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THE DOMINION MEDICAL JOURNAL.

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Original Communications.

HOOPING COUGH.

BY DR. MACKELCAN,
MEM. R. COLL. SURG., ENG.

It has been a subject of observation in Medical Journals, from time to time, that no specific has yet been discovered which can be relied upon to remove this troublesome disease. That Hooping Cough is seldom dangerous, and still more seldom fatal, has, perhaps, led to less anxiety in its treatment than in cases of more formidable ailments. Yet although when it occurs in the summer months, medical aid is seldom sought, as parents find that it runs its course in six or eight weeks, and no obvious evil consequences result; yet when it commences at the beginning or during the course of the winter, it will continue, if not removed by medical treatment, until the return of warm weather, and will become complicated with Bronchitis or Pneumonia, if the patient is exposed to cold or wet, and lead in such instances to fatal results; especially as parents, knowing the child has a cough already, may not notice its aggravation, or the feverish symptoms accompanying it, until the inflammatory adjuncts have reached a dangerous stage.

It is true there is another complication in very young children, which may occur at any season of the year; namely, convulsions, which are often formidable, as whatever treatment may be resorted to for their immediate relief, they are liable to recur whenever the paroxysms of cough are repeated.

It is therefore of some importance to make known to the Profession any drugs which can be relied on as a specific in this disease. Nearly forty years ago, I read an article in a French Medical Journal, recommending the Sulphuret of Potash as an effective remedy in Hooping

Cough. Being in practice then in London, England, and an epidemic invasion of the disease occurring in the populous parish of Marylebone, I had the opportunity of administering it in fifty cases, of which I kept notes, and in two only did it fail to afford relief. In a large proportion the paroxysms of cough were generally diminished at the end of ten days, and in the remainder, after the medicine had been used for a fortnight, so much diminished both in frequency and force, as to render it unnecessary to continue any treatment.

During the course of my professional life in Canada, now thirty-four years, I have prescribed it in a great number of cases with such uniform success that I use no other remedy, except two or three doses of ipecachuana, as emetics, if consulted at the commencement of the disease, and if there is any accompanying fever.

The mode of administration I have adopted is to dissolve it in a mixture of syrup and distilled or rain water, in the proportion of one of the former to three parts of the latter, (hard water which sometimes contains sulphuric acid partially decomposing it,) the dose being one grain for each year up to four years of age, and after that half a grain additional, for each year; the smaller doses being administered in a teaspoonful of fluid, and the larger more diluted, in proportion to the quantity of the salt in each dose.

Its beneficial effects are not perceived for five days, when the intervals between the paroxysms of cough become longer, and after that their violence diminishes from day to day, until at the end of ten or fourteen days it is seldom necessary to pursue the treatment further.

As the drug easily spoils by keeping, it is important to have it fresh. If it dissolves perfectly in the syrup and water, and the mixture is of a greenish colour, it may be relied on; but if there is any sediment, it has been decomposed by exposure to air, and becomes a sulphate. I have been induced to bring this remedy before the

Profession, from its not being mentioned in works on the Practice of Medicine, which I have seen; even Sir Thos. Watson, in his valuable work, does not allude to it among the numerous remedies he refers to, and I have reason to think it may be new to the Profession, and prove as useful in the hands of those who may give it a trial, as it has in mine.

CHLOROFORM.

By A. M. ROSEERUGH, M. D.

Being a Paper read before the Medical Section of the Canadian Institute.

ACTION OF CHLOROFORM.—Various theories have been advanced to explain the physiological action of chloroform. According to the theory that was first advanced on this subject, chloroform exerted a primary action upon the brain and central nervous system. It was believed that the chloroform was absorbed into the blood unchanged, and that general insensibility was the result of its contact with the nervous system for which it seemed to have an affinity of election. In support of this theory, it was shown that after death, from ether or chloroform, a superabundant portion of the anæsthetic is found in the brain and spinal cord. (Lallemand, Ferrin, Duroy, Dr. Anstie.)

The following results of experiments on animals are opposed to this theory:

1. The brain may be exposed and chloroform applied either to its external surface or to its substance when divided, without producing symptoms of narcotism.
2. Chloroform may be injected into the carotid arteries without bringing the animal under its influence.
3. An animal may be placed under the influence of chloroform, in the ordinary way, and portions of the brain removed, and the animal will awaken in due time as if nothing unusual had occurred.

It was also objected although after death from chloroform, a large quantity of the anæsthetic is found in the brain, this arises simply from the fact that its soft substance is favorable to exosmose, and the storing up of the fluid, and not from any special affinity that the brain has for anæsthetics.

It was also pointed out that after death from chloroform or ether, the anæsthetic is found in large quantities in the liver, although we do not

attribute the symptoms of anæsthesia to its presence in that organ.

Another objection to this theory was that the effects of anæsthetics passed off too rapidly to admit of any elective affinity on the part of the brain.

This theory of cerebral affinity was held by M. M. Lallemand, Perrin, Duroy, Flourens and Dr. Anstie.

The more recent experiment of Snow, Richardson, Sanson, Nunneley and the Chloroform Committee of the Medico-Chirurgical Society of England, lead to the belief that the *blood* is the element of the organism that is first acted upon by anæsthetics.

Dr. Sanson pointed out that when the vapor of chloroform is breathed for the purpose of producing narcotism, it may obviously do one of two things; it may be absorbed into the fluid part of the blood, and manifests its effects by its direct action on the brain and nervous system; or, it may act on the blood "modifying its vitalization—modifying that interchange of elements necessary to perfect health."

It has been proven that when carbonic acid gas has been inhaled, it produces anæsthesia by arresting the aëration of the blood; the carbonic acid which it is the function of the lungs to eliminate, remain in the blood, and an additional quantity is absorbed. According to M. Claude Bernard, when carbonic oxide is inhaled, it poisons by preventing arterial blood in the capillaries of the peripheral portions of the body from becoming venous; it acts directly upon the blood globules by arresting the process of endosmose and exosmose of their cell-walls—thus preventing the absorption of the gas in the midst of which they lie, and preventing the yielding up of the gas which they inclose.

Dr. Sanson and others believe that carbonic acid gas and carbonic oxide are true anæsthetics, and that chloroform, ether, and even nitrous oxide gas, produce a primary effect upon the blood in a similar manner,—that they all act by suspending the due oxygenation of the blood, and that when death takes place from the inhalation of an anæsthetic, the person dies for the want of atmospheric air; in other words—from suffocation.

STATISTICS, &c.—Within the last few years the subject of chloroform has been thoroughly investigated by a committee appointed for that purpose by the Medical and Surgical Society of England. During their investigations, the committee were enabled to collect the records of 109 cases of death from chloroform. Drs. Sanson, Snow, Kidd, and others have also placed on record a large number, making a total of nearly 250 fatal cases. From an examination of these cases of death from chloroform, we

may learn some "valuable facts regarding the danger of chloroform, and the circumstances which modify it." These may be summed up as follows:

1. A large number of the deaths occurred at an early stage of the administration—before the commencement of the operation.
2. The deaths have occurred chiefly among males.
3. The average age at which these deaths have taken place is about 30; no death is recorded under 5 years of age; one death took place at 60, and one at 65.
4. The more healthy and vigorous the patient the greater is the danger from chloroform.
5. The largest proportion of deaths has occurred in cases of the most trivial operations.
6. The great proportion of deaths has been in cases wherein but little chloroform has been inspired (Sansom); in 7 cases collected by Dr. Sansom the amount used was only half a drachm or less.

The "diseased conditions" which are found to increase the danger from chloroform are intemperance, fatty degeneration of the heart, poisoned conditions of the blood as uræmia, pyæmia, and delirium, shocks, hysteria, and nervousness. A large number of deaths has taken place in patients with fatty degeneration of the heart. A large number of deaths has also resulted from the administration of chloroform in cases of habitual intemperance or chronic alcoholism.

SIGNS OF DANGER.—In examining the records of cases in which signs of danger occurred under the influence of chloroform, we find that out of 64 cases in which signs of danger occurred, there was cessation of the pulse in 19 cases; muscular excitement in 15; embarrassed respiration in 13; pallor of face and lips in 11; cessation of hæmorrhage from wound in 2; and vomiting followed by immediate death in 2 cases. The signs of embarrassed respiration, it is found, seldom or never occur except in cases of chronic alcoholism and in the later stages of the administration, where the profound influence of the chloroform is indicated by irregular breathing and stertor. According to Dr. Sansom "the history of all (fatal cases) is that the heart's action ceased before the breathing; that, in fact, death was due to syncope, *i. e.*, paralysis of the heart." Out of a total of 3058 cases in which chloroform was administered, alarming symptoms occurred in 21 cases; of these 5 occurred within half a minute of the commencement of the inhalation.

POST MORTEM APPEARANCES.—From 51 post mortem examinations in cases of death from chloroform, it was found that an "almost constant sign

was darkness and fluidity of the blood," and that a "frequent sign was, accumulation of blood in the right chambers of the heart.

MODES OF DEATH.—In animals, death from chloroform, according to Dr. Sansom, "occurs in a definite manner by that form of asphyxia which is due to the suspension of the motor power supplied to the muscles of respiration; death may be said to commence in the brain. In man, death occurs by a more complex mode modified by general conditions of the system; by emotional influences and by the methods by which chloroform is administered. Death in the human subject may take place (from chloroform) by syncope, by asphyxia and by necremia."

RESUSCITATION.—The treatment of apparent death from chloroform has also occupied the attention of the Medical and Surgical Society of England, as well as the Medical Society of Emulation of Paris. From their experiments and investigations we learn that the only perfect stimulus to the "failing heart" is "sufficiently aerated blood" and that "the only mode of producing it is the excitation of respiration." (Sansom.)

The Committee of the Medical and Surgical Society report on this subject as follows:

"From experiments on animals, and also from a consideration of cases of accidents with chloroform in the human subject, the Committee is strongly of the opinion that the first and most important means of resuscitation is artificial respiration." * * *

"It is of the most pressing importance that artificial respiration should be commenced the moment the alarming symptoms exhibit themselves. The delay even of a few seconds, will doubtless, in some cases, destroy the only chance of life. Artificial respiration should be practised in the manner known as Dr. Sylvester's method and as recommended by the Committee on Suspended Animation." * * *

"Mouth-to-Mouth insufflation is a most valuable method of resuscitation. By it several good recoveries have been effected, a large quantity of nearly pure air being blown into the chest at each insufflation. In all cases in which it is employed the nostrils should be closed and the larynx should be pressed against the spine, to prevent the escape of air down the œsophagus."

Dr. Sylvester's method of producing artificial respiration, recommended by this Committee for cases of apparent death from chloroform, is also recommended by the Royal Humane Society as the best method of inducing respiration in cases of apparent death from drowning, still-birth, noxious gases, &c. This method may be briefly described as follows: The patient is placed without delay, on his back, on the floor, couch or table, with an im-

prompt cushion under the shoulders and the body "slightly inclined from the feet upwards." The tongue should be drawn forward and kept in position by an assistant or by an elastic band. The forearm is flexed on the arm, and the surgeon, grasping each near the elbow, presses them firmly against the sides of the chest. The arms are then immediately raised by the sides of the head and kept "stretched steadily upwards and forwards for two seconds."

Dr. Sansom recommends that before commencing the respiration, pressure be made with both hands on the lower third of the sternum, and also on each side of the thorax; by which means he believes that from 15 to 20 cubic inches of the residual air of the lungs may be expelled. According to Herbst, after expiration, there will still be about 170 cubic inches of residual air in the lungs. When this air is surcharged with chloroform "it is obvious that the first efforts should be directed to the getting rid of it."

The following directions by Dr. Sansom for resuscitating cases of apparent death from chloroform are so judicious and complete that I cannot do better than give them nearly entire. He says—"If in the course of the inhalation you notice a sign of danger; if sudden pallor occurs; if the pulse fails; if after severe muscular excitement there is sudden collapse; or if there is an evident embarrassment of respiration, at once remove the chloroform, and

1. Bring the patient to the recumbent position.

The blood regurgitating from the system to the heart may induce in the latter renewed contractions.

2. With the finger or with a pair of forceps, draw forward the tongue.

3. Make a few alternate pressures by both hands upon the lower part of the sternum.

4. Commence artificial respiration. Having first brought the patient's arms to the sides, and exerted pressure against the walls of the chest to expel some of the air, lift the arms straight above the head, then bring them again to the sides and compress. Repeat this frequently, but be sure that it is done thoroughly, the arms well extended and the chest firmly pressed. It may be well to let another press the lower part of the sternum so as to favor expiration.

5. At the same time let warmth be applied to the body. Let no time be lost; let no cold air circulate near; do not dash cold water upon the chest. Let friction be employed, the direction being from the toes upwards. If there be a possibility, let the galvanic apparatus be sent for.

6. If the apparatus is at hand, place the conductor (covered with a wet cloth), which is in contact with the negative pole of the primary wire of the battery, over the phrenic nerve on the right side of the neck, pressing it well in; the other conductor also wetted, should be pressed into the epigastrium; now set the battery in action for one or two seconds; this will cause instantaneous contraction of the diaphragm; remove either of the conductors for 10 or 15 seconds and repeat.

7. If after 5 or 10 minutes there is no recovery, or if the symptoms indicating danger have been characterized by difficult respiration or coma, perform tracheotomy; but continue your efforts at mechanical resuscitation. Do not relax the efforts, even if no sign of life return for at least half an hour.

8. Enemata of brandy and water may be administered during the process, and if the patient recover sufficiently to swallow, a little stimulant may be at once given."

I would simply add to the above that I consider the use of the galvanic battery almost superfluous. The different means of producing mechanical respiration seem quite sufficient. The mouth-to-mouth insufflation answers best in children, and in cases where the signs of danger are sudden and early. In other cases, particularly where it is necessary to continue the respiration for a length of time, Dr. Sylvester's method is the best.

(To be continued.)

LEPROSY.

By R. P. HOWARD, M.D., L.R.C.S.E.

From a case of true leprosy reported in the *Canada Medical Journal*, we extract the following:

Oliver Contourier, *æt.* 45, born in the vicinity of Montreal, was admitted under Dr. Howard into the General Hospital on the 4th of Feb. 1868, as a case of Leprosy.

History: His father, a previously very healthy man, died of cholera some years ago, and his mother died only five years past, at a very advanced age. Of his progenitors, besides these, he knows comparatively nothing. There was ten children in the family; two brothers have died within a few years, one through rupture of a vessel while lifting a heavy weight, the other of a malignant pustule; six of the number are deaf and dumb, but all are hard-working men and women, and in the enjoyment of good health.

The patient himself has been engaged, more or less actively, for many years as a lumberman and hunter, and for weeks and months consecutively has been accustomed to eat nothing in the shape of

meat but pork cured with saltpetre, no vegetables, but sufficient bread. In this occupation he would be of course repeatedly wet and not particular as to the cleanliness of his body. He had intermittent fever many years ago, and occasionally, up to the time when the present malady first appeared, he had, as far as can be made out by the symptoms, an epileptic convulsion.

Some years ago, after paddling a considerable distance in a canoe, he noticed on the left knee a large blister forming, but thinking it only a gall took no further notice of it, until some few days after it burst, leaving a sore similar to many now on his hands and feet. This disappeared in about five months, and almost immediately another formed on the opposite knee, and ran the same course in about the same time. These continued to appear and disappear alternately, until four years subsequently the hands became affected, and soon afterwards the feet. The nares, two years ago, became dry, and then ulcerated, resulting in destruction of the septum and parts of the walls. He has now consequently frequent and alarming attacks of epistaxis chiefly at night.

Present Condition, Feb. 10th.—He presents a cachectic look, and his appearance is made somewhat unsightly by the absence of eyebrows and lashes, and the drooping of the alar cartilages through loss of the septum. The voice is likewise very husky, hoarse and weak. His frame is large and altogether well proportioned, but from long continued ailment the muscles are more or less atrophied. The mental faculties are unimpaired. When questioned he answers intelligently and with thought. The integument of the eyebrows and eyelids is much thickened and somewhat congested, and both are devoid of hair. The features generally are large, and the integuments of the face massive, imparting a rather repulsive appearance to the man. The larynx has not been examined, but the mucus membrane at the back part of the mouth has a brownish appearance. Both ulnar nerves are enlarged at the elbows, but the right much more than the left. The hands are dry, hard, and scaly, presenting three or four bullæ filled with serum, and several crusts of a brownish colour very like rupial scabs. On removing a crust a circular ulcer is left. The fingers, but especially the thumbs and forefingers, are greatly distorted, there being considerable atrophy of many of the distal phalanges; and the nails are turned in at the ends, very similar to the incurvated condition of advanced phthisis. On the feet the same condition of the skin is found, and likewise an occasional crust on the legs. The bowels are comparatively regular. An examination of the urine shows an absence of albumen, and perhaps a deficiency of urea.

State of Sensibility.—With the aesthesiometer it is found that sensation in the eyebrows and integument of the forehead above the external orbital angle is wholly absent on the right side, but in proceeding inwards it gradually appears. On the left side loss of sensation is not generally so evident, but at times it is difficult to say whether there is really any difference between the sides. About the nose and chin, also sensibility is very dull. On the tip of the tongue the two points are distinguished only when one-fifth of an inch apart. Of the fingers none, but the little ones possess anything like the normal amount of sensibility; next come the ring

fingers, and last of all the thumbs. He does not feel the point of the instrument on the ball of the thumb, or the palm of the hand. On the back of the hand the two points are distinguished at three and a half inches, and on the back of the arm immediately above the wrist at two and a quarter inches. The anaesthesia gradually disappears as the examination is continued upwards, sensation becoming normal at the middle of the upper arm. Altogether, very little if any difference is noticeable in the state of sensibilities of the two upper extremities when compared with each other.

As to the feet, anaesthesia appears to vary somewhat on the two sides; for example, on the inner side of the left sole the points are felt distinctly at about three inches, while in the same place on the right side he is quite unconscious of them. There are, however, isolated spots on both feet where sensibility appears very active, and again a perfectly raw surface on the ball of the right toe can be pricked without causing the least pain or other symptom of sensation. Tickling the soles has not the slightest effect on him. Anaesthesia extends on the other side of the leg to about the junction of the upper with the middle third, and on the inner side to some two inches below that point. Altogether it is very difficult to define the exact extent of anaesthesia on both legs, but it may be safely said to be about even. There are certain anomalies in the state of sensibility which are quite irreconcilable, and indeed anaesthesia varies considerably at short intervals of time and at various points within a small area.

Feb. 10th.—Ung. Benz. Zinc Ox. is ordered for the sores, and internally the following draught, three times a day. R Liq. arsenicalis M. V. Vin, ferri, two drachms, aque $\frac{1}{2}$ oz., et misc.

Feb. 13th.—He appears more than usually bright to-day, but complains bitterly of cold extremities, being unable, with the warmest clothing, to keep them comfortable. At his request, pulv. capsici is given to put in his stockings and gloves. Two large sores on the buttock are to be dressed.

Feb. 15th.—Has passed a very bad night from the great pain and cold in the feet and legs. The abdomen is noticed to be slightly distended, but no fluctuation can be found. Percussion shows enlargement of the liver and spleen. The hepatic dulness in front extends vertically from the fourth interspace to half an inch above the crest of the ilium, and transversely to four inches beyond the median line; while behind it is noticed as high as the seventh rib. In front the spleen reaches to within an inch of the left lobe of the liver, above to the eighth interspace and below, to a little below the twelfth rib. The aesthesiometer elicits little more than was before known.

About the 17th slight febrile symptoms set in; and soon after the physical signs of broncho-pneumonia supervened, and he died by apnoea on the 26th. The following note was made by the clinical clerk on the 25th: Pulse 110; temperature 101°. The aesthesiometer shows sensations, as more acute than ever before; two points can be distinguished at two inches apart upon the ball of the thumb, and the ulcerated surfaces upon the hands and feet are really sensitive. Anaesthesia extends but a short distance above the ankles. Autopsy, 27 hours after death.

Abdomen—Liver = 6 lbs, much enlarged: very firm, not fatty, appears hypertrophied.

Spleen = 2lbs 5 oz., contains little blood; dark coloured. firm and tough; sections not very translucent.

Kidney—Right = 8 oz.—cyst, size of top of little finger in cortex; capsule not adherent; substance easily torn; not granular; rather pale; blood unequally distributed. Left = 7 oz., more anæmic, but in all other respects like the right. The above organs tested with iodine, did not give satisfactory indications of amyloid degeneration.

Chest—Recent lymph upon right pleura and pneumonic consolidations of lower three-fourths of corresponding lung. Congestion of left lung. Heart with contents = 25 oz. Decolourized fibrine in the aorta and large vessels. Valves healthy.

Head—Brain = 51 oz., membranes and substance normal, puncta vas. numerous and large. Slight venous congestion of choroid plexuses. Ventricles normal.

Both ulnar nerves appear to be considerably enlarged, more especially where they lie behind the inner condyles. One posterior tibial nerve only removed, but it also appeared much larger and firmer than that nerve usually does. Spinal cord not examined.

The above appears to have been an example of Anæsthetic and tuberculous Leprosy combined, the former features having been much more marked than the latter. The loss and impairment of sensation in the upper and lower extremities: the atrophy of the integument upon the back of the hands and of the fingers, especially of the distal phalanges throughout their structures; the bulke and insensible indolent sores upon both hands and feet; the distinct enlargement of the ulnar nerve behind the condyles: the absence of sensation in and of hair upon the *nodularly* hypertrophied eyebrows; the general thickening of the facial integuments, the destruction of the septum nasi and the husky weak voice; form a grouping of symptoms not met with, I think, in any other disease. Savage's definition of leprosy, in 1759, would apply to this case "Facies deformis tuberibus callosis; ozæna; rauceo; cutis elephantina crassa, unctuosâ; in extremis artubus anæsthesia."

It was the occurrence of large bullæ and of dark crusts upon the hands and feet, that led me at first sight to suppose the case one of Rupia, but a closer examination at once changed my opinion.

Dr. Carter, of Bombay, not long ago made the interesting discovery that the nerves of the insensitive tracts in *Lepra anæsthetica* are generally much enlarged by the formation of albumenoid material between the tubules; and he thinks it probable that the disease of the nerve trunks precedes that of the skin; it appears to me, however, as probable, that the alterations invade the peripheral terminations of the nerves and the integument before the nerve trunks, for in the two cases which I have seen, the anæsthesia was confined at some places to isolated spots of atrophied integument, although the adjacent skin supplied by the same nerve trunk preserved its sensibility and its healthy appearance.

An interesting circumstance noticed in the above case was the increase of sensibility in the affected parts during the pyrexial condition incident to the occurrence of 1 neuronæ.

Leprosy is said to be observed only near the sea-coast, but our patient never resided in the vicinity of salt water; his diet, too, was not fish; but salt pork and bread; a common diet enough among our lumbermen, for several months in the year.

It is not generally known that a leper-house and a number of inmates, the subjects of true leprosy, exist in the French settlement of Wacadie, in the northern part of New Brunswick. The first case began in the person of one Ursuli Landré about the year 1815 or 1817. Her husband next became afflicted with it, and so rapidly did the disease increase, that in 1844, some twenty-three or twenty-four cases were under observation, and according to Dr. R. Gordon's report to the Royal College of Physicians, London, in 1862, there were as many as 37 lepers in the New Brunswick Lazaretto at one time. The same report states that the disease had been "on the decrease during the last ten or twelve years." These, and many more interesting facts respecting the disease in New Brunswick are contained in a graduation thesis written in 1863 by my friend William Wallace Gordon, M.D., C.M., son of the above mentioned Physician.

9 Beaver Hall Hill, 22nd August, 1868.

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, DECEMBER 1st, 1868.

ONTARIO MEDICAL ACT.

The new Medical Bill, introduced by the member for the South Riding of Ontario, Dr. McGill, was read a first time on the 13th of November, 1868, and has been printed by order of the House.

It may be as well to remind our readers that at the last meeting of the Medical Council it was unanimously agreed that certain amendments to the Medical Act were considered absolutely necessary. A committee was appointed to draft a new Bill, based upon the previous one, and carrying out still further the intentions of the late Dr. Parker.

After an experience of three sessions it was admitted by all the members of Council that owing to the absence of the obligatory clauses the Bill was virtually inoperative.

The Council deeming this committee to be of such importance, and knowing that there was a crying necessity for medical reform, were careful not to appoint any member of Council as a member of that committee who was connected with any of the teaching bodies in the Province of Ontario; in fact, four out of the five held what might be called

foreign degrees. The result of their labors is the Bill now laid before the House.

The principal, we might say the only, change in the present Bill from the preceding one, is to be found in the eighteenth section:

SEC. 18. *Persons not qualified until six months after passing of this Act to be examined before committee, etc.*—Every person desirous of being registered under the fifteenth section of this Act, and who shall not have become possessed of any one of the qualifications in the said schedule "A" mentioned, before the expiration of the period of six months after the passing of this Act shall, before being entitled to registration, present himself for examination as to his knowledge and skill for the efficient practice of his profession, before the Committee of Examination in the next section mentioned; and upon passing the examination required, and proving to the satisfaction of the Committee of Examination that he possesses one or more of the qualifications enumerated in schedule "A," and that he has otherwise complied with the rules and regulations made by the General Council, and on the payment of such fees as the Council may determine, such person shall be registered, and in virtue of such registration to practice medicine, surgery and midwifery in the Province of Ontario.

The meaning of this section, stripped of its verbiage is, that every holder of a diploma mentioned in schedule "A," obtained six months after the passage of this Act, must satisfy the Council as to his competency to practice medicine, surgery, midwifery, etc., in Ontario.

Before, however, discussing the advisability, we must decidedly protest against the action that the *Leader* newspaper has taken with regard to the amendments.

Any journal has a right to criticize, favorably or unfavorably, according to its merits, any amendments to any Act affecting the public interests; but it savors too strongly of a paid special pleader when a paper indulges in such wild statements as are mentioned in an editorial of the above named journal, dated 23d November, 1868.

The members of the committee who drafted this Bill are dubbed "concocters," members of a "clique," while the writer of the article says "the Bill is a surprise," has "been introduced surreptitiously," etc. He magnanimously exonerates Dr. McGill from all blame in the matter.

The five members of the committee belong to no clique, they are simply gentlemen in country practice in the Province of Ontario, and the whole of them have witnessed, with mingled feelings of shame and disgust, the natural result of cliquism so far as regards medical teaching in Toronto.

Those gentlemen may have, in the eyes of certain Toronto journalists, little political influence or weight, therefore they are concocters. Dr. McGill, however, because he is in the House of As-

sembly, is exonerated from any connivance with the "clique" whose work he is accused of unconsciously doing.

On referring to the minutes of the second annual session of the Medical Council, we find that Dr. Aikens, of Toronto, brought forward, seconded by Dr. McGill, a motion with reference to the appointment of a Central Examining Board (vide pp. 10 and 5 of the General Council of Medical Education, etc., May, 1867.)

We then had the pleasure of hearing Dr. McGill speak in favor of a Central Medical Board, and in 1868, at Guelph, we again heard him state that he would assist the committee in attaining that end. Dr. McGill is, however, not the man to be taken in by such a petty ruse as the *Leader* has employed.

Another point we consider objectionable is the course adopted by the *Leader* in its publication of an article entitled "A Protest from Montreal;" the value of such a protest might perhaps be of weight if the writer or writers had appended his or their names to the article in question.

The *Canada Medical Journal*, for November, in a very complimentary notice of THE DOMINION MEDICAL JOURNAL, states that the mass of the profession in Ontario is opposed to the creation of a Central Medical Board, and the *Leader* reiterates the statement.

We say advisably, in reference to such statements, that the great mass of our profession in Ontario, with the exception of a few connected with the schools, are in favor of a Central Board of Examiners.

The competition between the rival schools of medicine in this Province for the last five years at least has been so great that it has become a public scandal, and the *Leader* itself while lauding to the skies the colleges of the Dominion, is forced to admit (Nov. 25, 1868) "That the bickerings of the profession are a bye-word if not a hissing, among us. You can hardly get half a dozen men allied to rival schools to come together for any common purpose," and under "such circumstances," the writer most inconsequentially adds that the establishment of a Central Board of Examiners would only be to "legalise a scandal."

There is no doubt that the bickerings of the profession are a bye-word, that men belonging to the rival schools at present cannot come together for a common purpose, and on that very account have the "concocters" of this scheme recommended the adoption of a Central Medical Board, hoping by that means to do away with those bickerings, which have not only rendered us ludicrous in the

eyes of the public, but what is infinitely worse, divided among ourselves.

The appointment of a Central Committee of Examination will deprive none of the schools of any vested right. No one can appear before that Board unless he holds a diploma.

The Board will not require the maximum standard of knowledge considered requisite by the average run of Universities entitling the holder to practice. They will simply and solely be called upon to state whether they consider the candidate is competent to practice medicine, surgery and midwifery or no.

It has been argued by the objectors to this scheme that the records of the old Medical Board ought to be a warning to the promoters of this amendment. Yet the statement may be accepted as true, that many of the older members of our profession contrast the doing of that well-abused body with those of the present Council, in a manner not very complimentary to the latter.

One more insult the editor of the *Leader* throws at us and then we have done, viz: "That no Central Board or Council, or whatever you may choose to call it, could be brought together in this country which would act from pure or high motives.

We very much regret that the editor of any respectable journal should stigmatize the honorable profession of medicine by the utterance of such a foul slander. Such a statement as the above is a proof how incompetent, to use no harder expression, many men are for the position of directors of public opinion.

The Central Board of examination must be appointed by every new Council, its existence can not be prolonged over three years at the utmost, and should therefore any reports affecting its partiality arise, it will be easy to correct them at the triennial election of the council.

This Board is intended and it is hoped will be a guarantee not only to the profession, but to the public that our younger brethren will be competent to practice and it will have the effect of forcing the Schools of the Province to raise the standard of medical education. If such should be the result of the new amendments to this Bill, and if rightly carried out (we believe it will), we need not be afraid of the last objection we shall at present notice, viz: That such a proceeding has not been considered necessary in England.

PHOSPHORUS.—A recent memoir by a foreign chemist asserts that the poisonous action of phosphorus is entirely due to the formation of phosphuretted hydrogen gas, which in passing into the blood, rapidly combines with the oxygen present. Hence it is concluded that death from phosphorus is nearly equivalent to death by suffocation.—*Medical Record*,

PERISCOPE.

A Modification of Cusco's Speculum.

Prof. H. R. Storer in the Boston Medical Journal describes a new speculum which he has invented, and used for a length of time with great satisfaction to himself, it is a modification of Cusco's.

Requiring a retractor in an operation he was performing, he removed the screws connecting the blades of Cusco's instrument and by reversing their relative position obtained the required retraction. By subsequently attaching a movable spring peg in place of one of the screws, and rendering the other one a fixed point, immediate change from the speculum to the retractor, and back again, became possible by a slight touch of the finger.

Discharge of a Fœtus through the Rectum.—Dr. Koehler exhibited to the N. Y. Pathological Society the skeleton of a fœtus that had been passed per rectum. A lady, twenty-four years of age, became pregnant for the second time. The first three months of the pregnancy were passed under continual hypogastric pains. Then, suddenly, a pint of coagulated blood escaped through the vagina, whereupon the pains decreased and discontinued. She went to a physician well known to me for advice. When he tried to introduce the uterine sound into the orifice, he was unable to succeed. The cervical portion of the uterus was scarcely accessible. The patient consulted several other physicians, who advised her to wait events. Normal movements of the fœtus from the end of the fourth pregnancy were ascertained. The prolimina of the birth appeared at the right time. The pains, however, had no effect; they lasted for three weeks, decreased by and by, and finally subsided. Then the secretion of milk took place. The patient became emaciated and cachectic. Two months after the end of the normal duration of pregnancy, rectitis and an abscess in the anterior wall of the rectum made their appearance, and a quantity of decomposed pus and ichor soon escaped through the rectum. Hairs of a fœtus were detected in the discharged matter. The skeleton of the fœtus then escaped through the rectum within the period of three days. The bones of the cranium following, the other bones were removed by the means of a polypus-forceps, either entire or broken. The aperture of the abscess was located one and a half inches above the anus. The diameter of the opening, when relaxed, measured one inch. One month after the evacuation and removal of the bones, perfect convalescence and menstruation took place.

The enlargement of the abdomen during the whole period of the pregnancy was uniform, not lateral,

and the cervix uteri, even at the end of that period, was for a closer examination inaccessible. The patient was not confined to bed.—*Med. Record.*

In the Report of proceedings of the Obstetrical Society of Boston, in *The Boston Medical Journal* we find the following:

Obstinate Vomiting in second month of Pregnancy.

—Dr. Putnam reported a case in which he was consulted with reference to effecting an abortion, on account of excessive prostration. The condition of the patient being very hazardous, it was decided to accomplish it. To this end a sponge tent was inserted, and in twenty-four hours, there having been slight dilatation, another of larger size was introduced. The next day the cervix was soft and dilatable, but the inner os not dilated; in the meantime, however, the vomiting and general distress had lessened, and further operations were of course suspended. The patient continued to improve, and gestation progressed satisfactorily.

Dr. Putnam had known another case which had terminated in the same way, under similar treatment.

Hæmorrhage from Umbilical Cord.—Dr. Ayer reported a case of hæmorrhage from the umbilical cord which took place recently in his practice. The cord, in this instance, was dark and soft. It was carefully tied and dressed, in the forenoon; but, in the afternoon, he was called, and found it bleeding. The hæmorrhage appeared to come from the surface of the cord. Tannic acid was applied, but the cord bled after that, more or less for two days. The bleeding, however, was mostly on the first day.

Hæmorrhage from Umbilical Cord in Utero.—Dr. Hooker reported a case of hæmorrhage from the cord *in utero*, and death of the child. The labor was short, lasting but two or three hours; and the placenta and cord were otherwise normal.

Detached Placenta; Death of Child and Mother.—Dr. Hooper also reported a case which he had seen in consultation. The patient was found pulseless, and the child was removed with the forceps. There was a considerable quantity of clots. These coagula were dark colored; and the placenta had probably been entirely detached half an hour previous to delivery. The child was dead, and the mother sank in an hour.

Dr. Reynolds thought this was a strong case for the application of forceps; as by this means two lives might have been saved.

Amenorrhœa; Icterus; Purpura Hemorrhagica; Death; Autopsy.—The following history of a case was given by Dr. Reynolds, together with an account of the autopsy. The substance of his remarks is given in brief: The patient was an ambitious young American woman, twenty-five years of age. She

ceased to menstruate in July last; and consequently became jaundiced. At times there was extravasation of blood in the skin, and beneath it. She had intense pain one night, two months previous to her death. Ecchymoses formed on the calves of the legs, and elsewhere, two or three days before death. There was vomiting, and she sank, and appeared to die from exhaustion. At the autopsy, there was found to be extensive disease of the liver. Around the ovaries, coagula were found the size of the fist; and, in the pelvis, there was a large quantity of fluid blood. In the right ovary, there was a cyst. The patient had never been impregnated. A large gall-stone was found in the gall-bladder. The patient had bled from the mouth; and, with the jaundice, there had been intense general pruritus, for which nothing gave relief.

Subinvolution of Uterus.—Dr. Parks reported a case of subinvolution of the uterus. The patient was thirty-five years old. Five years ago, she miscarried. Since that time, has been accustomed to flow incessantly. Examination showed the cervix uteri to be enlarged. It was an inch longer than natural. This was treated with nitrate of silver and the application of issues of potassa cum calce. The anterior lip of the uterus had become thinner than usual; and during the application of the caustic and leeches, there was profuse hæmorrhage. This continued, more or less, for five or six days, when it subsided, together with the congestion. The patient subsequently regained her health, and her menses appeared. The length of treatment was from July to February.

Phlebitis with Otorrhœa.—Dr. Putnam had seen in consultation two cases of phlebitis, in both of which inflammation of the ear was one of the earliest symptoms. A lady of rather feeble health, eighth month of gestation; had kept her bed for two days on account of earache. The next day had pain, swelling and erysipelatous redness of the left arm, and subsequently of the neck and right arm. Pulse rapid and feeble. On the following day labor came on, and the child—footling—was suddenly expelled, still-born. Death occurred within a week. At the autopsy, extensive inflammation of the veins, with purulent deposits especially about the uterus. A more minute account of this case will be given.

In the second case the disease occurred after healthy parturition. It resembled the former in being preceded by otorrhœa and grave constitutional affection. It proved fatal in three weeks, during which time several metastatic abscesses formed about the wrist and arms.

HOSPITAL surgeons in Paris are now expected to retire at 63, instead of 60 as formerly.

Editorial Notices.

Medicines Received.

We have received from Hegeman & Co., of New York, a specimen of their Cod Liver Oil, and having used it with a patient who has been in the habit of taking Cod Liver Oil for a length of time, she pronounces it the best she has used. It is well known, and has been in the market a number of years. They also send us an Elixir of Iron and Bark, and an Elixir of Calisaya Bark, which are pleasant to the eye and taste.

CANADA MEDICAL JOURNAL.—We notice in the November number of the *Canada Medical Journal*, a complimentary notice of the *DOMINION MEDICAL*; while thanking the Editors of that Journal for their notice, we beg to agree with them in their opinion, that the Profession in Ontario can support two Medical periodicals. The *Canada Medical Journal* does not require any complimentary notice from us, it has been before the Profession for a period of four years, and is well able to speak for itself.

PAY UP!—Gentlemen who have not yet paid their subscription will please forward it to our address, Box 670.

VACCINE.—Physicians requiring Vaccine can obtain it by forwarding one dollar to the Editor, Box 670.

We have received a copy of *Cazeaux's Midwifery*, and will give a review in our next issue.

THE cases of supposed Hermaphrodites, which appeared in our November issue, were taken from the *St. Louis Medical Reporter*. The case of Hermaphroditismus Lateralis, given in our November number, should have been more prominently credited to the *American Journal of Obstetrics*.

Reviews.

DISEASES OF CHILDREN: A Clinical Treatise, based on Lectures delivered at the Hospital for Sick Children, London, by THOMAS HILLIER, M.D., F.R.C.P., Physician to the Hospital for Sick Children, and to University College Hospital, London. Lindsay & Blakiston, Publishers, Philadelphia. W. C. Chewett & Co., Toronto.

This book is issued in the form of a series of short monographs on the diseases of children between the ages of two and twelve years; and, after a careful perusal, we give the following outlines of its expositions of diseases of children and their treatment. The first chapter is devoted to the im-

portance of studying the diseases of childhood from their frequency and fatality, the mode of examination, importance of family history, and choice of medicines. The importance of studying the diseases of childhood is shown from the fact that of 1,000 children born, 150 die within twelve months, and 113 during the next four years, giving 263, or more than a quarter, within five years of birth. During the next four years, 34 die, and in the following five years, 18 more die; so that at fifteen years of age, only 864 remain of the 1,000. He gives a description of his mode of examining children, so as to amuse them as little as possible, and to get as much information as can be obtained: shows the necessity of visiting sick children oftener than adults: speaks of the importance of a knowledge of the temperature of the body, and recommends that instead of placing the thermometer in the axilla it should be placed in the rectum, allowing from half a degree to a degree for difference of temperature. Minute inquiries to be made of the child's history, parentage, etc. In the treatment, speaks of the different remedies which are to be relied on; deprecates depletion in any form; the avoidance of blisters, on account of the great irritation and ulceration which sometimes ensues; and then commences his next chapter with the consideration of Pneumonia. The mortality from this disease is very high. In London, in 1861, 2,660 children under five years of age died, of whom 1,424 were males. Half died during the first year of life, and nearly one-third between the ages of one and two years. The cases registered as deaths from Pneumonia are under three distinct categories. 1st. *Lobar Pneumonia*, which is rare in the infant; 2nd. *Lobular Pneumonia*, very common and very fatal to childhood; it has been called *Broncho Pneumonia*, and by Trousscau, *Peripneumonic Catarrh*. This disease has been confounded with *pulmonary collapse*, resembling atelectasis. He then describes the symptoms and treatment of these various forms, then passes to the consideration of *Pleurisy*, *Rickets*, *Tuberculosis*, *Diphtheria*, *Acute Hydrocephalus*, *Chronic Hydrocephalus*, *Pyæmia* and *Otorrhœa*, *Chorea*, *Paralysis*, *Ascites*, *Scarlatina*, *Typhoid Fever*, *Skin Diseases*, *Epilepsy*, and *Convulsions*, and gives a formulae for medicines in diseases of children. It is a really valuable and practical work, and being of a very moderate price, should be in the library of every medical man.

PHYSICIANS' VISITING LIST FOR 1869. Lindsay & Blakiston, Philadelphia. W. C. Chewett & Co., Toronto.

This Visiting List, or Diary, has now come into very general use. No better mark of its merits

and its appreciation by physicians could be shown, than, that this is its eighteenth year of publication. Its contents are an Almanac, Table of Signs, Marshall Hall's Ready Method, Poisons and Antidotes, Table for calculating the period of Utero Gestation, blank leaves for Visiting List, Monthly Memoranda, Addresses of Patients and Nurses, Accounts asked for, Memoranda of Events, Obstetric Engagements, Vaccination Engagements, Record of Births, Deaths, etc. To be had at the bookstores.

OUTLINES OF PHYSIOLOGY, HUMAN AND COMPARATIVE. By JOHN MARSHALL, F.R.S., Professor of Surgery in University College, London; Surgeon to the University College Hospital; with additions, by FRANCIS G. SMITH, M.D., Professor of Institutes of Medicine in the University of Pennsylvania. Henry C. Lea, Publishers, Philadelphia.

This work, upon its first appearance in England, received the unqualified approbation of the medical press; and it is impossible, from want of space, to give it that notice which it certainly merits, but we shall proceed to point out, in as brief a manner as possible, the peculiarities of this really splendid work, on this special branch of medical science, as a text-book for the student or a work of reference for the practitioner, it is unequalled. It treats of Physiology in a wider reference to comparative Anatomy, Chemistry, and Physics, than most works on the subject. The author commences with the anatomy of the human body, in a very instructive and concise manner, then branches off to the physiology of the living body, explaining the vital properties of the different tissues, with a general view of the animal functions, showing the relations of man with external nature, and under the head of special Physiology passes in detail, examining minutely and comparatively the functions of Sensation, Digestion, Absorption, Circulation, Nutrition, Sanguification, Secretion, Excretion, Respiration, Animal Heat, Light, and Electricity. Then, under the head of Statics and Dynamics, treats of the specific gravity, height and weight of the human body, daily quantity of food consumed, its composition and relation to the constituents of the body and destination. Measure of heat, quantities of heat developed, daily heat compared with the quantity of carbon and hydrogen oxidized, mechanical work of the body, relation of the different kinds of food to the modes of work, the value of food as a motive power, &c.; and, finally, with reproduction and development. It contains all the modern improvements, with a full detail of the latest experiments and progress in this branch of medical science. In conclusion, we can only say, that it is well worth the attention of the Profession; every medical man

should have it as a work for reference, and every student of medicine will find it the most complete of any ever issued upon the subject. The American edition is issued in one complete volume, containing one thousand pages, beautifully illustrated, and well bound.

Correspondence.

Do the Public require the Standard of Medical Education raised?

The Editor of the Dominion Medical Journal.

SIR:—I beg to enclose the following original "Receipt for the Piles." I have copied it *verbatim et litteratim*, for the benefit of sufferers, to the members of the Medical profession. I saw the original on a Druggist's counter.

The gentleman for whose relief it was intended is a clever, shrewd business man, and has acquired a fair education.

I enclose my card, and am,
Sir,
Yours, &c.,
QUACK.

Nov. 27, 1868.

This is the Rect of the poders :

| | |
|-------------------|---------|
| Jolop, | ½ oz. |
| Sena..... | 1 ½ oz. |
| Cream Tart..... | 1 oz. |
| Nit Pattason..... | 2 dr. |
| Golden sear..... | 1 oz. |

tak one stepon of the Poder an one steppone of shuger into a half cup of bowling water an let it stan gein it get cold, take it four Days an Running an then every other Day gin dun, use the saif every Day so long as those Poders sten Put the Poder in to Dry bottle an cep it in a Dry Place if you shud fell them commacing on anny time the saif will de keep yourself reglar if you shud want any mor saif any time Right an i will make it for you Plear not leve no one have this Recet for it cost me five Dollars, but as tisa yourself you air volking as you air good to my Dottor and Misses when she came Done to

for Mr. * * * * *
Recet for the Piles.

We note the following letter from Prof. W. H. Taylor to the Cincinnati *Lancet and Observer*, written from Berlin :

"In passing through the Male Surgical Department of the Hospital, a few days since, I noticed some points which may be of interest to you.

It is isolated from all others, and is surrounded by a large park to which the patients have free access. There are four buildings, connected by open corridors. One of the houses contains several wards, in which, as is commonly the case in the older institutions here, but little attention has been paid to ventilation; the other buildings are of more recent construction, one of them bearing a close resemblance in external appearance and internal arrangement to our Pavilion Military Hospital; it contains one large, light, well-ventilated ward, and small room for special cases; but perfec-

tion of ventilation is obtained in the other two, which are simply large covered verandas, the floors of which are about six feet from the ground, the space beneath being open; the sides are of heavy canvas, in sections, which can be drawn up to any required height.

Scattered about the park are tents in which cases demanding isolation are placed, e. g., in one was a case of gangrene, in another an offensive bubo, in a third, two cases of morbus coxæ.

In many points, treatment is of the same character as at home, beer and bouillon are frequently ordered. Our omnipotent, or rather, ubiquitous carbolic acid, has not yet obtained favorable consideration here. Charcoal, Permanganate of Potassa, and the preparations of Chlorine, are used as disinfectants for wounds.

Conservative surgery seems dominant, for of the two hundred and thirty patients, but one had been subjected to amputation, and a number of cases of partially severed fingers, involving fractures, were being treated with hope of union, while several cases of malignant diseases were receiving only palliative treatment.

The wards were especially rich in fractures of the long bones, of every variety—simple, compound and comminuted. The treatment for *all* is the plaster paris splints, with the limb extended, an opening being made at the site of wound in compound cases. Great as was my surprise at this uniformity of treatment, it was increased when I learned that the dressing is applied immediately after the injury, a plan introduced by Prof. Langenbeck of this city, of course doing away with all other means of co-aptation and extension. Of the success of this method I was unable to judge from results, as all the patients were still wearing the splint. I was, however, favorably impressed with it in three cases of fracture of the femur (such as we would probably use it in), the patient having a much greater liberty of movement than in any other dressing, and proportionately greater degree of comfort during their confinement.

The plaster is applied as we are in the habit of doing, the bandage being of flannel, or more commonly of (I send you a specimen, the ladies can tell you the name), which is cheaper here than muslin; after the bandage is applied a very thick layer of plaster is spread over it, thus making a firm, closely-fitting case for the limb. In a case of fracture at the neck of the humerus, Dessault's dressing was applied and retained *in situ* by a layer of plaster enveloping the injured arm and entire chest. This dressing is evidently the "mode" here, as even contused fractured fingers were done up with it. Of its value in all cases, and of the propriety of its immediate application, I have serious doubts.

We were shown the method of using an apparatus for securing accurate extension while applying the dressing to fractures of the lower extremity. The instrument consists of a heavy iron rod carrying at right-angles a moveable iron seat, the patient is placed on a bed formed of three firm cushions, upon the middle one of which the pelvis rests. When ready for dressing the middle cushion is removed, one end of the rod is secured to the bottom of the bedstead, the rod passing perpendicularly between the thighs and pressing firmly against the perineum, the seat is adjusted to support the nates and sacrum,

and the pelvis thus being fixed, extension can be made without fear of its "tilting."

Everywhere were the evidences of scrupulous care in the management of the institution, the beds, floors and clothing of the patients were clean, the nurses sufficiently numerous and dextrous, and the patients all looked contented.

I was pleased with their simple but very efficient apparatus for washing wounds. It is the nasal douche we use, being a tin vessel with tube and stopcock at the bottom, to which an Indian rubber tube with ivory point is attached. The nurse carries the vessel and regulates the force of the stream by its elevation. Such an appliance is more convenient, and certainly less painful than the sponge. Vessels adapted in size and shape to the part to be cleansed are at hand to receive the discharges, thus for a wound in the axilla a basin fitting around the side of the chest was used, and for the leg a large, shallow vessel not unlike a tea-tray.

W. H. T.

The following we also take from the same journal:

LETTER FROM DR. WHITTAKER.

PRAGUE, Sept. 8, 1868.

EDITOR LANCET AND OBSERVER: Proud as we are, and justly of the many advantages and immunities of our own beloved form of government, it would yet imply a prejudice the most profound, to observe the peculiar opportunities vouchsafed to science by a rigid, if impartial, monarchy. Schemes and measures, which with us require a system of chicanery among political demagogues, are here at once effected by the fiat of power. The broad mantle of liberty at home forms the sadly misused cloak for so many pretenses. The marked contrast exhibited in the founding of the large and commodious new Lying-in Hospital, of Prague, and the long and weary efforts of our Board of Trustees to secure the necessary co-operation of the State Legislature for the erection of the new Commercial Hospital of Cincinnati, has induced the above homily. The same is true of similar institutions throughout Europe, though the suggestion, or incentive, in Catholic countries as this, is usually furnished by the church. The present building, which has for some time proved inadequate to the increasing demand, forms a long row of two-story plain yellow buildings on the summit of a hill just at the edge of, and overlooking the city. An old church of gray stone whose erection extends further into time than the memory of man, forms the upper angle, while below, the receding ground affords an additional story for the culinary department. Broad, long halls, spacious, well-lighted and well-ventilated wards, absolute cleanliness throughout, lend at once a cheerful and favorable impression, and reflect creditably on its executive department. Accommodations are offered for about one hundred and twenty-five patients, the private or secret apartments inclusive, which latter are for the reception of unfortunate frail of the better class, and is made remunerative to the institution. The "getting up" period occupies eight days, the week bed so called, when a transfer is made to the Foundling Hospital, where the children are left, or not, as optional.

The delivery room, itself, contains six couches, whose bedding is composed of a straw mattress, whose contents are changed after each birth, with three cushions of hair so arranged that the cushions at the foot can be superposed upon the centre one, thus conveniently elevating the hips for operative procedure.

Immediately after the morning obstetrical lecture, a patient is placed on each bed for examination by touch during pregnancy. Perhaps there is nothing in obstetrics more striking to the observer than the perfection which is attained in the external examination. In almost every case the position is ascertained with considerable accuracy. The fingers of both hands are pressed with considerable force above the pelvis, so as to receive the head between them, then a series of rather rough palpations with the fingers of each hand, alternately, in quick succession, are made over the abdomen, to ascertain the position of the so-called "small parts," when an auscultation, which is not always necessary, confirms the result. In every one of the breech cases present, the diagnosis was so established, and it is really astonishing how readily a little practice renders it a matter of easy acquirement. Easily executed as it is without exposure, and attended with so little inconvenience, it is a matter of wonder that it is not rendered more available by ours, the most practical of all people.

During the entire process of birth, the auscultation of the fetal heart is assiduously applied, and on intimation of impairment of power the birth is hastened; the exceeding rarity of still-born infants may be due to this cause.

In breech presentations the delivery is always performed by extraction as soon as the cord is likely to be affected. Nothing is, of course, attempted until full dilatation of the os; then after delivery of the hips, these are seized in both hands, and a series of lever-like movements with extracting force is applied, until the shoulders appear; if necessary, the sacral arm is detached, then the body turned in the proper direction so as to make the other or pubic arm sacral, which is likewise delivered, and the head is engaged at the inferior strait. If now any delay occurs in its rapid expulsion, it is thus accelerated. The hand is passed between the posterior perineum, and the head, and the face directed squarely into the hollow of the sacrum, after which the fingers of the right hand are placed fork-like over the back of the neck and shoulders, the palm of the hand resting on the back of the child, the left hand grasping the feet, and a firm, forcible traction downward toward the perineum and outward is made, bringing the occipital protuberance fairly under the symphysis, when the body, elevated by the left hand over the body of the mother, develops the face gradually, but quickly from the perineum, and the birth is accomplished. This is the Prager Handgriff, so-called in contradistinction to the grasp of Smellie in execution with us, where the fingers of the right hand are placed in the canine fossa, and the chin approximated closely to the breast or that of Voit, in which in addition, the index and middle fingers of the left hand are applied against the occiput and forcibly extended. The danger of separating the head, or injuring the spinal cord, is, according to teaching, here purely theoretical, as the moderate force requisite is insufficient thereto; besides on experiment, it was found

necessary to append a weight of two hundred and fifty pounds to the head to cause its disjunction, an equivalent of a power which is entirely unnecessary. It has ever been the plan in adoption here. In the four cases which have already occurred during this session, the manœuvre has been safely and easily affected, and with good result.

The exquisite support of the perineum by the hands of the trained midwives almost always prevents a rupture. They claim to be able to foretell those cases in which such an accident is inevitable by the feel, and then it is anticipated by a tolerably free incision in the side of the distended perineum, which is, immediately after birth, united by silver suture. In the three cases in which the incision has been so made, the result was also good. Another cause of the infrequency of perineal rupture is the manner of treatment, just at the moment of passage, "Durchschneiden," as the technical phrase runs; the mother is ordered to desist from all effort; the perineum and fetal head are thoroughly dried to protract its passage; the head is pushed down against the perineum, against the opposing hand, and then the scalp is carefully and cautiously drawn up from below, and thus the head is developed line by line, as is the favorite expression, until the parietal protuberances pass, and the elastic perineum glides back over the face, born, as it were, between two pains. The birth of the shoulders is similarly managed; first a downward force gentle but firm, then an elevation of the head, and gradual delivery of the sacral shoulder. Of course, such a system is only practicable where exposure is complete, hence it is not likely to prove of much benefit at home. In cases of fetal asphyxia the child is laid on the back after detachment, and cold water dashed on the chest and abdomen with brisk friction over the anterior surface, accompanied with a natal flagellation, which in severity approximates in degree that which in later years, form such a powerful stimulus to industry or virtue. Should this prove insufficient, the body is placed in a hot bath, and ice water poured on the head. In the single case in which this proved unsuccessful, the body enveloped in a blanket was laid on a concave tin vessel, whose interior was filled with hot water, and permitted so to remain all night. In this instance this was alike futile.

Craniotomy is performed with a long trephine, differing except in its length, in no respect from the ordinary brain instrument. In our course on operative obstetrics we had occasion to apply the instrument on a dead child in the phantom, and were charmed at the ease of its execution. The cephalotribe in use is Seyfert's own, and is an improvement on all preceding German instruments; but still as compared with Hodge's light and elegant compressor cranium, an unwieldy instrument. The forceps is a slight modification of Nageles.

The number of cases of contracted pelvis is indeed surprising, considering the large powerful frames of these women of the Slavonic tribe, whose avocations are of the rudest character, even to carrying the hod. Perhaps it is due, however, to this very fact, extending through many generations, the adaptability is finally accomplished; the bones become firmer; the chest broader and fuller; and the pelvis deeper and narrower, more of the masculine type. The treatment in such cases is expectant, after ascertaining the exact character of the defor-

mity, awaiting configuration of the head, some remarkable cases of which in paper imitation are displayed. If in reason of absolute or relative incompatibility, the birth is impossible, resort is had to craniotomy and cephalotripsy, or the Cæsarian section, as the individual case may demand, making also, in this connection, a difference which appears rational between a simple living child, and one capable of life, meaning by the latter a child which has not been so injured, either by pressure or operative procedure, as to implicate its life after birth. Where the character of the deformity is previously known, premature labor is induced in time for favorable results. The method being Kirwisch's, or the injection of warm water into the vagina; the effect being ascribed, not to the contraction due to reflex action induced by the heat, but to the simple mechanical extension of the vaginal walls to its utmost limits, and consequent involvement of the cervix, as can be verified by the introduction of the finger during the injection, when it will be ascertained that the vagina is everywhere in contact with the pelvic walls. A simple can of a quart capacity, held above the patient, lying over a proper receptacle, and a rubber tube with convenient nozzle, are all that is necessary. From one to half a dozen injections effect the result. Should the indicat^{is} vitalis render the accouchement imperative during the first three months, the sound is introduced in the utero, and gently turned toward each angle before withdrawal. The external pelvic measurements, in which the most confidence is placed, are the bitrochanteric which should amount to eleven inches, and the circumference from the sacro-vertebral junction, ant. sup. spin. process, and the symphysis, a tape line around these points should give thirty-four inches in the normal pelvis.

ONTARIO MEDICAL ACT.

We give clauses 18, 19, and 20, of the new Medical Bill, being the principal point in which it differs from the old Act.

18. Every person desirous of being registered under the fifteenth section of this Act, and who shall not have become possessed of any one of the qualifications in the said schedule A mentioned before the expiration of the period of six months after the passing of this Act shall, before being entitled to registration, present himself for examination as to his knowledge and skill for the efficient practice of his profession, before the Committee of Examination in the next section mentioned, and upon passing the examination required, and proving to the satisfaction of the Committee of Examination that he possesses one or more of the qualifications enumerated in schedule A, and that he has otherwise complied with the rules and regulations made by the General Council, and on the payment of such fees as the Council may determine, such person shall be entitled to be registered, and in virtue of such registration, to practice Medicine, Surgery, and Midwifery in the Province of Ontario.

20. At the first regular meeting of the General Council, after the passing of this Act, and at the Annual Meeting in each year thereafter, there shall be elected by the members thereof either from among themselves or from among the other duly

qualified medical practitioners resident in the Province, a Committee composed of not less than seven, nor more than twelve members, whose duty it shall be to examine all candidates for registration under the next preceding section.

20. The Council shall, from time to time, as occasion may require, make orders, regulations or by-laws for regulating the registers to be kept under this Act, and the fees to be paid for registration; and shall, from time to time, make rules and regulations for the guidance of the Committee of Examination, and may prescribe the subjects and mode of the examinations, the time and places of holding the same, and generally may make all such rules and regulations in respect of such examinations, not contrary to the provisions of this Act, as they may deem expedient and necessary.

MEETING OF THE ALUMNI ASSOCIATION OF VICTORIA COLLEGE.

The annual meeting of the Medical section of the above Association was held in this City on the 1st and 2nd of October.

The following members were present at the opening:—

J. H. Sangster, A.M., M.D., President, in the chair. Drs. Geikie, Aurora; Berryman, Yorkville; Canniff, Barrick, J. S. Scott, L. Brock, O. R. Buchanan, A. M. Rosebrugh, and R. Ewing, of Toronto; H. Strange, of Hamilton; G. J. Potts, and P. V. Dorland, of Belleville; B. W. Day, Kingston; J. O'Donnell, Peterboro'; H. F. Tuck, Guelph; S. L. Nash, Ameliasburgh; D. Marquis, Mount Pleasant; W. C. Hagerman, Lynedock; Jas. D. Stevenson, Kleinburg; W. E. Millard, Grimsby; B. F. Pearson, Queensville; S. A. King, Kingsville; Thos. Beatty, Etobicoke; R. B. Aylsworth, Lansdown; W. McGregor, Cummingsville; Wm. Philp, Waterdown; and D. Clark, Princeton.

The minutes of last meeting were read and confirmed.

A communication was then read from the Rev. Dr. Nelles, Cobourg, regretting inability to be present.

The President then delivered the Annual Address, in which he graphically sketched the history of Medicine and Surgery, from the earliest to the present times. Before the Address proper, he made some observations on the present situation of the Profession in Ontario, from which we cull the following remarks:—

"I feel that this is an Association calculated to do a vast amount of good, if we remember its objects, keep them always in view, and that in this as in all the other human institutions, union is strength. Therefore, it behooves us to adhere to each other, and do what in us lies to the advancement of medical science, and the extension of the usefulness of

medicine. I need hardly remind you that we have a medical council, among the rules of which are by-laws particularly stringent on quackery, and as regards quacks, but how have these by-laws been carried out! They have in reality become a dead letter, and unless the Medical Council takes the matter up vigorously by the appointment of public prosecutors throughout the country, it will become the duty of this Society to affiliate itself to a sister society for the purpose of accomplishing that object, and if it cannot do that, to go to work to appoint public prosecutors for itself."

The Committee on Ethics brought in a report, recommending the adoption of the code adopted by the Canada Medical Association; after a short discussion, it was adopted.

The Constitution and By-laws adopted provisionally at the meeting in Cobourg, were adopted without amendment. On the second day a good deal of time was devoted to reading and discussing papers. One on Chloroform by Dr. A. M. Rosebrugh. Another on diseases of the stomach by Dr. Geo. J. Potts. Dr. Potts read a paper on Hysteria by Dr. Willoughby of Grafton.

Committees were appointed to report next year on the following subjects. Medicine and Materia Medica, Surgery, Midwifery, Diseases of the Eye and Ear, Vaccination and Hygiene.

One member of the Association was expelled for grossly violating the code of medical ethics.

Moved, seconded and

Resolved,—"That inasmuch as pathology occupies such an important place in the advancement of medical and surgical knowledge, we as the Medical Alumni of Victoria University, use our influence in forwarding this branch of study by sending and by encouraging others to send to the curator such specimens of morbid anatomy as are deemed worthy of a place in the museum of an *Alma Mater*."

Moved and seconded "That in the opinion of this Association, it is in the interest of the general public that all persons who practice the art of medicine should have a certain amount of qualification which can only be guaranteed by a definite curriculum in general education, and in those branches of professional education which are essential to the intelligent practice of medicine upon any theory, and this Association will cordially aid the Medical Council in obtaining such amendments to the present Medical Act as will enable them to make such regulations as the public can reasonably expect to operate as a guarantee of competency in all medical practitioners."

The following gentlemen were appointed office-bearers for the ensuing year:

PATRONS—Rev. S. S. Nelles, D.D., President of University; the Hon. J. Rolph, M.D., L.L.D., M.R.C.S., Dean of Faculty, Yorkville branch; E. H. Trudel, M.D., Dean of Faculty, Montreal branch; the Professors of the Faculties of Medicine, Law and Arts.

OFFICERS—President: J. H. Sangster, M.A., M.D., 1st Vice-President, William Caniff, M.D.,

M.R.C.S., Eng.; 2nd do., P. Rottot, M.D.; 3rd do., Dr. Edmondson; 5th do., J. W. Rosebrugh, M.D. Secretary, Geo. J. Potts, M.D., Belleville. Treasurer, H. Strange, M.D., Hamilton.

DIRECTORS—John A. Mullin, M.D., Hamilton; S. L. Nash, M.D., Ameliasburg; A. M. Rosebrugh, M.D., Toronto; Wm. Philp, M.D. Waterdown.

DELEGATES TO THE CANADA MEDICAL ASSOCIATION.—H. F. Tuck, M.D., and John A. Mullin M.D.

DELEGATES TO THE NEW YORK MEDICAL ASSOCIATION.—L. Brock, M.D., and Henry Strange, M.D.

The meeting then adjourned till called to meet next May at Cobourg.

Opening of the Woman's Medical College, N.Y.

The Woman's Medical College of the New York Infirmary, 126 Second Avenue, opened its First Session on the 2nd inst.

The introductory address was delivered by Dr. Elizabeth Blackwell. She spoke of the slow and silent growth of all great movements at their beginning; alluded to the first projection of a medical institution for women, in a private parlor, 1853; to the actual establishment of a small hospital in Bleecker street, in 1857; and rejoiced at length to see the opening of the present long-desired college. To some the interval of fifteen years might seem needlessly long; and doubtless the promoters might have done as others did, and opened long since a college at which women might have received learned-looking parchments entitling them to the degree of M.D. But a *poor* college was no desideratum to them; and it had been impossible before the present time to found a medical school wherein women should receive a thoroughly good education; which should issue diplomas commanding the respect of the whole profession. The doctor spoke strongly of the responsibility incurred by sending forth unqualified women as physicians, and argued that a long and thorough course of study was the only safeguard against the temptation of running unprepared into practice, to which women were even more exposed than men. After commenting on the extreme difficulty of raising funds for the establishment of a principle not yet popular, and on the obstacles thrown in the way of obtaining able professional aid by prejudices lately general, she expressed her satisfaction that at length a solid, though small, pecuniary basis had been secured: and referred to the list of the Faculty in proof that prejudice was no longer able to deprive women of the best medical instruction. She congratulated New York on being the first to establish such a college for women; quoted the remarks of an eminent Boston physician, who regretted that the initiative had not been taken by his own city; and mentioned the satisfaction expressed by the really qualified medical women, in all parts of the country, that students should now be relieved from many of the difficulties with which they themselves had contended.

The doctor then dwelt on those points in the college scheme which would deserve the special approval of the profession, viz., the requirement of three full annual sessions instead of two; the large

share of practical instruction and the weekly recitations that would be joined to the lectures; and the carefully arranged succession of studies. She stated that the Faculty had determined to adopt the most advanced systems of medical education; and that though by so doing they probably limited the number of students, and deferred the chance of immediate success, she felt sure that they would be more than repaid as the medical public came to appreciate the quality of the education offered, and the value of the diplomas to be bestowed. She then spoke of the prominence to be given to hygienic study, and expressed a hope that by means of medical women much sanitary knowledge would be diffused among their own sex, and much infant mortality prevented.

The doctor concluded with a declaration of the catholic spirit of the college, and the earnest desire of the Faculty to invite the cooperation of all, that the work which had progressed so slowly and patiently during fifteen years, may now rise rapidly on its deep-laid foundations, and insure the success so long waited for.

The Hon. H. J. Raymond, as one of the Board of Trustees, expressed his own great satisfaction, and that of his colleagues, at the opening of the college; and felt confident that as its work went forward, and its real worth became known, it would have largely increased support from the whole community.

Dr. Willard Parker protested strongly that the unworthy prejudices of which Dr. Blackwell had spoken were things of the past; that New York physicians were ready and glad to welcome merit wherever it appeared; and that, now woman was taking her true and proper place as the co-worker with man, he, in the name of his profession, stretched out to her the right hand of fellowship, anxious only that she in her turn should be thoroughly and duly qualified to fill the place to which she aspired.—*Medical Record*.

Commencement of Medical and other Colleges.

Bellevue Hospital Medical College, despite the inclement evening, had a brilliant opening, October 14th ult.

Prof. Lewis A. Sayre delivered the introductory lecture, which was replete with valuable and well-timed suggestions regarding the reciprocal relations of the physician and the public. He dwelt at length upon the hardships of the physician's lot, but inasmuch as the physician assumed them willingly, they partook of the nature of a contract. In alluding to the readiness of the ignorant and malicious to institute law suits for malpractice against the surgeon, he could not refrain from deprecating the encouragement too often afforded by members of the profession itself. He thought, too, that legislators, in view of the charitable offices so liberally accorded the public, might grant the physician the boon of a commission of his peers whose business it should be to aid the prosecution if necessary, but, above all, to reject merely frivolous or malicious charges. In this way the reputation as well as the time of the physician might be saved. The practitioner, he averred, ought, however, to be so well grounded in the principles of his profession as

to demand rather than to dread these investigations. Much was sacrificed through timidity.

Prof. James R. Wood, in response to the urgent call of the audience, gave an interesting account of his visit to the Old World, sketching in a pithy style the habits, the appearance, etc., of the distinguished savans of the medical profession. He also described the various anatomical museums, the college lecture-rooms, the hospitals, etc., which he had visited. The more prominent preparations in the museums, possessed of historic interest, also came in for a share of attention. The head and right hand of Scarpa were still preserved with religious care in the Paduan institution, as well as the specimens of John Hunter showing his mode of treating aneurism in England. His statement that Bellevue could seat in its lecture-room 400 students was received with surprise, since as a general thing the professors of the Old World discoursed to meagre classes in ill-ventilated, cramped, and dingy apartments. Students of the New World had better opportunities of perfecting themselves in their profession at home than abroad—nowhere in the wide world was there such a wealth of pathology as in New York. The conscientious, hard-working investigator need not go beyond this metropolis in his pursuit after anatomical, surgical, or pathological lore.

The professor's remarks were well received and frequently interrupted with applause.—*Medical Record*.

The Medical Students in London this Winter.

The *British Medical Journal* gives the following list, which represents the metropolitan entries this winter of new students for a complete course of education in the medical profession, so far as can be estimated from entirely trustworthy data. The registration of students ceased on Thursday, the 15th October, at 4 P.M., Guy's Hospital, 90; St. Bartholomew's, 86; University, 60; King's College, 39; London, 35; St. Thomas's 24; St. George's, 23; St. Mary's, 19; Middlesex, 14; Charing Cross, 20; Westminster, 4. St. Thomas's, the London, and St. George's Hospitals, which have each made considerable additions to their establishments during the year, may be congratulated on the improvement in the number of students who have entered. University College has also a very large entry. The total number of students is such as to lead to the belief that the considerable improvement in preliminary educational tests which is still urgently called for, would not mischievously affect the number of aspirants to practise medicine.—*Med. & Surg. Reporter*.

Nasal Therapeutics.

At a recent meeting of the Liverpool Medical Institution, reported in the *British Medical Journal*, Dr. Banks, one of the members, made the following extremely practical remarks on the application of remedies to the nostrils and larynx:

"Weber, of Leipzig, discovered fifty years ago that when a column of water was passed along one nostril, when it touches the soft palate, it causes it to rise so as to shut off the nasal from the pharynx

geal cavity, so that the fluid is compelled to return through the other nostril. Weber, of Halle, first put the principle into practice; and in 1864, Dr. Thudichum invented an instrument, and published some papers on the subject. The points to be attended to in using the instrument were the following: 1. The nozzle should fit the nostril accurately. 2. In children and nervous people, the full stream should not be turned on at once; it should be allowed to pass in gently at first, and then gradually increase in volume and force. 3. The current should be reversed occasionally. Cold water is irritating; and, therefore, tepid water, or a solution of an ounce of salt in a pint of water, may be used, followed by a deodorizer, as Condy's fluid, liquor carbonis detergens, or especially carbolic acid, and afterwards a stimulant astringent, as alum (one drachm to the pint), etc. The solution should not be too strong at first. The instrument was also useful in some surgical accidents, such as a foreign body in the nostril and severe epistaxis, when some dilute hæmorrhagic should be employed. Dr. Skimmer had been practically making use of this principle before Dr. Thudichum's paper appeared, the instrument employed being a Higginson's syringe. The author had found Mr. Bryant's mode of treating nasal polypi, by blowing tannin into the nostrils through a quill, very satisfactory in some cases, especially soft and gelatinous polypi. Another troublesome affection—a chronically swollen and thickened condition of the nasal and palatine mucous membrane—was benefited by the administration of iodine or bromide of potassium; but local astringents were also useful, and were best applied by means of the spray producer. The best applications were, glycerine of tannic acid (one scruple to one ounce of water), or a solution of iodine, with a small quantity of carbolic acid. Speaking of affections of the throat, the author observed, that of the various instruments devised to bring remedies into contact with the air-passages, the spray producer was the best. Its use was very great in chronic laryngeal affections, as putrid sore throat and scarlatinal cyanche, diphtheria. The spray producer could not be employed with very potent remedies, such as strong solution of nitrate of silver. A piece of whalebone, bent at an obtuse angle near the end, and having a brush (better than a sponge) attached to it, was the best instrument for applying these. Care and dexterity are requisite in using it.—*Med. and Surg. Reporter*.—*Chicago Med. Examiner*.

The Ann Arbor Controversy.

We commend to the attention of all sensible men the following extracts from the "Annual Report of the President (Rev. Dr. Haven) of the University of Michigan."

"I believe, furthermore, that good reasons do exist why a 'Professor of Homœopathy' should not be appointed, and I believe that all unprejudiced persons will be able to see them. I beg here explicitly to state that I do not argue in behalf of the medical profession, or 'allopathy,' or any particular class. I am not conscious of any particular interest in any class or party, on this subject. So far

as I am personally concerned, it might be more politic to say nothing on the subject, but as a custodian of the interest of the University, I must express what the interest of sound education seem to me to require, irrespective of party or sect.

"Observe then, first, that we have no Professor of 'Allopathy' in the University of Michigan. This is no subterfuge, but a solemn fact. If a grant of money was offered to the University on condition that a Professor of Allopathy should be appointed, I should be compelled to show the unreasonableness of the condition. We do not want in a University professors of special ideas or theories, who believe that their special ideas or theories embrace all truth in their respective schools, and that all outside of their special ideas or theories is false and to be rooted up and condemned. You make the University, by such a course, a place of strife and discord, and not a place for the harmonious inculcations of all truth. What we want in the Department of Medicine and Surgery is a number of professors who shall present all the subjects and all the information properly belonging to the science and art of Medicine and Surgery. They should be, as they are, Professors of Anatomy, Physiology, Pathology, Surgery, Diseases in general, Diseases of particular classes, Chemistry, Materia Medica, &c., &c.—embracing the whole orb of the science and art of Medicine and Surgery—but not Professors of 'Allopathy,' 'Homœopathy,' 'Hydropathy,' or any other special theory; and the graduates should receive, not a title—'Homœopathy,' 'Hydropathy Doctor,' or 'Allopathic Doctor,' or 'Hydropathic Doctor,' or Doctor of any particular kind, but simply the old, time-honored M. D.—Doctor of Medicine.

"This is no sublimated, unapproachable theory, but the only proper basis of a University. The University does not establish a Department of Medicine and Surgery in the interests of any particular class of physicians, or in the interest of conflicting classes of physicians, or with the special purpose of making doctors of any particular kind, or of all kinds, but to teach the science fully and broadly—not in conflicting schools and debates, but, as far as possible, thoroughly—without reference to local interests and partizan distinctions. Once establish the precedent that every party in the world shall be recognized by name, and have a professor bearing its partizan name, and irreparable injury is done to the University.

"But it may be said that, as a matter of fact, on the present system, all the Professors are 'Allopathic Doctors,' and thus Homœopathy is indirectly opposed. Of this I can only say that the theory which I advocate requires that the Regents, in the appointments of Professors, should, according to their own judgment, select the best men they can secure for the professorships, untrammelled by the dictation of any bodies or parties of men outside of the University, and having no regard to the conflicts among professional men. In the selection of Professors in the Department of Science, Literature, and the Arts, or any other Department, they are to regard as little as they choose the divisions on religious opinions which exist in society; in the Department of Law, the differences of opinion which exist on political theories; and in the Department of Medicine, the differences of opinion

that prevail among well-educated physicians. If there are inherent difficulties here they are to be met boldly and prudently, on a basis which can be defended; but I am persuaded that the least defensible and most perilous way to meet them is to elect men to professorships, the very name of which instructs them to be partizan defenders of exclusive theories—as, for instance, in the Literary Department, Professors of 'Protestantism' or 'Presbyterianism,' or in the Law Department, Professors of 'Conservatism' or 'Radicalism,' or 'Democracy,' or in the Medical Department, Professors of 'Allopathy' or 'Homoeopathy.'

"It is not my business to describe Homoeopathy or Allopathy, or any theory of the healing art, though the relation of this subject to the University has led me, impartially as I could, to examine their claims. Homoeopaths profess to cure by the administration of medicine on theory only, to wit: that diseases must be overcome by medicines that will produce disorder in a healthy body similar to that which they will heal in a diseased body. They also usually conjoin with this a theory that very small quantities of medicine, in many instances even infinitesimal quantities—too small for the human mind clearly to estimate—are sufficient.

"The regular school of physicians, called Allopathists by Homoeopaths, though they do not accept the name, and deny that it is applicable, teach that all diseases and remedies are to be studied experimentally, and that whatever medicines are proved to be curative and beneficial should be employed, and in doses of any size that may be found, by actual use, to be necessary, whether large or small."—*Boston Med. and Surg. Jour.*

The Injurious Consequences of the use of Sewing Machines Prevented.

Mr. Editor:—Some time since, in an article published in the Medical and Surgical Journal (See this JOURNAL, Vol LXXV, page 87), we called the attention of its readers to the important subject of the bad effects often produced on the health of females by the frequent and prolonged use of sewing machines. In that article a translation was given of a portion of a paper on the same subject read to the *Société Médicale des Hôpitaux*, of Paris, by Dr. Guibout. Subsequently experience has confirmed us in the opinion that much harm is done by these instruments, solely for the want of some proper motive power by which the operator may be relieved from the excessive labor of working the treadle; and in this opinion we believe we are sustained by most physicians. Our object in writing at this moment is to say, that there seems to be a prospect that this objection to this otherwise invaluable machine, will be entirely removed by an ingenious invention just patented by Dr. Spencer, a dentist of Providence. This contrivance he calls an "improved mode of producing a rotary motion from the treadle;" and the effect of it is that the motion is kept up by the slightest movement of the foot. In the case of ordinary treadles acting upon a crank, the foot, of necessity, must move, with each revolution, through the same distance up and down; and the effect of this monotonous repetition of the movement is most wearisome and exhausting. By Dr. Spencer's contrivance the machine is kept

constantly in action, whether the foot moves through a longer or shorter distance; giving the operator a chance of varying, as often as is desired, the muscular effort necessary to run it. The invention displays great ingenuity, and attracted much attention at the last meeting of the Society of Arts at the Institute of Technology. So far as it has been tested it has proved to be all that its inventor claims for it.—*Boston Med. and Surg. Jour.* S. L. ABBOT.

Glycerine and Yolk of Eggs.—Four parts, by weight, of yolk of egg, rubbed in a mortar with five parts of glycerine, according to the *Philadelphia Journal of Pharmacy*, gives a preparation of great value as an unguent for application to broken surfaces of the skin of all kinds. The compound has a horny-like consistence, is unctuous like fatty substance, but over which it has the advantage of being quickly removed by water. It is unalterable, a specimen having laid exposed to the air for three years unchanged. Applied to the skin, it forms a varnish which effectually excludes the air and prevents its irritating effects. These properties render it serviceable for erysipelas and cutaneous affections, of which it allays the action.—*Medical and Surgical Reporter.*

Elixir of Vitriol and Tannin as a Hemostatic.—The combination of elixir of vitriol and tannic acid has proved upon trial, a very convenient hemostatic for dental use. It has been found very effective in internal as well as external hemorrhages, and is more agreeable, when applied to the mouth, than many of the agents possessing like properties. By its application a violent hemorrhage following excision of the tonsil was immediately and permanently arrested. It is also effective in diarrhoea where astringents are indicated. We recommend this preparation for hemorrhages following the extraction of teeth, in two cases of which we have successfully used it.—*American Journal of Dental Science.*

A New Anodyne.—Dr. A. H. Gallatin, of this city communicates the following:—Having a case where the oxide of zinc and bromide of potassium had failed in producing sleep, and where the cerebral symptoms prevented the exhibition of any preparation of opium, I thought of trying a combination codeia, ipecacuanha, and sulphate of potash, in imitation of pulv. Doveri. The result satisfied my theoretical expectations. Morphia, codeia, and perhaps other alkaloid extractions of opium are now universally used, when the narcotic without the stimulating effects are to be produced. By combining these principles with Ipecacuanha, I think I have provided a mixture which may be given in cases where it would not be judicious to use pulv. Doveri.

Several members of the faculty are at present trying this mixture in their practice, at my suggestion. I hope soon to give an account of the result.—*Medical Record.*

A New Styptic.—One part of crystalized perchloride of iron, gradually and carefully mixed with six parts of collodion, so as to prevent evolution of heat, which injures the collodion, forms an excellent hemostatic for wounds, leech bites, &c. The

