic pains in different parts of the body, and insomnia. He quite admits that the remedy possesses considerable activity,

various unpleasant symptoms have been experienced by the patient as Vertigo, diplopia, ptosis, difficulty of moving the tongue, stiffness and trembling of the hands, numbness of the fingers, chilliness and general malaise, vomiting, and last though not least, dyspepsia. Even when the doses did not exceed seven grains of the extract.—*Practitioner.*

Sulphide of Calcium, a Remedy for Diabetes. By J. M. ELBOROUGH SCATLIFF, M.B.

Some few days since I was called to see a medical friend (well known to the profession) who was suffering from a localised inflammation threatening to terminate in suppuration. He was also the subject of diabetes, for which he had on a former occasion undergone the usual treatment (bran-bread, etc.) at the hands of an eminent London physician.

Together with the onset of the inflammation above referred to he had an aggravation of all the diabetic symptoms come on, and he was, when I saw him, passing quarts of water night and day (sp. gr. 1028). At my request he tried Dr. S. Ringer's treatment (calc. sulphide one-eighth grain ter die), first in the form of powders mixed with sacch. lactis gr. iij., and afterwards in pills (made by Mr. Cox, of Brighton). He *immediately* experienced great relief. Two days after he was passing only a normal quantity of water (eq. gr. 1023.5), and felt "quite comfortable." He had kept to his ordinary diet, and had not in any way avoided any amylaceous foods at the time.

I find that Garrod speaks of the sulphide of ammonium as useful in diabetes, but only in so far as it "controls the morbid appetite"; but here was a case in which the whole train of morbid symptoms was cut short in a quick and decisive manner by the calcium sulphide.

The inflammation also terminated in resolution, no pus forming. The patient *most emphatically* attributed his relief entirely to the action of the sulphide.

13, Charlotte-street, Marine-parade, Brighton.—*Medical Times and Gazette.*

CANADA

Medical and Surgical Journal.

MONTREAL, JANUARY, 1876.

CORONERS' INQUESTS.

It is far from our desire to serve up to our readers a dish of grumbling and fault finding. These are Christmas times, when peace and good will ought to be the rule—in fact, were it a rule rigidly observed from the 1st of January to the 31st of December in each year, mankind would be all the better for it. Scripture tells us that “it must needs be that offences should come, but woe unto that man through whom the offence cometh.” This points to the duty of exposing offences when they do occur.

We have on several occasions complained of the loose manner in which coroner's inquests are conducted in this district. On a recent occasion, a sad occurrence connected with the destruction of valuable life through fire was followed by Coroner's inquiry. This was so thoroughly unsatisfactory as to excite public indignation, and a second searching inquiry had to be gone into before a special jury.

An inquest touching the cause of death of an individual is attended with a certain amount of outlay which has to be borne by the country. That outlay we should be willing to see freely made, provided the Coroner, and his jury render a truthful and reasonable verdict. The object of the Coroner's investigation is to ascertain without doubt the actual cause of death and not a supposed cause. In matters of this kind there should be no speculation, no hasty jumping at a conclusion. A man falls down in the

street and dies, the Coroner holds an inquiry and instructs his jury to bring in a verdict of death through the visitation of God, from disease of the heart. The poor heart which is blamed for causing the man's death has never been examined. The man may have died from any other lesion, but, this covers the ground, it satisfies the Coroner, he is reported to be "such a nice gentleman, so kind and humane, he did not let those horrid doctors cut poor Mike's body all to pieces." A case of this kind quite recently occurred.

A man, whether through accident or design, we know not, received a blow on the head, producing a depressed fracture of the skull. He was brought to the Montreal General Hospital, and there died. An inquest was held, but the man was related to Mr. Alderman Somebody's wife's cousin, and the body was not to be opened. The Coroner put on his double gas magnifying spectacles, and saw through the case at once. The heart was not blamed on this occasion,—it was still the visitation of God; but whether the Coroner had witnessed the visitation from on high or not we are not informed. This is merely one instance of what is almost a daily occurrence. Now, we do think that the Government of the country should issue special instructions to their officials. It would seem that inquests now a days are held merely to satisfy a form of law and put the customary fee into the pocket of the Coroner. In this district at least it is a perfectly useless form in the large proportion of cases, and although we do not think the office should be altogether abolished, yet we might add that if such were determined, we feel convinced that the administration of justice would not in any way suffer, and the country would be saved a considerable outlay.

ANNUAL REPORT OF DISEASES OF THE CHEST,

UNDER THE DIRECTION OF HORACE DOBELL, M.D.

Wh have received a copy of this work, which forms a most interesting and instructive volume of 353 pages. It

is a retrospect of all that has been published, on diseases of the chest, during the year from June, 1874, to June, 1875. We give for the benefit of our readers the advertisement, which occupies the place of preface, and introduces the work to the reader. We may remark that Dr. Dobell published a somewhat similar work in 1869 and 1870. These volumes, however, comprised reports on the progress of practical and scientific medicine in different parts of the world. The scheme was, perhaps, too extensive and fell through. In this work the editor has confined himself to diseases of the chest, and we trust that his efforts will be well sustained by his professional brethren. The work will form an invaluable source of information and reference, and should be in the library of every physician who desires to keep *au courant* with the literature of chest affections.

Advertisement to Vol. I.

Towards the close of each year will be published a complete *précis* of the year in that Department of Practical and Scientific Medicine which includes the Anatomy, Physiology, Morbid anatomy, Pathology, Diagnosis, Etiology, Materia Medica, Therapeutics, Climatology, etc., etc., of the Thoracic Organs and their immediate associates.

“Dr. Dobell’s Reports on the Progress of Practical and Scientific Medicine in different parts of the World,” having been discontinued in consequence of the scope of the work making it impossible to confine its extent and expenses within reasonable limits, the original design, as announced in 1868, of a Departmental Report has now been resumed, with some modifications of detail, and arrangements made for a Complete Annual Report on Chest Diseases.

Although the department selected is the widest and most important in medicine, it will be practicable, by keeping within its boundaries, to produce such a complete *précis* of all important work, that these Reports, when collected from year to year, will constitute a most comprehensive,

concise, and reliable book of reference on Chest Disease, and will enable the Medical Practitioner readily to compare the works of different authors, instead of relying upon those of any one, and to see at a glance the latest improvements in treatment; while to the Scientific Student they will present an epitome of modern discovery and research.

THE CANADIAN JOURNAL OF MEDICAL SCIENCE.

We have received the first number of a new monthly periodical, published in Toronto, and edited by Drs. W. Ogden and R. Zimmerman. It is very creditably gotten up, being of imperial octavo size, with double columns.

The editors, in their leader, remark that they have made such arrangements as will, they believe, enable them to produce a journal of some value to the Canadian practitioner. It is stated that they have secured able assistants and translators, through whose industry they hope to lay before their readers an epitome of useful and practical matter from British and foreign sources. We fully believe the editors are moved by a true spirit of scientific ardour, and we wish them every success in their undertaking. The great difficulty that we have experienced after twelve years of editorial work is the apathy which is shown by the profession in this country in recording their observations. Like the servant spoken of in the parable, the large majority of our professional brethren prefer to wrap their talent in a napkin and bury it, rather than put it out to gain other talents. Many a life is spent in the acquisition of knowledge, which is not gained by book lore, but by practical observation. Much of that observation is lost, as hardly a death vacancy occurs in our ranks without a positive loss to the whole brotherhood. Literature there is no lack of, but the vast amount of rubbish which is given to the world, is a mere drop in the ocean of unrecorded observations.

We cordially welcome *The Canadian Journal of Medical Science*, and cheerfully place it on our exchange list; and furthermore hope it may be a means of stimulating the profession of this country to well and truly represent Canada in the ranks of literature and science.

JOURNALS RETURNED.

We have received from the Dead Letter Office at Ottawa, quite recently, an official enclosure, consisting of the July and August numbers of the CANADA MEDICAL AND SURGICAL JOURNAL for the year 1874.

The wrappers had been removed, so that there was no means of telling to whom they had been addressed. Some of our subscribers suffered the loss, which we are willing to supply, but as we do not possess the power of divination, are unable to tell who is the person that has been defrauded of his paper. We may state that there was no post-mark; the JOURNALS were simply enclosed in an official envelope and addresssd, "G. E. FENWICK, M.D., Box 386 P. O. Montreal," and in the corner there is the stamp returned for postage. There is also the Dead Letter Office stamp under date 20th October, 1875, and this precious parcel reached us early in December. Where these two numbers came from? who returned them? to whom were they originally addressed? and why they should take sixteen months in travelling from the Capitol of Canada to this city, a distance of about 120 miles, are questions we are unable to answer.

Patients' Notions of the Clinical Thermometer.

Hospital patients, as a rule, do not clearly understand why the Clinical Thermometer is so frequently introduced to their notice, and their ideas of a temperature chart are usually of the haziest. The following facts gleaned from the medical assistants of one of our Metropo-

litan Hospitals will prove this:—A young woman, who was convalescent, and whose temperature had long remained normal, had a slight relapse, which she attributed to having had “no glass under her arm for a week.”—A man suffering from acute rheumatism, obstinately refused to have his temperature taken any more, saying, “it took too much out of him; it was a drawing all his strength away.”—A man had been in the habit for some time of having his temperature taken daily under his tongue, with a thermometer that had just been doing severe duty in the axillae of other patients. One night a brand new thermometer was applied to his mouth, next day he declared he was not so well, and said “the glass was not so strong as usual; he felt at the time the taste was different, and it had not done him so much good.” A sister in one of the women’s wards says that many of the patients think the thermometers are used to detect breaches of the rule against having unauthorised edibles brought in by friends, and she accordingly, does not disabuse their minds of their innocent superstition.—*Students’ Journal.*

We have been requested to give publicity to the following announcement, and we trust that Canada will not be behind other countries in sending representative men to attend this very important meeting:

AMERICAN CENTENNIAL CELEBRATION.

INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow-citizens in celebrating the Centennial Birthday of American Independence, have taken the initiatory steps for the formation of an International Medical Congress by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given the delegation has organized. The Centennial Medical Commission, with the following officers: President, Samuel D. Gross, M. D., LL. D., D. C. L. Oxon; Vice-Presidents, W. S. W. Ruschenberger, M. D., U. S. N.; Alfred Stille, M. D.; Recording Secretary, William B. Atkinson, M. D.; American Corresponding Secretaries

Daniel G. Brinton, M. D., William Goodell, M. D.; Foreign Corresponding Secretaries, Richard J. Dunglison, M. D.; R. M. Bertolet, M. D.; Treasurer, Casper Wister, M. D. Arrangements have been made for the holding of the Congress in the City of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning session of Congress shall be devoted to general business and reading of discourses; the afternoons to the meetings of the Sections, of which there are nine, viz.:

1. Medicine, including pathology, pathological anatomy and therapeutics.
2. Biology, including anatomy, histology, physiology and microscopy.
3. Surgery.
4. Dermatology and syphilology.
5. Obstetric cases of women and children, and disease
6. Chemistry, toxicology and Medical Jurisprudence.
7. Sanitary science, including hygiene and medical statistics.
8. Ophthalmology and Otology.
9. Mental diseases.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest possible date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China and Japan. Invitations will also be rendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances and the renewal and cementing of old friendships.

The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1874.

The registration book will be open daily from Thursday, Aug. 31, from 10 to 3 P. M., in the Hall of the College of Physicians, N.E. cor. of 13th and Locust Streets. Credentials must in every case be presented.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries.

WILLIAM B. ATKINSON, 1400 Pine Street, Philadelphia, *Recording Secretary.*
 DANIEL G. BRINTON, 2027 Arch Street, } *American Corresponding Secretaries.*
 W. M. GOODSELL, 20th & Hamilton Sts. }
 RICH. J. DUNGLISON, 814 N. 16th St. } *Foreign Corresponding Secretaries.*
 R. M. BERTOLET, 113 S. Broad Street. }

PHILADELPHIA, October, 1875.

The following interesting table has been compiled by Mr. T. D. King, of this city, from records kept by the late Dean Bethune.

Year.	Maximum and Minimum New Year's Day.	Mean Temperature Christmas to New Year.	Time of forming Ice Bridge.
1839.....	4 15	8	December 27.
1840*.....	0 13	15	January 14.
1841*.....	5 7	7	January 9.
1842*.....	7 9	16	December 25.
1843*.....	3 6	10	
1844.....	27 17	24	January 1.
1845.....	38 32	23	December 13.
1846*.....	12 3	18	
1847.....	28 18	14	January 19.
1848.....	44 32	19	January 20.
1849.....	24 10	23	January 4.
1850*.....	25 3	11	{ January 4. December 24.
1851*.....	26 6	7	December 25.
1852.....	19 15	14	
1853.....	14 4	16	January 20.
1854.....	26 6	7	January 5.
1855.....	16 8	23	No record.
1856.....	20 18	8	{ January 7. December 22,
1857.....	28 22	18	
1858.....	30 18	16	January 21.
1859.....	37 33	11	{ January 1. † December 28.
1860*.....	-4 10	-8	†
1861.....	26 20	23	January 9.
1862.....	35 11	9	January 9.
1863.....	30 12	24	January 21.
1864.....	36 14	17	January 4.
1865*.....	1 3	24	January 13.
1866.....	36 12	23	No record.
1867.....	22 7	18	{ January 12. December 18.
1868.....	20 5	16	December 28.
1869*.....	4 2	10	
1870.....	28 18	30	January 8.
1871.....	20 14	9	No record.
1872.....	31 23	10	No record.

† Thermometer registered this January 36° below zero.

† Extremely cold—13 days below zero between Christmas Day and Twelfth Night.

* Years marked thus, minimum temperatures on New Year's day below zero.